



**March of Dimes  
Chapter Community Grants Program**

2016 Request for Proposals (RFP)  
Application Guidelines for  
CenteringPregnancy® Projects

March of Dimes  
Texas Chapter  
12660 Coit Rd. Ste. 200  
Dallas, TX 75251  
972-232-1344

## I. MARCH OF DIMES CHAPTER COMMUNITY GRANTS PROGRAM

Founded in 1938, the mission of the March of Dimes is to improve the health of babies by preventing birth defects, premature birth, and infant mortality. We do this by funding research to understand the problems and discover answers, helping moms have full-term pregnancies and healthy babies, and supporting families and comforting them when their baby needs help to survive and thrive.

Premature birth is the leading cause of newborn death worldwide. Even babies born just a few weeks too soon can face serious health challenges and are at risk of lifelong disabilities. In 2003, the March of Dimes launched the Prematurity Campaign to address the crisis and help families have healthy, full-term babies. The campaign funds research to find the causes of premature birth, and to identify and test promising interventions; educates health care providers and women about risk-reduction strategies; advocates to expand access to health care coverage to improve maternity care and infant health outcomes; provides information and emotional support to families affected by prematurity; and generates concern and action around the problem.

As part of this effort, the Texas Chapter Community Grants Program is designed to invest in priority projects that further the March of Dimes mission, support campaign objectives, and further our strategic goal of promoting equity in birth outcomes. One of the evidence-based interventions that March of Dimes supports is CenteringPregnancy®, a multifaceted model of group prenatal care. CenteringPregnancy integrates the three major components of care – *health assessment*, *education*, and *support* – into a unified program within a group setting. Centering is an evidence-based innovation that has been nationally recognized by leading healthcare experts because of the improved outcomes for important maternal child health factors including preterm birth rates, low birth weight rates, small for gestational age, breastfeeding rates, and immunization rates. Detailed information about the CenteringPregnancy model can be found at [www.centeringhealthcare.org](http://www.centeringhealthcare.org).

## II. AVAILABLE FUNDING AND 2016 FUNDING PRIORITY AREAS

In 2016, the Texas Chapter has approximately \$100,000 to fund CenteringPregnancy-related activities. It is anticipated that approximately 12 CenteringPregnancy-related projects will be funded this year, with grants ranging from **\$2,000 to 10,000** each.

## III. ELIGIBILITY

In order to be eligible to receive a March of Dimes chapter grant, the applicant must provide services in Texas. The applicant organization must be an incorporated not-for-profit 501(c)(3) or for profit organization or government agency. **The March of Dimes does not award grants to individuals.** Applicants must disclose any conflict of interest due to representation by their organization on the chapter's Program Services Committee or the Chapter or Division Board of Directors.

The March of Dimes does not fund billable health care provider services. The March of Dimes chapter community grants also do not fund scientific research projects. For information about

research grants funded by the March of Dimes national office, please go to [marchofdimes.org/research](http://marchofdimes.org/research).

All grantees must (i) certify that they are not presently listed on the Federal Excluded Party List, debarred or suspended from the award of any federal or state contracts, or excluded from participation in any governmental medical reimbursement programs; and must (ii) attest that they /will comply with all laws and regulations (to include federal, state and local laws and regulations). Additionally, March of Dimes grantees may be screened to ensure that they are not debarred or suspended by the Federal Government and/or local State agencies.

For sites requesting start-up funds the site is expected to:

- 1) Review the Start Up Information on the Centering Healthcare Website. The link is: <http://centeringhealthcare.org/pages/centering-model/startup-packet.php>. This information can be printed as a pdf file as well.
  - a. March of Dimes and Centering Healthcare Institute (CHI) want all sites to have a successful implementation of the model and sustainability of the model.
  - b. Implementation of CenteringPregnancy prenatal care is true system redesign and not just adding on a program.
  - c. After years of experience, the Readiness Assessment, the Model Implementation Plan and the site's willingness to engage in system design have been found to be key factors in success and sustainability so that no scarce health care dollars or staff time are wasted.
  - d. The Start Up Information includes the cost of the Model Implementation Plan that should be considered in your budget.
  - e. Complete the Readiness Assessment Tool prior to submitting an application to the March of Dimes. March of Dimes will confirm that this has occurred with CHI. This tool may be found on CHI's website at: <http://centeringhealthcare.org/pages/centering-model/site-readiness.php>. Explain your progress with CHI at the time of your application submission. Note that March of Dimes will be in contact with CHI to confirm your site's capacity to implement CenteringPregnancy.

