NC Department of Health and Human Services, Division of Public Health, Women’s and Children’s Health Section

Improving Community Outcomes for Maternal and Child Health

RFA #A347 Bidder’s Webinar

October 23, 2017
Today’s Agenda

• Welcome
• Background
• RFA Overview
• Application Components
• Application Process
• Question & Answers
• Contact information
Background

- Session Law 2017-257, Section 11E.3
  - Continual funding of the ICO4MCH Initiative
  - $2.5 million
  - Estimate 4 – 6 projects will be funded for 2 years

Currently funded sites through 5/31/17
Overview
Overview

• Improving Community Outcomes for Maternal and Child Health has three aims:
  − Improve birth outcomes
  − Reduce infant mortality
  − Improve child health among those aged 0 - 5

## Overview: Evidence-based strategies

<table>
<thead>
<tr>
<th>PROGRAM AIMS</th>
<th>EVIDENCE-BASED STRATEGIES (EBS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved Birth Outcomes</td>
<td>Improving the utilization of Reproductive Life Planning (RLP) to increase access to highly effective methods of contraception</td>
</tr>
<tr>
<td></td>
<td>Tobacco Use Screening, Counseling and Documentation</td>
</tr>
<tr>
<td>Reduced Infant Mortality</td>
<td>10 Successful Steps for Breastfeeding, with a specific focus on Step 3 and Step 10</td>
</tr>
<tr>
<td></td>
<td>Tobacco Cessation and Prevention</td>
</tr>
<tr>
<td>Improved Health Status of Children Ages 0-5</td>
<td>Positive Parenting Program (Triple P)</td>
</tr>
<tr>
<td></td>
<td>Family Connects Newborn Home Visiting</td>
</tr>
<tr>
<td></td>
<td>Clinical Effort Against Secondhand Smoke Exposure (CEASE)</td>
</tr>
</tbody>
</table>
Overview: Improve Birth Outcomes

• Improving the utilization of Reproductive Life Planning (RLP) to increase access to highly effective methods of contraception
  – Train and educate health care providers within and outside of the local health departments (LHD);
  – Utilize tiered counseling, One Key Question and RLP methods with patients;
  – Educate women and men of childbearing age to increase their knowledge and access to long-acting reversible contraception (LARC); and
  – Increase access to LARC through a reproductive justice framework.
Overview: Improve Birth Outcomes

Tobacco Use Screening, Counseling and Documentation

- Train key licensed professionals (physicians and non-physicians) to become certified tobacco treatment specialists (CTTS);
- Assess 100% of all pregnant and postpartum women for tobacco/smoke use, including electronic nicotine devices and second- and third-hand smoke exposure during each health care visit;
- Provide tobacco/smoking cessation counseling to 100% of all applicable pregnant and postpartum women utilizing the 5As (Ask, Advise, Assess, Assist, Arrange) method;
- Provide resources to 100% of all applicable pregnant and postpartum women; and
- Document the use of the 5A’s counseling (type and amount of tobacco used, outcome of counseling, referrals, etc.)
Overview: Reduce Infant Mortality:

- **Tobacco Cessation and Counseling**
  - Train key licensed professionals (physicians and non-physicians) to become certified tobacco treatment specialists (CTTS);
  - Increase the number of men and women of childbearing age, adolescents, caretakers, etc. who are screened at every health care encounter;
  - Refer clients to the QuitlineNC and other community resources;
  - Utilize and document the use of the 5A’s counseling method;
  - Engage in evidence-based support efforts with businesses/work sites to increase the number of cessation programs and/or contracts with the QuitlineNC.
  - Engage in evidence-based policy support efforts that promote 100% smoke-free or tobacco-free policies in government buildings, public places, etc.; and
  - Utilize paid and earned media opportunities to educate the public and decision-makers.
Overview: Reduce Infant Mortality:

- 10 Successful Steps for Breastfeeding, with a specific focus on Step 3 and Step 10
  - Provide culturally and linguistically appropriate education to men and women of childbearing age to increase the initiation and continuation of breastfeeding;
  - Educate and training all clinical and non-clinical staff in the LHD and other public/private health care practices;
  - Implement and enhance connections with community-based and faith-based organizations to promote the normalcy of breastfeeding within the social support systems;
  - Utilize social media to increase awareness of breastfeeding; and
  - Strengthen partnerships between the LHD and Title V program providers, WIC, maternity care/perinatal care, quality improvement partners, state and local breastfeeding coalitions and faith-based and community-based organizations.

Appendix: A, page 53
Overview: Improve Child Health, among those aged 0 - 5

- Positive Parenting Program (Triple P)
  - Adhere to the standards set by *Triple P America*, as described in the Triple P Implementation Manual;
  - Hire a 1.0 FTE local Triple P Implementation Specialist to oversee the expansion of Triple P under the ICO4MCH funding;
  - Submit an annual Implementation Plan to the NC DPH Triple P Coordinator, which includes the program plan for the expansion funding;
  - Maintain a Triple P Implementation Team;
  - Develop, maintain and update Memorandum of Agreement with local agencies as needed; and
  - Participate in the Triple P Learning Collaborative.
Overview: Improve Child Health, among those aged 0 – 5

• Clinical Efforts Against Secondhand Smoke Exposure (CEASE)
  – Implement CEASE per the national protocols;
  – Sub-contract and collaborate with at least three (3) child health/family health care practices;
  – Use the Peer to Peer Training protocols to train all key clinical and non-clinical staff in the clinical setting;
  – Utilize the electronic screening tools to document tobacco use and second- and third-hand smoke exposure among all caretakers/families with children ages 0 – 5;
  – Refer clients to the QuitlineNC and other community resources as needed;
  – Document all services provided in the EMR of the client; and
  – Provide NRT as needed.
Overview: Improve Child Health, among those aged 0 - 5

- Family Connects Newborn Home Visiting Program
  - Hire and maintain a home visiting staff composed of 1.0 FTE Nurse Home Visitor for every 200 births in the service area;
  - Utilize the required service delivery methods and assessment forms;
  - Conduct phone call and home visits with the resident families living in the service area;
  - Utilize the Family Support Matrix to identify needs of the family;
  - Refer families to support agencies, resources, etc. as needed.
  - Sub-contract with the purveyor for technical assistance; and
  - Deliver all program services based on the *Family Connects Implementation and Policies Manual.*
Overview: Where to find the RFA Template and information

• Women Health Branch website:  
  – http://whb.ncpublichealth.com/
Overview – Eligibility Criteria

• Any North Carolina health department or health district that had at least 1,000 live births in 2015
  – Health departments that form a regional collaboration must select one (1) health department.

  AND

• At least 1 of the following:
  • Combined 2013 - 2015 infant mortality rate (IMR) of ≥ 10.7 per 1,000 live births AND ≥ 20 infant deaths;
  • Combined 2013-14 infant mortality ratio ≥ 2.3;
  • Based on 2013, percent of children uninsured < 5 years of age must be 42.6% or higher; OR
  • Combined 2010 - 14 percent of children <19 years of age who are living at or below the Federal Poverty Level (FPL) must be ≥ 6.9%.
Overview: Are you eligible?

Put a “Y” in the blue column next to the name of your county(ies)
Overview: Funding

- Awards will be between $350,000 - $500,000 per year for up to two years.
  - Year 1: June 1, 2018 – May 31, 2019
  - Year 2: June 1, 2019 – May 31, 2020

- 100% state funding.

- Funding dispersed on a cost reimbursement basis only.

- Continuation of funding is dependent upon project performance and future funding availability.
## Overview: Evaluation Criteria

<table>
<thead>
<tr>
<th>Sections of Application</th>
<th>Point Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Equity</td>
<td>15</td>
</tr>
<tr>
<td>Cover Letter</td>
<td>1</td>
</tr>
<tr>
<td>Needs Assessment</td>
<td>10</td>
</tr>
<tr>
<td>Program Plan</td>
<td>21</td>
</tr>
<tr>
<td>Data Collection and Evaluation</td>
<td>15</td>
</tr>
<tr>
<td>Agency Ability</td>
<td>15</td>
</tr>
<tr>
<td>Collective Impact/Community Involvement</td>
<td>15</td>
</tr>
<tr>
<td>Budget</td>
<td>8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
Application Components
Application Components

- Cover letter
- Health Equity
- Needs Assessment
- Program Plan
- Data Collection and Evaluation
- Agency Ability
- Collective Impact/Community Involvement
- Budget
- Attachments A, B and C
Application Components

• Appendices:
  – A: Evidence-based Strategies: Scope of Services, Performance Measures, and Reporting Requirements
  – B: Online County-Level Data sources
  – C: Documentation from FY16-19, RFA #320 Question and Answers
  – D: Health Equity Impact Assessment Tool Kit
  – E: Outline of data provided by the NC DPH
Application Components: Health Equity

• Health equity must be infused throughout the Application.
  • How will the Applicant ensure the three (3) evidence-based strategies (EBS) will address health disparities?
• The Applicant should clearly identified the impacted population(s) for each of the EBS they plan to implement.
• Clearly articulate how the Applicant will use a health equity impact assessment tool to guide their work at the community level.
• Applicants should articulate their knowledge and understanding of how health disparities perpetuate health inequities.
Application Components: Cover Letter

- The legal name of the Applicant agency.
- RFA number and closing date of the application period.
- Applicant agency’s federal tax identification number and DUNS number.
- Applicant’s mission, background and current services offered.
- Indicate a clear understanding of the Improving Community Outcomes for Maternal and Child Health project (ICO4MCH) and a strong commitment of replicating the program requirements.
- State which three EBS are being selected (one for each of the three program aims).
- Main contact information
- Signed and dated by an authorized individual to legally bind the Applicant.

*Don’t forget to sign, date and put your contact information!*
<table>
<thead>
<tr>
<th></th>
<th>Application Face Sheet</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Legal Name of Agency:</td>
</tr>
<tr>
<td>2.</td>
<td>Name of individual with Signature Authority:</td>
</tr>
<tr>
<td>3.</td>
<td>Mailing Address (include zip code+4):</td>
</tr>
<tr>
<td>4.</td>
<td>Address to which checks will be mailed:</td>
</tr>
<tr>
<td>5.</td>
<td>Street Address:</td>
</tr>
<tr>
<td>6.</td>
<td>Contract Administrator: Name:</td>
</tr>
<tr>
<td></td>
<td>Title:</td>
</tr>
<tr>
<td></td>
<td>Telephone Number:</td>
</tr>
<tr>
<td></td>
<td>Fax Number:</td>
</tr>
<tr>
<td></td>
<td>Email Address:</td>
</tr>
<tr>
<td>7.</td>
<td>Agency Status (check all that apply):</td>
</tr>
<tr>
<td></td>
<td>□ Public</td>
</tr>
<tr>
<td></td>
<td>□ Private Non-Profit</td>
</tr>
<tr>
<td></td>
<td>□ Local Health Department</td>
</tr>
<tr>
<td>8.</td>
<td>Agency Federal Tax ID Number:</td>
</tr>
<tr>
<td>9.</td>
<td>Agency DUNS Number:</td>
</tr>
<tr>
<td>10.</td>
<td>Agency’s URL (website):</td>
</tr>
<tr>
<td>11.</td>
<td>Agency’s Financial Reporting Year:</td>
</tr>
<tr>
<td>12.</td>
<td>Current Service Delivery Areas (county(ies) and communities):</td>
</tr>
<tr>
<td>13.</td>
<td>Proposed Area(s) To Be Served with Funding (county(ies) and communities):</td>
</tr>
<tr>
<td>14.</td>
<td>Amount of Funding Requested</td>
</tr>
</tbody>
</table>
| 15. | Projected Expenditures: Does applicant’s state and/or federal expenditures exceed $500,000 for applicant’s current fiscal year (excluding amount requested in #14)   
Yes □   
No □ |

The facts affirmed by me in this application are truthful and I warrant that the applicant is in compliance with the assurances and certifications contained in NC DHHS/DPH Assurances Certifications. I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. The governing body of the applicant has duly authorized this document and I am authorized to represent the applicant.

| 16. | Signature of Authorized Representative: |
| 17. | Date |
Application Components: Needs Assessment

• What to include in the needs assessment
  – Understanding of the infant mortality rate (IMR) and what contributes to it;
  – Understand the factors that contribute to poor birth outcomes (maternal and infant);
  – Understand the factors that can improve child health for children 0 to 5;
  – Assess what risk factors are most prevalent in the applicants’ communities; and
  – Understand and identify why the chosen EBS are most applicable to the applicants’ communities.

Remind to cite any sources that are utilized to get data and information in the needs assessments.
Application Components: Needs Assessment

• Priority Population(s)
  – *Who* will you serve?

  – *Why* did you chose this population?

