

**NORTH DAKOTA DEPARTMENT OF HEALTH (NDDoH)
DIVISION OF FAMILY HEALTH**

**TITLE V/MATERNAL AND CHILD HEALTH (MCH) GRANT
APPLICATION GUIDANCE FOR FEDERAL ASSISTANCE (CFDA #93.994)
2016 – 2021**

GENERAL INFORMATION:

INTRODUCTION

The North Dakota Department of Health is responsible for carrying out Title V/Maternal and Child Health (MCH) Block Grant activities. To receive these grant funds, North Dakota is required to complete a statewide needs assessment every five years and develop a plan to address state MCH priorities. As a result of this process, ten MCH priorities for 2016-2021 have been selected to align with national MCH priority areas - *See Supporting Document 1.*

This grant application will fund the following four state MCH priorities:

- Increase the rate of breastfeeding at 6 months
- Reduce disparities in infant mortality specifically related to safe sleep
- Reduce fatal motor vehicle crash deaths to adolescents
- Reduce overweight and obesity in children

ELIGIBLE APPLICANTS

- Advocacy Groups/Agencies
- Child Care Facilities
- Colleges/Universities
- Faith-based Organizations
- Healthcare Providers and Institutions
- Local Public Health Units
- Private or Public Non-profit Entities
- Regional Education Associations
- Regional Public Health Networks
- Schools
- State Agencies
- Tribal Governments/Affiliates

Preference will be given to applications with collaborative partnerships.

FUNDING

This is a competitive grant application process. The number of grants awarded will be dependent on the number of applications received and availability of federal funds.

Grant applications will be accepted for up to \$80,000 in federal funds for each state MCH priority area. Applicants must provide a three-dollar match for every four federal dollars. This match is a requirement from the federal MCH grant and is meant to enhance the amount of resources available to the project.

Applicants can apply for up to two of the four MCH priorities in separate applications. Each application can be submitted for up to \$80,000 in federal funds.

FUNDING PERIOD

The initial funding period for selected applicants will be April 1, 2016 through September 30, 2017 (18 months – up to \$80,000 in federal funds). All applicants selected will be funded through September 30, 2021 based on successful completion of grant objectives and availability of federal funding. Additional grant periods will be awarded annually from October 1 through September 30 (12 months) and funding levels will be dependent on availability of federal funds.

Applicants will be notified of funding decisions by March 1, 2016.

REPORTING REQUIREMENTS

Successful applicants (Grantees) will be required to submit monthly reimbursement requests, and semi-annual and annual progress reports through the Department of Health's Program Reporting System (PRS). A final five year progress report will also be required. Templates will be provided for all reporting requirements. Due dates will be provided in the Notice of Grant Award contract issued to Grantees. Additional requirements may be necessary based on updated federal guidance.

Grantees will be required to submit an updated action plan and budget for all additional annual grant periods.

A mandatory technical assistance call to review reporting requirements will be held for Grantees prior to April 1, 2016.

LETTER OF INTENT

A Letter of Intent is recommended, but not required. Although a letter of intent is not required, is not binding, and does not enter into the review of a subsequent application, the information it contains allows the MCH Grant Director to estimate the potential review workload and plan the review process.

The letter of intent should include the following information:

Name and address of the applicant organization

Name of MCH Priority Area(s) Note: Applicants can apply for up to two of the four MCH priorities in separate applications.

The Letter of Intent is due by November 13, 2015 and can be submitted in hard copy or by email to the address below under "Application Due Date."

APPLICATION DUE DATE

Applications are due by 5:00 p.m. CST, January 15, 2016. Applications not received by the due date will be considered non-responsive and not be reviewed. Applications may be submitted in hard copy or by email to:

North Dakota Department of Health
Division of Family Health
Attention: Ros Norstedt
600 East Boulevard Avenue, Dept. 301
Bismarck, ND 58505-0200
E-mail: rnorsted@nd.gov

TECHNICAL ASSISTANCE

Technical assistance conference calls have been scheduled for the following dates/times:

October 26, 2015: 9:00-10:00 a.m. CST

October 27, 2015: 12:00-1:00 p.m. CST

October 29, 2015: 3:00-4:00 p.m. CST

To join the call:

Dial: 1.866.867.2740

Self-Muting: *#

Un-mute Self: *#

To exit conference: simply hang up

If you experience problems and calling the conference number back does not work, please call 701.328.2493.