#### **IV. APPLICATION TIMELINE AND FUNDING PERIOD**

|                         |                           |
|-------------------------|---------------------------|
| Proposals due:          | 09/25/15                  |
| Notification of awards: | 01/04/16                  |
| Grant period:           | 02/01/16 through 01/31/17 |

All chapter community grants are approved for one year only.

## V. APPLICANT INSTRUCTIONS

Interested applicants must submit a proposal by the date listed above in the “Application Timeline and Funding Period.” Late submissions will not be reviewed. Proposals must:

- Adhere to the “Proposal Template” listed below
- Be no longer than 15 double-spaced pages; proposals that exceed 15 pages will not be reviewed
- Have a font size of 12 points or greater
- Have margins of at least 1 inch on all four sides

Applicants must submit one original proposal (with original signatures in appropriate places) to the address below by the date listed above. Applicants should also send an electronic copy of the proposal to the address below by the date listed above. The electronic copy should be one complete file, either a PDF document (recommended) or a Microsoft Word document. Do NOT fax applications.

**Applications must be received by 5:00PM on 09/25/15. Late applications will not be accepted. Proposals should be e-mailed to Amy Johnson-Rubio at [ajrubio@marchofdimes.org](mailto:ajrubio@marchofdimes.org) and mailed to:**

Paula Martinez  
March of Dimes Texas Chapter  
12660 Coit Road, Suite 200  
Dallas, Texas 75251

*Applicants are encouraged but not required to submit an electronic copy of the full application to Amy between September 1<sup>st</sup> and September 15<sup>th</sup> at [ajrubio@marchofdimes.org](mailto:ajrubio@marchofdimes.org). Amy will review the application and provide feedback.*

You will receive an email confirming that your application has been received. If you do not receive this email, please call the person listed above to verify that your application was received.

The Chapter's multi-disciplinary Program Services Committee will review proposals. All applicants will be notified in writing of their application's status by 01/04/16.

## VI. PROPOSAL TEMPLATE

The full proposal template can be found in Appendix A. Applicants should answer all questions and include all components in submitted proposals. Submitted proposal with incomplete information will not be reviewed.

- Project Overview
- Project Abstract
- Project Description
- Project Objectives/Activities/Evaluation Methods/Outcomes Template
- Budget
- Optional Supplemental Information

## VII. GRANTEE REQUIREMENTS

Upon notification of grant award, grantee must sign the March of Dimes chapter grant agreement. If you are interested in reviewing the March of Dimes chapter grant agreement prior to being notified if you have received a March of Dimes grant, contact the March of Dimes chapter.

As a CenteringPregnancy grantee, **Grantee will be required to submit group data through a March of Dimes online reporting system.** Each site offering CenteringPregnancy services under this grant must register their site within 15 days of signing the grant agreement by going to [www.marchofdimes.org/CPsurvey](http://www.marchofdimes.org/CPsurvey). If this grant covers multiple sites, every site must register separately for access to the online system by visiting the aforementioned link.

Through the online system, Grantee will provide enrollment data monthly by the 7<sup>th</sup> day of the following month by updating both the *Enrollment* form and the *Status* form for ongoing groups. Grantee also is required to complete one online *Outcomes* form for each group (including outcome data) upon that group's completion. In order to collect all outcomes supported by the grant, *Enrollment*, *Status* and *Outcomes* online forms are required for every group that meets during the grant period, even if the groups end up to six months following the funding period.

March of Dimes CenteringPregnancy grantees are required to report on project progress and results six months into the grant agreement and at grant end (12 months from grant award).

Grantees must also get written approval from the March of Dimes chapter for any changes in project design or implementation, variance from the submitted budget, or changes in staff overseeing the project.

Applicant Organization: \_\_\_\_\_

## **Appendix A: March of Dimes CenteringPregnancy Proposal Template**

Refer to the following checklist to ensure that your proposal is complete before submitting. Incomplete proposals will not be reviewed.

- Project Overview (2 pages)
  - Completely filled out and
  - Signed by appropriate person
- Project Abstract (1 page)
  - Completely filled out
- Project Narrative (5-7 pages)
  - Addresses all items listed in that section
  - Includes at least one outcome objective that seeks to change knowledge, behavior or birth outcome
- Project Objectives/Activities/Evaluation Methods/Outcomes Template (3 pages)
  - Completely filled out
  - Proposal includes at least one outcome objective that seeks to change knowledge, behavior or birth outcome
- Budget (2 pages)
  - Budget form is completely filled out and signed by appropriate person
  - Grant amount requested falls within the allowable range, and requested line items fall within allowable cost items
  - Budget totals have been checked for accuracy
  - One page written justification is included
- Optional supplemental information (not included in overall 15 page maximum)
- Application is no longer than 15 double-spaced pages (excluding a copy of most currently audited financial statement including Statement of Income and Expenditure and Balance Sheet for multi-year project proposals and optional supplemental information)
- Font size is at least 12 points
- Margins are at least 1 inch on all four sides

**Applications must be received by 5:00 PM on 09/25/15. Late applications will not be accepted. Proposals should be e-mailed to Amy Johnson-Rubio at [ajrubio@marchofdimes.org](mailto:ajrubio@marchofdimes.org) and signed originals mailed to:**

Paula Martinez  
March of Dimes Texas Chapter  
12660 Coit Rd. Ste. 200  
Dallas, TX 75251

If you have questions regarding the March of Dimes Texas Chapter community grants application or need additional application forms, please contact Amy Johnson-Rubio, at 806-686-0307 or [ajrubio@marchofdimes.org](mailto:ajrubio@marchofdimes.org).

**Project Overview (2 pages)**

Primary Purpose: **Prenatal Care Services**

Secondary Purpose: **Group Prenatal Care**

Applicant Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Project Title: \_\_\_\_\_

Contact Name : \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Institution Type (choose one):

- |                                                        |                                                          |
|--------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Clinic                        | <input type="checkbox"/> Community-based Organization    |
| <input type="checkbox"/> Educational Institution       | <input type="checkbox"/> Health Department (State/Local) |
| <input type="checkbox"/> Other For-Profit Organization | <input type="checkbox"/> Professional Association        |
| <input type="checkbox"/> Other _____                   |                                                          |

Have you previously received March of Dimes grant funding for the same project in the last 5 years?  Yes, please specify years \_\_\_\_\_  No

Please provide a brief synopsis of your project (2 sentences are sufficient):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximately how many **unduplicated** individuals will be served during the grant term?

\_\_\_\_\_

Does this project target adolescents (17 and under)?  Yes  No

Does this project aim to reduce disparities?  Yes  No

Select the race/ethnicity of the *majority* of individuals expected to be served by this project (if applicable):

RACE:

- |                                                           |                                                                    |
|-----------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian                                     |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> White                            | <input type="checkbox"/> Other                                     |

ETHNICITY:

- Hispanic

Please indicate what will be measured and reported on throughout the project:

- Change in knowledge       Change in behavior       Change in birth outcomes  
 Other \_\_\_\_\_

Does the budget include funds for a consultant or other subcontract?  Yes  No

Does the budget include funds to conduct an evaluation?  Yes  No

Will your agency or an evaluator be collecting personal health information (PHI) from any individuals?  Yes  No

Will your agency or an evaluator be seeking the following?

- Full review by an Institutional Review Board (IRB)  
 Expedited review by an Institutional Review Board (IRB)  
 No review by an Institutional Review Board (IRB)

Total amount requested:      \$ \_\_\_\_\_      Cost per individual:      \$ \_\_\_\_\_

Is your agency willing to accept partial funding?  Yes  No

**If awarded, checks will be made out and sent to the organization and address listed on W-9.**

Provide check remittal address if different from W-9: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature - Primary Staff Person      Date      Type Name and Title



## Project Abstract (1 page)

**Problem Statement:** What is the problem that this project will try to address? Why do we care about the problem? What gaps will the project fill? **NOTE:** You do not need to explain the CenteringPregnancy model of care or the evidence for this model of care. You do need to explain how you would use March of Dimes funds to begin, expand and/or enhance CenteringPregnancy.

**Methods:** What activities will you undertake to achieve results?

**Expected Results:** What changes do you expect to occur as a result of the activities described above?

**Conclusions/implications:** What are the larger implications of your findings? What impact will this project have on the problem identified above?

## Project Narrative (5-7 pages)

- **Background (if appropriate):**
  - Has your organization ever implemented CenteringPregnancy? If so, describe your organization's experience with CenteringPregnancy. Also note if your organization has ever previously received March of Dimes funding to implement or support CenteringPregnancy.
  - Is your organization currently implementing CenteringPregnancy? If so, what date did you start implementing CenteringPregnancy?
    - Since its start, how many women have completed at least one CenteringPregnancy session?
    - How many women are currently participating in CenteringPregnancy groups?
    - Describe the demographics of women participating in CenteringPregnancy groups (race, ethnicity, age, socioeconomic status).
    - How many women do you anticipate enrolling in CenteringPregnancy in the next 12 months?
  - Describe successes and challenges experienced while implementing CenteringPregnancy.
- **Project goal:** What is the goal of the project? You do not need to explain the CenteringPregnancy model of care or the evidence for this model of care. You do need to explain how you would use March of Dimes funds to begin, expand and/or enhance CenteringPregnancy.
- **Target population:** What is the target population? What needs of the target population are you addressing with this project? How will the project have an impact on these needs?
- **Project objectives:** What are the measurable objective(s) the proposed project aims to achieve? Proposals are expected to include at least one objective that seeks to change knowledge, behavior or birth outcomes. Additional information about objectives and outcomes can be found in Appendix B. Applicants are encouraged to include one objective regarding the incorporation of March of Dimes Healthy Babies are Worth the Wait educational materials into appropriate Centering sessions. Materials are available for order from the March of Dimes at [www.marchofdimes.org/catalog](http://www.marchofdimes.org/catalog) or can be downloaded at <http://www.marchofdimes.org>.
- **Project activities:** What activities will you undertake to achieve results?
- **Expected results:** What do you expect to change as a result of this project?
- **Expected outcomes:** What impact will this project have on the problem identified above?
- **Organizational capacity and staffing:** Description of the organization's capacity to carry out the project. Include agency's mission, key staff, clientele, and experience working with the target population group. What will be the responsibilities of the staff members listed in the proposal?

- **Project timeline:** Provide the timeline on which project activities and results are expected to occur.
- **Evaluation plan:** How will you measure whether the project objective(s) was achieved? What data or information will be needed to measure this?
- **Evaluation tools:** What tools will be used to measure whether objective(s) have been achieved? Include any evaluation tools that will be used (e.g. surveys, attendance sheets, summary health information)
- **Sustainability:** Describe the plan for sustainability beyond the funding period through alternate sources of funding or a change in organizational systems or procedures that will sustain the project's impact.
- **Collaborating organizations:** If applicable, list names and roles of collaborating organizations.
- **Sharing results and outcomes:** In addition to the March of Dimes, *with whom* and *how* will project impact be shared?
- **Visibility:** Describe the ways in which March of Dimes will be visible throughout the project period?

