

# **2024 Title V Funding Proposal Request for Applications**



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# The Women and Infant Health Program

The Women and Infant Health Program is part of the Maternal and Child Health Unit. Our program highlights two priority areas in Wyoming:

- Women/maternal health
- Infant health

Currently, our program is working on:

- Increasing the percentage of women in Wyoming who receive a preventative annual visit.
- Increasing the use of safe sleep practices and environments.
- Reducing tobacco use among women of reproductive age and women who are pregnant or postpartum.



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# What is the 2024 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
- Reducing tobacco use during pregnancy and postpartum



# Application Process

- **Application opens January 2024, and closes on March 31, 2024 at 6 pm MT.**
- To apply, fill out the Google Form Application
- Once the application is submitted, you will be notified by email whether your application has been chosen to move on to the next round of review.
  - **You will be notified by the end of the first week of April.**
- **If chosen for the next round of review, you must prepare a presentation on your program/initiative to present during the week of April 15 - April 19, 2024.**
- Once all presentations have been reviewed, you will be notified by email if chosen to receive funding.

# A Preview of the Application



Wyoming  
Department  
of Health



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# 2024 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 by 6:00 PM MT on March 31, 2024.** Once applications are reviewed and scored, select applicants will be asked to present on their program/initiative the week of **April 15, 2024.**

The next steps for after your application is submitted are listed at the end of this form.

If you have any questions or problems with this form, please contact  
[natalie.hudanick1@wyo.gov](mailto:natalie.hudanick1@wyo.gov).

[natalie.hudanick1@wyo.gov](mailto:natalie.hudanick1@wyo.gov) [Switch account](#)



\* Indicates required question

Email \*

Your email



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## Primary Contact Information

Name \*

Your answer

Organization \*

Your answer

Address \*

Your answer

Phone \*

Your answer

Email-Address \*

Your answer

Unique Entity Identifier (UEI) \*

Your answer

Name and Title of Authorized Signatory \*

Your answer

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### Secondary Contact Information

(Not Required but Recommended)

Name

Your answer

Organization

Your answer

Address

Your answer

Phone

Your answer

E-mail Address

Your answer

Unique Entity Identifier (UEI), if different from previous

Your answer

Name and Title of Authorized Signatory, if different from previous

Your answer

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## Submission Overview

What is the name of your program or initiative? \*

Your answer

Provide a one-sentence description of your program or initiative (programs or initiatives cannot be a one-time event, i.e. community baby shower). \*

Your answer

Provide up to two (2) short-term SMART objectives your program or initiative will achieve. For information on how to write objectives, [click this link](#). \*

Your answer

Is the proposed program or initiative new and not yet started OR current and existing? \*

Is the proposed program or initiative new and not yet started OR current and existing? \*

☐ New/Not yet started.

☐ 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.) \*

Your answer

What is the estimated cost per year of your proposed program or initiative? \*

Your answer



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Give a Breakdown of your estimated cost per year below:

Salaries and Wages and Brief Description:

Your answer

Supplies and Brief Description:

Your answer

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

Your answer

In-State Travel and Brief Description:

Out-of-State Travel and Brief Description:

Your answer

Subcontracts and Brief Description:

Your answer

Other Categories and Brief Description:

Your answer

**What is the estimated reach of your program or initiative?**

Please provide the county/counties and the number of individuals to be served per year below.

County/Counties Served: \*

Your answer

Estimated number of individuals to be served \*

Your answer



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## Program/Initiative Overview

Which Title V National Performance Measure (NPM) or State Performance Measure (SPM) does your program/initiative address? \*

Check up to two that apply

Click [here](#) for a description of each NPM.

**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.

Examples of potential programs/initiatives can be:

- Group Prenatal and Postpartum Care
- Postpartum Care
- Parenting Support
- Well-woman annual visits
- Access to trusted, family-centered care
- Health communication and education
- Equity, Justice, and Accessibility

**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.

Examples of potential programs/initiatives can be:

- Sudden Unexpected Infant Death (SUID) Prevention
- Fetal-Infant Mortality Review
- Community Action Team Building
- Safe Sleep Initiatives
- Partner and Family Engagement

**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.

Examples of potential programs/initiatives can be:

- Sudden Unexpected Infant Death (SUID) Prevention
- Fetal-Infant Mortality Review
- Community Action Team Building
- Safe Sleep Initiatives
- Partner and Family Engagement

**Domain: Perinatal/Infant Health SPM 1: Smoking-Pregnancy:** Percent of Women that smoke during pregnancy. Examples of potential programs/initiatives can be:

- Additional support for tobacco cessation and linking Maternal and Child Health populations to care
- Community Action Team Building
- Adverse Childhood Experiences (ACEs) and Social Determinants of Health
- Data Capacity, Use, and Evaluation
- Program and Policy Development

- ☐ Domain: Women/Maternal Health NPM 1: Well-Woman Visits
- ☐ Domain: Perinatal/Infant Health NPM 5: Safe Sleep
- ☐ Domain: Perinatal/Infant Health SPM 1: Smoking-Pregnancy



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Instructions: For the following questions, please give an overview of your proposal. Responses to questions 1 - 4 should not exceed 2 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, and (3) the timeline of implementation.*

Your answer

### 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.*

Your answer

### 3. Intended Benefit: \*

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

Your answer

### 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 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?*

Your answer

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## 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 15 – 19**

**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, 2024.



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# Thank you!

