



2023 Title V Funding Proposal Request for Applications

The Women and Infant Health Program seeks applications from community-based organizations for programs and services in alignment with the following priorities – improving well-woman preventive service access, improving infant safe sleep practices and environments, and reducing tobacco use during pregnancy and postpartum.

Please complete the following form and return to natalie.hudanick1@wyo.gov by 6:00P MT on **March 31, 2023**. Once applications are reviewed and scored, select applicants will be asked to present on their program/initiative the week of **April 19, 2023**.

Primary Contact Information	
Name:	
Organization:	
Address:	
Phone:	
E-mail Address:	
Unique Entity Identifier (UEI) :	
Name and Title of Authorized Signatory:	

Secondary Contact Information	
Name:	
Organization:	
Address:	
Phone:	
E-mail Address:	

Unique Entity Identifier (UEI) , if different from previous:	
Name and Title of Authorized Signatory, if different from previous:	

Submission Overview	
What is the name of your program or initiative?	
Provide a one-sentence description of your program or initiative.	
Is the proposed program or initiative new and not yet started OR current and existing?	<input type="checkbox"/> New/ Not yet started. <input type="checkbox"/> Current/Existing
Outside of funding, please note any support you may require from WDH to complete your proposed program/initiative.	(Examples: Technical Assistance on coalition building or partnership development, guidance on best practices, managing and creating budgets etc.)
What is the estimated cost per year of your proposed program or initiative?	
Give a breakdown of your estimated cost per year.	Salaries and Wages: Brief Description of Salaries and Wages:

Supplies:

Brief Description of Supplies:

Equipment (anything over \$2,500 per unit with an expected lifespan of > 1 year)

Brief Description of Equipment:

In-State Travel:

Brief Description of In-State Travel:

Out-of-State Travel:

Brief Description of Out-of-State Travel:

Subcontracts:

Brief Description of Sub-Contracts:

Other Categories:

	Brief Description of Other Categories:
<p>What is the estimated reach of your program or initiative?</p> <p>Please provide the county/counties and the number of individuals to be served per year.</p>	<p><input type="checkbox"/> County/Counties Served: _____</p> <p><input type="checkbox"/> Estimated number of individuals to be served: _____</p>

Program/Initiative Overview	
<p>Which Title V National Performance Measure (NPM) or State Performance Measure (SPM) does your program/initiative address?</p> <p><i>Check up to two that apply</i></p> <p>Click here for a description of each NPM.</p>	<p><input type="checkbox"/> Domain: Women/Maternal Health NPM 1: Well-Woman Visits: Percent of women, ages 18 through 44, with a preventive medical visit in the past year. <i>Examples of potential programs/initiatives can be:</i></p> <ul style="list-style-type: none"> ● <i>Group Prenatal and Postpartum Care</i> ● <i>Postpartum Care</i> ● <i>Parenting Support</i> ● <i>Well-woman annual visits</i> ● <i>Access to trusted, family-centered care</i> ● <i>Health communication and education</i> ● <i>Equity, Justice, and Accessibility</i> <p><input type="checkbox"/> Domain: Perinatal/Infant Health NPM 5: Safe Sleep: Percent of infants placed to sleep on their backs, on a separate approved sleep surface, without soft objects or loose bedding. <i>Examples of potential programs/initiatives can be:</i></p> <ul style="list-style-type: none"> ● <i>Sudden Unexpected Infant Death (SUID) Prevention</i> ● <i>Fetal-Infant Mortality Review</i> ● <i>Community Action Team Building</i> ● <i>Safe Sleep Initiatives</i> ● <i>Partner and Family Engagement</i> <p><input type="checkbox"/> Domain: Perinatal/Infant Health SPM 1: Smoking-Pregnancy: Percent of Women that smoke during pregnancy. <i>Examples of potential programs/initiatives can be:</i></p> <ul style="list-style-type: none"> ● <i>Additional support for tobacco cessation and linking Maternal and Child Health populations to care</i> ● <i>Community Action Team Building</i> ● <i>Adverse Childhood Experiences (ACEs) and Social Determinants of Health</i> ● <i>Data Capacity, Use, and Evaluation</i> ● <i>Program and Policy Development</i>

Instructions: For the following questions, please give an overview of your proposal. Responses to questions 1 – 4 should not exceed two pages in length.

1. Program/Initiative Description:
Please provide an overall description of your program/initiative and how it intends to help achieve the goals of the selected NPM or SPM.
In your response, be sure to show (1) sustainability, (2) who is responsible for what, (3) the timeline of implementation.

Response:

2. Need:

What need does your program/initiative address and how specifically does it address this need?

In your response, be sure to include how you identified the need, who was involved in the identification process, and sources of information that support the identified need.

Response:

3. Intended Benefit

How does your program/initiative benefit the key population you identified in your program/initiative description?

Response:

4. Health Equity

The Robert Wood Johnson Foundation defines health equity as "... everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care."

In what ways does your program/initiative address health inequities and discrimination in your key population?

Response:

Next Steps

Thank you for taking the time to submit your application. Your work is important in helping improve the lives of Wyoming's MCH populations. Your submission will be carefully reviewed by our reviewers. The next steps for this funding opportunity are outlined below:

Step 1: All applications will be reviewed by Wyoming Maternal and Child Health staff. Applications will be evaluated on the following criteria and relative weights:

- Applicant describes a feasible program that is (1) sustainable, (2) has responsibilities on who does what, (3) has a timeline of implementation: 0-10
- Applicant can describe the need in the community: 0-10
- Application clearly connects the need, and the key population to show the benefit of the program: 0-10
- Application is clear and aligned with the selected priority domains and NPMs/SPMs: 0-10
- Budget breakdown is reasonable for the proposed program or initiative: 0-5
- Health equity considerations are describe clearly and address inequity and discrimination: 0-10

Total points possible: 55

After review, some applicants will be asked to move on to Step 2.

Step 2: Applicants in this round of review will be asked to present your program/initiative in a more detailed 15-minute presentation with a 15-minute question and answer.

- A PowerPoint template will be provided.
- Presentations will be held the week of **April 19 – 23**

If you are selected for funding:

- You will enter into a subrecipient agreement with the Wyoming Department of Health.
- Your funding will begin on October 1, 2023.

Please send your completed form to natalie.hudanick1@wyo.gov by 6:00PM MT on March 31, 2023.

If you have any questions, please contact kelly.belz@wyo.gov.