**Project Objectives/Activities/Evaluation Methods/Outcomes Template.** Proposals are expected to include at least one objective that seeks to change knowledge, behavior or birth outcomes. Additional information about objectives and outcomes can be found in Appendix B.

| Description of Objective and Activities to Achieve Objectives                                                                                                                                           | Person/ Agency Responsible | Start/End Dates | Number of Individuals <i>Expected</i> to be Served/ Reached/ Educated | Description of <i>Expected</i> Outcomes/Impact |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------|-----------------------------------------------------------------------|------------------------------------------------|
| OBJECTIVE # 1                                                                                                                                                                                           |                            |                 |                                                                       |                                                |
| 1. Activity                                                                                                                                                                                             |                            |                 |                                                                       |                                                |
| 2. Activity                                                                                                                                                                                             |                            |                 |                                                                       |                                                |
| 3. Activity                                                                                                                                                                                             |                            |                 |                                                                       |                                                |
| Describe the methods that will be used to evaluate the success of these activities and whether or not the objective will be achieved at the end of the project period. Include source of baseline data. |                            |                 |                                                                       |                                                |

| Description of Objective and Activities to Achieve Objectives                                                                                                                                                  | Person/ Agency Responsible | Start/End Dates | Number of Individuals <u>Expected</u> to be Served/ Reached/ Educated | Description of <u>Expected</u> Outcomes/Impact |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------|-----------------------------------------------------------------------|------------------------------------------------|
| <b>OBJECTIVE # 2</b>                                                                                                                                                                                           |                            |                 |                                                                       |                                                |
| 1. Activity                                                                                                                                                                                                    |                            |                 |                                                                       |                                                |
| 2. Activity                                                                                                                                                                                                    |                            |                 |                                                                       |                                                |
| 3. Activity                                                                                                                                                                                                    |                            |                 |                                                                       |                                                |
| <p>Describe the methods that will be used to evaluate the success of these activities and whether or not the objective will be achieved at the end of the project period. Include source of baseline data.</p> |                            |                 |                                                                       |                                                |

| Description of Objective and Activities to Achieve Objectives                                                                                                                                           | Person/ Agency Responsible | Start/End Dates | Number of Individuals <u>Expected</u> to be Served/ Reached/ Educated | Description of <u>Expected</u> Outcomes/Impact |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------|-----------------------------------------------------------------------|------------------------------------------------|
| <b>OBJECTIVE # 3</b>                                                                                                                                                                                    |                            |                 |                                                                       |                                                |
| 1. Activity                                                                                                                                                                                             |                            |                 |                                                                       |                                                |
| 2. Activity                                                                                                                                                                                             |                            |                 |                                                                       |                                                |
| 3. Activity                                                                                                                                                                                             |                            |                 |                                                                       |                                                |
| Describe the methods that will be used to evaluate the success of these activities and whether or not the objective will be achieved at the end of the project period. Include source of baseline data. |                            |                 |                                                                       |                                                |

**Budget Form and Written Justification.** Complete the budget form and provide a one-page written budget justification to detail the items on the budget form. Please include the calculation(s) used to estimate costs. The attached budget form is not acceptable without a written budget justification.

Allowable and non-allowable costs are described in Appendix C.

**March of Dimes CenteringPregnancy Budget Form**

| BUDGET<br><br>(see application guidelines for an explanation of allowable/not allowable expenses) | PROPOSED                    |                                                          |
|---------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------------------------|
|                                                                                                   | APPLICATION<br>Total Budget | In-Kind Match<br>from<br>Organization<br>(if applicable) |
| <b>A. Salaries</b> (include name, position, and FTE)                                              |                             |                                                          |
|                                                                                                   |                             |                                                          |
|                                                                                                   |                             |                                                          |
|                                                                                                   |                             |                                                          |
| <b>Sub-total A</b>                                                                                |                             |                                                          |
| <b>B. Expendable Supplies</b>                                                                     |                             |                                                          |
|                                                                                                   |                             |                                                          |
|                                                                                                   |                             |                                                          |
|                                                                                                   |                             |                                                          |
|                                                                                                   |                             |                                                          |
| <b>Sub-total B</b>                                                                                |                             |                                                          |
| <b>C Other Expenses/Fees</b>                                                                      |                             |                                                          |
|                                                                                                   |                             |                                                          |
|                                                                                                   |                             |                                                          |
|                                                                                                   |                             |                                                          |
|                                                                                                   |                             |                                                          |
| <b>Sub-total C</b>                                                                                |                             |                                                          |
| <b>TOTAL COSTS (Sub-total A+B+C)</b>                                                              |                             |                                                          |
|                                                                                                   |                             |                                                          |
| <b>TOTAL AMOUNT REQUESTED</b>                                                                     |                             |                                                          |

