



2024 Maternal and Pediatric Health Grants Request for Proposals

Summary

- **Purpose** – The Blue & You Foundation is offering grants to eligible organizations who are addressing maternal and pediatric health disparities in the state of Arkansas. The funds must be used for specific programs targeting:
 - Adverse Childhood Experiences Solutions
 - Child Development Support
 - Education and Outreach
 - Postpartum Care Support
 - Maternal and Infant Health Disparities
 - Maternal Mortality Improvement Solutions
 - Prenatal Healthcare
 - Pediatric Healthcare
 - Resources for Stronger Families
- **Eligibility** – 501(c)(3) organizations with services directly benefitting Arkansans may apply.
- **Amount** – Applicants may apply for amounts between \$5,000 and \$200,000. Partial Funding will not be granted.
- **Length of Time** – Programs must be implemented between September 1, 2024 and completed before final reports are due on September 1, 2025.
- **Deadlines** – Applicants will be notified of the final approval or decline on August 13, 2024. Exceptions to deadlines will not be made.
 - **April 1** – Letter of Intent process opens for submissions.
 - **April 12** – Letter of Intent deadline.
 - **April 26** – Applicants are notified of approval or decline.
 - **April 26** – Approved organizations may complete the full application.
 - **May 17** – Full application deadline.

- **Applying** – Applicants must pass the eligibility quiz and submit a letter of intent online at <https://blueandyoufoundation.us-1.smartsimple.com>. After the letter of intent process, applicants will be notified of approval or decline to move forward to complete the full application. Organizations may be asked to provide more details to the Foundation to aid in consideration.

The Letter of Intent requires the below details.

- **Project Name**
- **Proposal Summary**
- **Amount Requested**
- **Project Start and End Date**
- **Total Population Served**
- **Target Counties**
- **Need** - What is a health and/or education related issue(s) negatively impacting your community? Identify the Social Determinants of Health you are proposing to address and what you expect to change within these needs. Please provide specific data and cite sources to support your reasoning.
- **Use of Funds** – Share the budget details of your program. Please be as specific as possible and provide the sustainability plan for your project.
- **Innovation** - Describe how your proposal is a new research project or approach to more effectively addressing/solving the above need(s). Your research/approach should be a proof of concept and should not replicate an existing study or approach.
- **Hypothesis** - Based off your current knowledge, what are specific results, data and answers you believe may come from your proposal?
- **Community Partners or Other Collaborators** - Are you working with others in the community on this proposal? Please include the following information about each partner: Name, how they will be involved and/or services they will provide specific to this proposal.
- **Outside Funding** - Are you receiving funding from other sources for this proposal? Please include the following information about each funder: Name, whether funding has been committed/requested, the dollar amount committed/requested, if they are providing other types of support (in kind, etc.) and at what level.
- **Efforts** - If successful, how do you envision scaling/expanding these efforts to create a larger impact? How, where, why and to whom would you like to expand these efforts?

After the letter of intent is approved, the grant application requires the below details.

- **Project Overview**
 - Project Title
 - Amount Requested
 - Project Start Date
 - Project End Date
 - