

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

**TITLE V/MATERNAL AND CHILD HEALTH (MCH)
NON-COMPETITIVE MINI-GRANT APPLICATION GUIDANCE
FOR FEDERAL ASSISTANCE (CFDA #93.994)
January 1 – December 31, 2017**

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.

This non-competitive mini-grant application will fund the following state MCH priority:

- Reduce disparities in infant mortality specifically related to safe sleep

Sudden Infant Death Syndrome (SIDS) is the number one cause of death for infants ages one month to one year. The North Dakota Infant and Child Death Services (ICDS) program within the North Dakota Department of Health (NDDoH) is dedicated to providing information on safe infant sleep practices and other methods to reduce the risk of SIDS. ICDS also helps to support families who have experienced the loss of a child unexpectedly. Recipients of this grant will work with the ICDS program to ensure consistent messaging on safe sleep practices is being used throughout the state.

The purpose of this mini-grant is to provide safe infant sleep education to families and caregivers across North Dakota. This education facilitates the best practice strategy of integrating other risk reduction efforts such as breastfeeding and tobacco cessation with safe sleep messaging. The ICDS program has developed safe sleep infographics to help ensure that consistent messaging is utilized throughout the state. These infographics will be required to be used by all applicants (Grantees). Additional resources are also available through the state to be used by Grantees.

FUNDING

This is a non-competitive grant application process. Grant applications will be accepted for up to \$7,500 in federal funds. Applicants must provide a three-dollar match for every four federal dollars. Total amount of match may exceed this amount if the grantee chooses. This match is a requirement from the federal MCH grant and is meant to enhance the amount of resources available to the project. If the full amount of federal funds is applied for, the minimum funds available for the project would be \$13,125 (\$7,500 in federal funds and \$5,625 in match funds).

FUNDING PERIOD

The funding period will be January 1, 2017 through December 31, 2017 (12 months – up to \$7,500 in federal funds). Project effectiveness and availability of federal funds will determine future awards.

REQUIREMENTS

Grantees will be required to submit quarterly reimbursement requests as well as a semi-annual and final progress and data reports through the Department of Health's Program Reporting System (PRS). The final progress and data report will be required with the final reimbursement request. Data reports will include an unduplicated and total recipient count of individuals served.

All personnel participating in grant activities will be required to complete an online Sudden Infant Death Syndrome (SIDS) training module regardless of their professional background within the first 30 days of the grant cycle. Information regarding reporting requirements and completion of the SIDS training will be provided to Grantees in the Notice of Grant Award contract issued. Additional requirements may be necessary based on updated federal guidance.

All Grantees will be required to utilize materials provided by the ICDS program. All Grantees will be required to order materials to be utilized in carrying out their goals and objectives within the first 30 days of the grant cycle. These materials including infographics and brochures will be available by January 1, 2017 and can be ordered through the program website (www.ndhealth.gov/sids).

While this is a non-competitive grant, all application requirements must be met (see pages 2-6). Applicants will be notified by November 4, 2016 if their application meets requirements or if revisions are needed.

APPLICATION DUE DATE

Applications are due by 5:00 p.m. CST, October 14, 2016.

Technical assistance calls will be provided to answer any questions regarding this guidance:

- September 21, 2016 at 10:00 A.M. CST
- September 22, 2016 at 2:00 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.

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: Teri Arso
600 East Boulevard Avenue, Dept. 301
Bismarck, ND 58505-0200
E-mail: tarso@nd.gov

APPLICATION REQUIREMENTS:

SUMMARY PROPOSAL

Complete the Summary Proposal form – Appendix A.

Provide a brief description of the programs where grant activities will be integrated, including staff that will be involved with the project. *A sample summary proposal is provided in Supporting Document 1.*

ACTION PLAN

Complete the Action Plan form – Appendix B. There are three options for applicants to choose when completing the Action Plan form.

- One goal and objective based on best practices and strategies has been developed. You may choose to use this pre-developed goal/objective and complete the activities section of the form. (Appendix B)
- If the developed goal and objective does not meet the applicant's program needs, a different goal and objective based on best practices and strategies may be developed. (Appendix 2B – Optional)
- The applicant may also choose to use the state developed goal and objective as well as develop an additional goal and objective of their choice based on best practices and strategies. (Appendix B **and** Appendix 2B – Optional)

A sample list of activities has been provided. Please note that this is only a sample list and may not fit the needs of your program. Applicants are encouraged to modify or create action steps relevant to their program. All Grantees will be required to utilize materials developed and provided by the ICDS program within all goals and objectives. These materials include infographics, brochures and training modules. This should be reflected within project activities, even if the applicant has chosen to develop their own goals and objectives.

For applicants that choose to develop their own goal(s) and objective(s), please remember that they must be based on best practices. Below are examples of best practice documents/websites related to the MCH priority area of infant mortality. Please note that this is not an exhaustive list.

<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
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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 BUDGET

Complete the Program Budget form – Appendix C.

Grant applications will be accepted for up to \$7,500 in federal funds. Applications exceeding \$7,500 in federal funds will not be reviewed.

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

Out-of-state travel will not be allowable with this grant opportunity.

Line items for supplies within the budget should not include safe sleep educational materials. These items are available through the state free of charge to all applicants.

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. **The source of the match funds must be listed within the justification for each section of the budget.**

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.

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 stuff 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 3.

QUESTIONS

Please contact:

Katie Bentz, Director

North Dakota Infant and Child Death Services Program

North Dakota Department of Health

Phone: 701.328.4538

Email: kbentz@nd.gov