APPLICATION REQUIREMENTS:

SUMMARY PROPOSAL

Complete the Summary Proposal form – Appendix A.

ACTION PLAN

Complete the Action Plan form – Appendix B.

The Action Plan Objectives, Strategies and Activities must be linked to evidence-based, evidence-informed and/or promising practices. Below are examples of evidence-based, evidence-informed and/or promising practice documents/websites related to each of the four MCH priority areas. Please note that this is not an exhaustive list.

<p>Increase the rate of breastfeeding at 6 months</p>	<ul style="list-style-type: none"> Strategies to Prevent Obesity and Other Chronic Diseases – The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies: http://www.cdc.gov/breastfeeding/pdf/BF-Guide-508.PDF The CDC Guide to Breastfeeding Interventions: http://www.cdc.gov/breastfeeding/pdf/breastfeeding_interventions.pdf The Surgeon General's Call to Support Breast Feeding: http://www.surgeongeneral.gov/library/calls/breastfeeding/calltoactiontosupportbreastfeeding.pdf
<p>Reduce disparities in infant mortality specifically related to safe sleep</p>	<ul style="list-style-type: none"> Safe Sleep Roundtable Report: http://www.astho.org/Maternal-and-Child-Health/Safe-Sleep/ASTHO-Safe-Sleep-Roundtable-Report/ SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment – American Academy of Pediatrics: http://pediatrics.aappublications.org/content/128/5/e1341.full.pdf+html Changing Knowledge and Behavior to Reduce Sudden Unexpected Infant Death: http://ncemch.org/suid-sids/whatworks/index.php Safe Sleep – Evidence Briefs, National Center for Education in Maternal and Child Health, Georgetown University: http://ncemch.org/evidence/NPM-5-safe-sleep.php
<p>Reduce fatal motor vehicle crash deaths to adolescents (10-19 years) Note: objectives including the child population (younger than age 10) are acceptable; however, there must also be objectives that include the adolescent population.</p>	<ul style="list-style-type: none"> American Academy of Pediatrics Policy Statement – Child Passenger Safety: http://pediatrics.aappublications.org/content/early/2011/03/21/peds.2011-0213.full.pdf+html Countermeasures That Work: A Highway Safety Countermeasure Guide for State Highway Safety Offices: http://www.ghsa.org/html/publications/countermeasures.html National Highway Traffic Safety Administration (NHTSA) – Teen Drivers: http://www.nhtsa.gov/Driving+Safety/Teen+Drivers/Teen+Drivers+-+Additional+Resources Teen Drivers: Get the Facts – Centers for Disease Control and Prevention, Injury Prevention and Control, Motor Vehicle Safety: http://www.cdc.gov/motorvehiclesafety/teen_drivers/teendriv ers_factsheet.html
<p>Reduce overweight and obesity in children</p>	<ul style="list-style-type: none"> Prevention Strategies & Guidelines – Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity and Obesity: http://www.cdc.gov/obesity/resources/strategies-guidelines.html American Academy of Pediatrics Policy Statement – The Crucial Role of Recess in School: http://pediatrics.aappublications.org/content/131/1/183.full.pdf The Guide to Community Preventive Services – Nutrition, Obesity, Physical Activity: http://www.thecommunityguide.org/

A new website has recently been developed by Johns Hopkins Women's and Children's Health Policy Center and their partners, the Association of Maternal and Child Health Programs (AMCHP) and the Welch Medical Library at Johns Hopkins, to support the development of strategies to promote the health and well-being of maternal and child health populations. *Strengthen the Evidence, Advancing the Application of MCH Science*: <http://www.semch.org/index.html>.

A sample action plan is provided in Supporting Document 2. Please note – this example provides the minimum amount of information required; additional detail is encouraged.

PROGRAM/PROJECT NARRATIVE

Complete the Program/Project Narrative form – Appendix C.

The program/project narrative provides additional detail to the action plan and must address the following areas:

1. Describe the need for the proposed program/project using current and relevant data.
2. Define the geographic area and the target population to be served, including the projected number of individuals that will be reached.
3. Describe how this program/project will coordinate or link with relevant partners. *Preference will be given to applications with collaborative partnerships.*
4. Provide names and qualifications of relevant administrative, supervisory and programmatic staff who will be involved with the program/project.

A sample program/project narrative is provided in Supporting Document 3. Please note – this example provides the minimum amount of information required; additional detail is encouraged.

PROGRAM BUDGET

Complete the Program Budget form – Appendix D.

Grant applications will be accepted for up to \$80,000 in federal funds for each state MCH priority area. Applications exceeding \$80,000 in federal funds will not be reviewed.

Administrative costs are allowable, but are limited to 10 percent.

Applicants must provide a three-dollar match for every four federal dollars allocated (providing an overmatch/cost share is allowable). The purpose of matching/cost sharing funds is to enhance the amount of resources available to the project from grant funds. The cost of activities documented for the match/cost share requirement must be directly related to the project goals and objectives. Cash or in-kind services may be used as match/cost share. Federal funds from other sources may not be used to match/cost share.

To qualify for matching/cost sharing, the cash or in-kind expenditures must meet *all* of the following criteria:

- Are verifiable from the recipient's records.
- Are not included as match or cost sharing for any other federally assisted program.
- Are necessary and reasonable for proper and efficient accomplishment of program objectives.
- Are allowable under the applicable cost principles of the Office of Management and Budget Uniform Grant Guidance.
- Are not paid by the Federal Government under another award, except where authorized by Federal Statute to be used for cost sharing or matching.
- Are provided for in the approved application.

Volunteer services donated by professional and technical personnel, consultants and other skilled or unskilled labor may be counted as matching/cost sharing if the service is an integral and necessary part of the approved program. Rates for volunteer services shall be consistent with those paid for similar work in the agency's organization (i.e., if you have a nurse volunteer staff envelopes, you would only be able to record the amount that the agency would pay for secretarial services). Supporting records for volunteer services must be documented by the same methods used by the agency for its own employees (i.e. time sheets). The basis for determining the value of in-kind contributions must be documented in writing.

Program income may be used to meet the match/cost share requirement of the grant. Program income is defined as gross income received that is directly generated by the federally funded project during the grant period. Revenue generated from Title XIX (Medicaid) cannot be used for match/cost sharing.

Funds may not be used for (1) inpatient services other than those provided to children with special health care needs or to high-risk pregnant women and infants and such other inpatient services; (2) cash payments to intended recipients for health services; (3) purchase and improvement of land, construction or permanent improvement of buildings or purchase of major medical equipment; (4) matching other federal grants; or (5) providing funds for research or training to any entity other than a public or private non-profit entity.

Additional unallowable costs include:

- Alcoholic beverages
- Bad debt
- Contingencies or reserves
- Contributions or donations to others
- Entertainment costs
- Fines and penalties resulting from violations of, or failure to comply with Federal, State and local laws and regulations
- Food costs (other than per diem expenses)
- Fundraising
- Interest charges and late fees
- Lobbying or memberships in organizations substantially engaged in lobbying

Title V/MCH prohibits exclusion from participation, denial of benefits, or discrimination in any program or activity funded in whole or in part with Title V/MCH monies on the basis of race, color or national origin, sex, age, religion or handicapping conditions.

Any charges imposed upon individuals receiving services through projects funded by Title V/MCH must be pursuant to a published schedule of charges and adjusted to reflect the income, resources and family size of recipients. No charges may be imposed for low-income mothers or children. The official poverty guideline, as revised annually by HHS, shall be used to determine whether an individual is considered low-income for this purpose. The poverty guidelines are issued each year in the Federal Register. HHS maintains a page on the Internet that provides the poverty guidelines: <http://aspe.hhs.gov/poverty/>.

A sample budget is provided in Supporting Document 4. Please note – this example provides the minimum amount of information required; additional detail is encouraged.

APPLICANT/GRANTEE SELECTION

Grant applications will be reviewed and scored by an evaluation committee – See Supporting Document 5.

QUESTIONS

Please contact:

Kim Mertz, Director
Division of Family Health/Title V MCH
North Dakota Department of Health
Phone: 701.328.4528
Email: kmertz@nd.gov