  – *How* did you choose this population?

  – *What* is your community’s capacity?

*Stratify, Stratify, Stratify*
## Application Components: Program Plan

### PROGRAM AIMS

<table>
<thead>
<tr>
<th>Improved Birth Outcomes</th>
<th><strong>EVIDENCE-BASED STRATEGIES (EBS)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Improving the utilization of Reproductive Life Planning (RLP) to increase access to highly effective methods of contraception</td>
</tr>
<tr>
<td></td>
<td>Tobacco Use Screening, Counseling and Documentation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reduced Infant Mortality</th>
<th><strong>EVIDENCE-BASED STRATEGIES (EBS)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10 Successful Steps for Breastfeeding, with a specific focus on Step 3 and Step 10</td>
</tr>
<tr>
<td></td>
<td>Tobacco Cessation and Prevention</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Improved Health Status of Children Ages 0-5</th>
<th><strong>EVIDENCE-BASED STRATEGIES (EBS)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Positive Parenting Program (Triple P)</td>
</tr>
<tr>
<td></td>
<td>Family Connects Newborn Home Visiting</td>
</tr>
<tr>
<td></td>
<td>Clinical Effort Against Secondhand Smoke Exposure (CEASE)</td>
</tr>
</tbody>
</table>
You must pick 1 EBS from each of the program Aims that can be implemented on a population level in your county (ies)
Application Components: Program Plan

• Restate the 3 EBS chosen.

• For each EBS, description how the Applicant will implement the scope of services, performance measures and reporting requirements.
  – Provide detail on the who, what, where and when for each of the strategies.

• Clearly indicate how the Applicant will address health inequities and disparities as they relate to each EBS in your community(ies).
Improve Birth Outcomes: Improving the utilization of RLP to increase access to highly effective methods of contraception

• Performance measures
  – Increase women who request family planning services, including, LARC;
  – Increase the number of trained and educated health care providers (HCP) within and outside of the local health department (LHD);
  – Outreach and education;
  – Same-day insertion practices and policies; and
  – Same-day availability of LARCs.
Improve Birth Outcomes: Improving the utilization of RLP to increase access to highly effective methods of contraception

• Reporting Requirements
  – Number of LARC methods distributed and inserted by the LHD;
  – Number and types of outreach and workshops;
  – Number and types of training and education provided to HCP;
  – Implementation of the HCP survey; and
  – Chart audits.
Improve Birth Outcomes: Tobacco Screening, Counseling and Documentation

• Performance measures
  – Increase the number of callers to the QuitlineNC within the service area(s);
  – Decrease the percentage of pregnant and postpartum women who smoke/use tobacco;
  – Increase the number of HCP (clinical and non-clinical), internal and external to the LHD, that utilize the 5As smoking cessation a counseling method into their clinical practice;
  – Engage in evidence-based policy development and implementation to increase the awareness of primary, secondary and tertiary smoke exposure, including environmental and tobacco policies;
  – Engage in paid and earned media opportunities in the service area(s); and
  – Trained at least 4 CTTS.
Improve Birth Outcomes: Tobacco Screening, Counseling and Documentation

• Reporting Requirements
  – Number of callers to the QuitlineNC;
  – Number of pregnant and postpartum women screened, counseled and referred to the QuitlineNC and other resources;
  – Number of 5As trainings and the number of HCP who participate;
  – Number of HCP trained in the 5As method;
  – Documentation of the use of the 5As method in the EMR;
  – Documentation of public policies for smoke-free/tobacco-free workplaces, indoor public places, etc.
Improve Infant Mortality: Tobacco Cessation and Counseling

- Performance measures
  - Increase the number of callers to the QuitlineNC;
  - Decrease the percentage of men and women, adolescents, pregnant women, etc. who smoke/use tobacco, receive counseling and referrals;
  - Increase the number of HCP that incorporate 5As into their clinical practice and document information in the EMR;
  - Engage in evidence-based policy efforts;
  - Engage in evidence-based support efforts with businesses/work sites to increase the number of cessation programs and/or contracts with the QuitlineNC; and
  - Trained at least 4 CTTS.
Improve Infant Mortality: Tobacco Cessation and Counseling

