2025 MATERNAL & INFANT HEALTH INITIATIVE REQUEST FOR PROPOSALS



GRANT TIMELINE	
November 12, 2024	Grant portal & optional office hours opened for applicants
December 9, 2024	Concept papers (two pages max) due by <u>email</u> at 5:00 p.m. ET (strongly encouraged)
January 21, 2025	Application due by 5:00 p.m. ET
May 2025	Awards announced

A. PROGRAM OVERVIEW

The 2025 Maternal and Infant Health Initiative is seeking **community-driven and locally focused** projects that address the priority areas listed below and improve outcomes for pregnant individuals and their infants. Projects must incorporate at least one of these categories (examples are not exhaustive):

PRIORITY AREAS

- → Address **service delivery environment** barriers to improve access to equitable preconceptual and perinatal health care through improved integration of medical, behavioral, public health, and social services.
 - Examples: Regional perinatal quality collaborative initiatives, home visiting programs, colocation, launch of doula services, and care coordination/inter-professional health care teams.
- → Increase access to protective and clinical interventions including improved screening before, during, and after pregnancy for health risks, as well as referral and connection to treatment or services.
 - Examples: Interventions related to sexually transmitted infections, intimate partner violence, mental health, substance use disorders, maternal depression, targeted provider training to improve care delivery, and community or practice-based interventions aimed at improving birth equity and other social determinants of health.
- → Address targeted policies, practices, and procedures at the local or practice level that impact or prohibit the best outcomes for birthing parents and infants. We're looking for implementation of structural changes in communities and organizations that help families navigate and remove barriers to maternal and infant health.
 - Examples: Streamlining and simplifying process for families seeking services and supports, expanded and routine use of screening tools and standard processes for referral and follow-up, and implementation of data-driven interventions that are focused on equity in access, care, and outcomes.

A competitive proposal will focus on a specific target population and include local data to illustrate the need for the intervention. Projects may build on local or regional work and priority will be given to projects that are community-driven and locally focused and align with the Health

Fund's mission and goals and promote health equity for infants and birthing individuals. To explore past examples of Maternal and Infant Health projects, please visit the <u>grant database</u> on our website.

OFFICE HOURS

We are excited to offer opportunities for applicants to speak with Health Fund program staff and ask questions related to the grant cycle and program priorities prior to submitting a concept paper. **This should not replace the submission of a concept paper**. Participation in office hours will not impact the status of a proposal.

There is limited availability of office hours appointments. <u>Please register here</u> to schedule a 20-minute Zoom meeting with the team.

ADDRESSING DISPARITIES AND PROMOTING HEALTH EQUITY

Across all priority areas, the Health Fund seeks proposals that address disparities and promote health equity. What does that look like? Equitable programs:

- 1. Benefit or increase access for populations most affected by a health issue;
- 2. Remove barriers to health;
- 3. Empower communities; and
- 4. Engage community leaders and members in decision-making

B. ELIGIBILITY AND GRANT AMOUNT

ELIGIBILITY

Nonprofits, federally recognized Tribes, local units of government, and the State of Michigan are eligible for grants. To be eligible to apply for a grant under this initiative, applicants must:

- Be recognized by the Internal Revenue Service as a tax-exempt organization;
- ✓ Serve Michigan residents;
- ☑ Have a current certified financial audit or independently reviewed financial statements;
 and
- ✓ Have at least 1 FTE.

EXCLUDED FROM FUNDING CONSIDERATION

- X Clinical research
- X Loans
- X Health-related emergencies*
- X Capital projects
- X Litigation
- X Ongoing program operations and staffing

- X Lobbying activities
- X Tuition costs and related fees
- X Organizations that discriminate because of age, race, ethnic origin, religion, sexual orientation, disability, or gender
- * The Health Fund might in some situations consider support to address longer-term rebuilding or other needs following emergency situations.

GRANT AMOUNT

The Health Fund anticipates awarding grants between \$50,000 to \$300,000. We welcome proposals toward the smaller end of that range. Applicants may apply for a one or two-year

grant, but the total request is limited to \$300,000. Please be sure to clearly identify your funding requests per year in your proposal, along with any other associated program revenue.

An organization may apply for a grant no larger than 20% of its annual operating budget. Fiduciary, or financial sponsor, agreements may be considered for small organizations to meet the budgetary or eligibility requirements listed above. We welcome ideas from all types of eligible organizations, regardless of size or funding request.

The Health Fund recognizes the importance of supporting indirect expenses and encourages organizations to request the maximum amount to support those costs. Applicant organizations with annual operating budgets less than \$10 million may request indirect costs up to 30% of the total grant budget. Applicant organizations with annual operating budgets at or above \$10 million may request indirect costs up to 20% of the total grant budget. The percentage is based on the primary applicant's operating budget size. The indirect cost line item should include indirect costs for all project partners.

C. REVIEW CRITERIA AND EVALUATION

REVIEW CRITERIA

Here's what we look for when program staff and subject matter experts review proposals. We don't expect proposals to include all of these, but we encourage you to be clear about how your project addresses one or more (not a prioritized list):

- Collaboration. The project demonstrates collaboration, including community/participant involvement in planning and implementation, multi-sector partnerships with defined roles and responsibilities related to the project, and leverage of external resources.
- **Empowering communities.** The project empowers communities to support their ongoing health needs or challenges, and it engages with community leaders to share in decision-making.
- Health equity. The project benefits the populations most affected by the health issue, removes barriers to health, empowers communities and incorporates community voices into the design of programs and services.
- Innovation. The project supports new or enhanced programs or strategies.
- Long-term impact. The project has the potential to achieve significant long-term impact by implementing effective models or supporting needed innovation.
- **Measurable outcomes.** The project has clear outcomes and the potential to have a measurable impact on improving health or quality of life.
- **Strategic alignment.** The project aligns with the Health Fund's mission, strategies, and goals and with the priorities in this RFP.

EVALUATION

All proposals are required to submit a document outlining a proposed project evaluation approach. This document should not exceed three pages in length, and a one-page document is sufficient. This evaluation approach could be a logic model or a theory of change, or another format.

The document should describe the relationship between project activities, outputs, short- and long-term outcomes, and overall impact(s). Short-term outcomes are outcomes that will be achieved during the performance period of the grant. Long-term outcomes detail the impact that grant will have beyond the performance period.

For some helpful resources to develop an evaluation approach, <u>read the Health Fund's Evaluation Approach: A How-To Guide</u>, which details common measures our projects frequently use. Applicants are not required to use the resources provided to develop their approach.

D. APPLICATION PROCESS

CONCEPT PAPERS

KEY STEPS

- 1. Submit a two-page concept paper via email by 5:00 p.m. (ET) on December 9th, 2024.
- 2. Applicant receives initial feedback, including whether the concept is likely to be competitive.
- 3. Apply using Health Fund grant portal by 5:00 p.m. (ET) on January 21st, 2025.
- 4. Applications are reviewed by program staff and subject matter experts. Clarifying questions may be sent.
- 5. Awards are announced.

We know proposals that have a concept paper are more competitive, so we ask that we learn more about your idea before you submit a proposal. If you decide to send a concept paper, please address the following in up to two single-spaced pages:

- Intended Health Fund grant program or initiative
- Project title and organization name
- Project start date and end date
- Geographic reach of project, area the project intends to serve
- Problem statement or key issue you aim to address
- Brief overview of the project, including potential impact short and long-term.
- Key collaborative partners and responsibilities of each partner
- Estimated draft budget

Concept papers need to be submitted by email to <u>grants@mihealthfund.org</u> by <u>December</u> 9th, 2024 and be no more than two single-spaced pages to be considered.

APPLICATIONS

Applications must be submitted electronically through the Health Fund website <u>using the grants portal</u>. Applicants will first be required to create an account. It may take 48 hours for your account to be approved. Once approved you will receive login credentials via email.

While the grants portal does not have a word limit function, we require applicants to keep the total narrative within the equivalent of 10 standard pages. The Health Fund also reserves the right to confidentially share proposals with external reviewers and other foundation partners.

Full proposals must be received by 5 p.m. on <u>January 21st, 2025</u>. Proposals submitted after the deadline will not be considered.

E. RESOURCES

The following resources may be useful as you develop your proposal.

- Michigan Mother Infant Health and Equity Improvement Plan
- Health Statistics and Reports (MDHHS)
- Kids Count Data Book (Michigan League for Public Policy)
- Community Health Needs Assessment Non-profit hospitals are required to complete community health needs assessments with public input once every three years and the report must be made available through the hospital website.
- Clinical or non-clinical data related to the project location, to be used as baseline to measure programmatic progress.
- Michigan Profile for Health Youth (MiPHY)
- Behavioral Risk Factor Surveillance System Prevalence & Trends Data Explore by Location
 Metropolitan Statistical Areas (MMSAs)
- Michigan Behavioral Risk Factor Survey Regional and Local Health Department Tables
- Robert Wood Johnson Foundation County Health Rankings data
- Institute for Healthcare Improvement QI Essentials Toolkit: Maternal Health
- Evaluation Resources for current and prospective grantees
- Medicaid Policy Bulletin on doula services

F. MORE INFORMATION AND FURTHER QUESTIONS

The Michigan Health Endowment Fund works to improve the health and wellness of Michigan residents and reduce the cost of healthcare, with a special focus on children and seniors.

For more information on the Health Fund's grantmaking priorities and previous grants, you can view our <u>grantmaking webpage</u> and also our <u>Frequently Asked Questions</u> page. To explore our non-grantmaking opportunities, view our <u>capacity building offerings</u> and <u>webpage</u>. If you have questions on grant or application processes, please email <u>grants@mihealthfund.org</u>.

If you have further questions on the Maternal & Infant Health Initiative, please contact Grace Brooks at grace@mihealthfund.org.

The Health Fund Board of Directors has sole responsibility for all grant decisions.