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Signature –Primary Staff Person      Date      Type Name and Title      Phone #**

**Optional Supplemental Information.** No page limit. Please submit additional information that supports your proposal. Additional items may include the following:

- Letters of Support from collaborating organizations.
- Evidence of Institutional Review Board (IRB) submission as deemed appropriate.
- Other supporting materials relevant to the proposed project.



## Appendix B: Additional Information about Project Objectives and Outcomes

Project objectives should be specific and measurable. For example:

- *One measurable objective of this project is to increase the percentage of pregnant women enrolled who have a prenatal visit in the first trimester of pregnancy from 40% (baseline) to 50% as measured by medical records review.*
- *One measurable objective of this project is to decrease the percentage of preterm births among women enrolled in the project from 18% (baseline) to 16.5% as measured by medical records review.*

Outcomes are benefits to clients from participation in the program, yet are often mistaken with program outputs or units of services such as the number of clients who went through a program. Outcomes for March of Dimes projects are usually in terms of changes in knowledge, behavior, or birth outcomes. To measure outcomes, baseline data is needed for comparison with data collected during and after project implementation. Below are sample objectives to give you ideas for content and wording about outcomes. Please notice the references to baseline data.

- *Knowledge Change - By MM/YY, 60% of program participants will demonstrate an increase in the perinatal knowledge test as measured by pre/post-tests. (Baseline will come from pre-test results.)*
- *Intent to Change Behavior - By MM/YY, 80% of participants will agree to make at least one positive behavior change as a result of attending the prenatal classes as measured by client interviews. (Baseline will come from intake interviews.)*
- *Behavior Change - By MM/YY, the number of women accessing adequate perinatal care (at least 13 prenatal visits beginning in the first trimester of pregnancy) at XYZ Health Center will increase from 125/year (baseline) to 150/year through the services of a Patient Navigator as measured by a review of client records.*
- *Change in Birth Outcome - By MM/YY, decrease the percentage of preterm births among women enrolled in the project from 18% (baseline) to 16.5% as measured medical records review.*

## **Appendix C: Allowable and Non-allowable Costs**

### **Allowable Costs Include:**

- Salary - grant funds may be used to cover salaries for project-related employees, but cannot be used to pay salary costs for employees who are already employed full-time. Exceptions may be made in circumstances where a specified position is supported primarily by grant funds and the applicant can demonstrate that the requested funds would replace existing grant funds.
- Consultant fees.
- Materials and supplies (e.g. office supplies, health-related materials, refreshments).
- Printing and travel that are reasonable and necessary for project implementation. March of Dimes funds may NOT be used to pay for first class travel.

### **Non-Allowable Costs Include:**

- Salary costs for staff who are already employed full-time by their organization (see exceptions above).
- Construction, alteration, maintenance of buildings or building space.
- Dues for organizational membership in professional societies.
- Tuition, conference fees or awards for individuals.
- Billable services provided by physicians or other providers.
- Permanent equipment (e.g. computers, video monitors, software printers, furniture) unless essential to project implementation and not available from other sources.
- Educational materials from non-March of Dimes sources if comparable materials are available from the March of Dimes.
- Indirect costs.
- Advertising materials and purchase of media time/space: Budget costs relating to these items may not be allowable depending on project specifics. Please consult with the chapter contact listed in this application regarding whether proposed items are allowable.