• Reporting Requirements
  – Number of callers to the QuitlineNC;
  – Number of pregnant women screened and counseled;
  – Number of HCP trained in the 5As method;
  – Documentation of the use of the 5As method in the EMR; and
  – Documentation of public policies for smoke-free/tobacco-free workplaces, indoor public places, etc.
Improve Infant Mortality: Ten Steps for Successful Breastfeeding, with a focus on Steps 3 and 10

• Performance measures
  – Increase the percentage of infants who are breastfeeding at discharge from the hospital;
  – Increase the percentage of WIC-eligible infants who are breastfeeding at six and 12 months;
  – Increase the number of staff and HCP from the LHD and other public/private health care practices that receive training to support the initiation and continuation of breastfeeding women;
  – Increase the presence of social media; and
  – Increase the collaboration with partner organizations, CBOs, etc.

Appendix A, page 52
Improve Infant Mortality: Ten Steps for Successful Breastfeeding, with a focus on Steps 3 and 10

• Reporting Requirements
  – Number of infants breastfed at discharge;
  – Number of WIC-eligible infants breastfeeding at six and 12 months;
  – Trainings and education provided to non-clinical and clinical providers; and
  – Number and types of partnerships with other stakeholders and other programs.
Improve Child Health, among those aged 0 - 5: Positive Parenting Program (Triple P)

- Performance measures
  - Increase the number of families/caregivers with children ages 0 – 5 served;
  - Increase the number of children, ages 0 – 5, served;
  - Increase satisfaction among families/caregivers within the pre-test and post-test intervention surveys;
  - Increase the number of Triple P online users;
  - Decrease childcare/daycare suspension/expulsions; and
  - Increase the number of practitioners accredited who serve children ages 0 – 5.
Improve Child Health, among those aged 0 - 5: Positive Parenting Program (Triple P)

• Reporting Requirements
  – Number of families/caregivers served;
  – Number of children served;
  – Number of practitioners who are trained and accredited;
  – Information on daycare/childcare centers engaged with Triple P; and
  – Number of outreach and educational events conducted.
Improve Child Health among those aged 0 – 5: Clinical Efforts Against Secondhand Smoke Exposure (CEASE)

- Performance measures
  - Complete required and necessary trainings, technical assistance (TA), webinars, etc. with purveyor;
  - Collaborate with a minimum of three child health/primary care practices in the service area(s);
  - Sub-contract with the purveyor for TA;
  - Complete documentation of primary, secondary and tertiary tobacco use/smoking;
  - Decrease the percentage of North Carolinians who use tobacco/smoke; and
  - Increase the number of applicable North Carolinians who are referred and utilize the QuitlineNC.
Improve Child Health among those aged 0 – 5: Clinical Efforts Against Secondhand Smoke Exposure (CEASE)

• Reporting Requirements
  – Documentation and types of trainings, technical assistance, etc. provided to the health clinics;
  – Documentation of primary, secondary and tertiary tobacco use/smoking in the client records;
  – Documentation of tobacco/smoke exposure in client’s EMR;
  – Provide copies of the child health care practice assessment forms to NC DPH annually; and
  – Number of callers to the QuitlineNC.
Improve Child Health among those aged 0 – 5: Family Connects Newborn Home Visiting Program

- Performance measures
  - Complete home visits in the service areas;
  - Complete initial phone calls with families with live resident births in the service area(s);
  - Complete an integrated home visits (IHV) with families who agreed to participate in the programs;
  - Complete successful home visits with families; and
  - Complete successful follow-up and/or referrals with families, as needed.
Improve Child Health among those aged 0 – 5: Family Connects Newborn Home Visiting Program

• Reporting Requirements
  – Number of newborns born in the service area;
  – Number of home visits scheduled and completed;
  – Number of families receiving follow-up in-home or telephone calls after the completion of the initial IHV; and
  – Number of families receiving one or more referrals for long-term support.
Application Components: Data Collection and Evaluation

• Describe the evaluation and monitoring plan for each of the EBS.

• Provide information about the methods and tools of data collection and evaluation for each of the EBS.

• Appendix E provides information on which data NC DPH will provide quarterly and annually to the Applicants.
Application Components: Agency Ability

• Describe the mission, background and services the local health department provides and how these relate to the ICO4MCH Initiative.
  – Each LHD must be fully described

• Provide information and clarification on how the grant funds will be managed.

• Describe previous experience implementing and evaluating other maternal and child health programs.

• Complete the chart for NEW and EXISTING staff who will be working on the project.
  – Include all paid and in-kind staff in the table. If you need more rows, add them in.
Application Components: Community Involvement/Collective Impact

• Describe how the Community Action Team (CAT) or stakeholders from the community were involved in developing the proposal and the selection of the EBS.

• Describe how the LHD will collaborate with community members, consumers, advocates, content experts, other health and human services agencies, etc. to implement the project, using a Collective Impact framework.

• Use the chart provided to identify the current and future members of the CAT.
Application Components: Budget

• Complete a detailed budget for each year of the two-year grant period:
  – Year 1: June 1, 2018 – May 31, 2019
  – Year 2: June 1, 2019 – May 31, 2020

• Use the Open Windows Budget Form template
  – http://whb.ncpublichealth.com

• Formulas have already been created for the worksheet, so do not enter or delete anything in the Blue shaded cells.

• Total amounts should always be whole number.

8 points
Application Components: Budget

• Expand narrative cells before printing so the entire narrative can be viewed.
  – To do so, select File Tab – Protect Workbook/Permissions ➔ Unprotect
  – Password is “website”

• For each line item, provide a narrative justification.

• Show how the total amount for each line item budgeted was calculated.

• Demonstrate how each expense relates to the project activities.
## Application Components: Budget, State Rates

<table>
<thead>
<tr>
<th></th>
<th>In-state</th>
<th>Out-of-State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td>$8.40</td>
<td>$8.40</td>
</tr>
<tr>
<td>Lunch</td>
<td>$11.00</td>
<td>$11.00</td>
</tr>
<tr>
<td>Dinner</td>
<td>$18.90</td>
<td>$21.60</td>
</tr>
<tr>
<td>Lodging</td>
<td>$71.20</td>
<td>$79.50</td>
</tr>
<tr>
<td>State mileage rate</td>
<td>$0.535</td>
<td></td>
</tr>
</tbody>
</table>
Application Components: Attachment A

• Agency Information
  – Agency’s organizational chart
  – Job descriptions of new staff and/or resumes of current staff
  – Documentation of agency’s tax ID number from IRS
Application Components: Attachment B

- Community Involvement/Collective Impact
  - Letters of Commitment (LOC) from Community Action Team (CAT) or potential CAT members or stakeholders.
  - If a CAT member is also a collaborating agency, one LOC or Memorandum of Agreement is acceptable.
Application Components: Attachment C

• Memorandums of Agreement
  – Memorandum of Agreement (MOAs) from organizations who will be sub-contracting, providing in-kind services, referrals, etc. with the LHD.
  – If the collaborating agency is also a member of the CAT, one MOA or LOC is acceptable.
Additional Information
Questions must be in writing

- The Q&A period is open until Monday, October 30, 2017 at 5:00pm.
- All questions must be in writing.
- Send to: leslie.derosset@dhhs.nc.gov
- Answers will be posted by 5:00pm on Monday, November 6, 2017: http://whb.ncpublichealth.com
Application Process
Application Process – Summary of Dates

• October 30, 2017
  – End of Q&A period. All questions due in writing by 5:00 pm.

• November 6, 2017
  – Answers to Q&A released to all applicants, as an addendum to the RFA.

• November 21, 2017: Applications due by 5:00 pm.

• January 5, 2018: Successful applicants will be notified.

• June 1, 2018: Funding and implementation begin.
Application Process

• Submit one (1) original application with original signatures & marked “original” on the Application Face Sheet.

• Include four (4) copies of the application with “copy” marked on Application Face Sheet.

• Submit an electronic **thumb drive (flash drive)** with a PDF of the application.
  
  – Clearly label the flash drive with: name of the Applicant, main contact and the RFA number.

**Follow the instructions for formatting**
Application Checklist
Application Checklist

- Cover Letter
- Application Face Sheet
- Applicant’s Response (Sections 1 – 5)
- Project Budgets – Year 1 and 2
  - Open Windows forms and narratives
- Attachment A
- Attachment B
- Attachment C
- IRS Letter Documenting Your Organization’s Tax Identification Number (public agencies only)
Need more information?

Leslie deRosset, MSPH, MPH
Program Manager
Improving Community Outcomes for Maternal and Child Health
NC Division of Public Health
Women’s Health Branch
leslie.derosset@dhhs.nc.gov
919-707-5690
http://whb.ncpublichealth.com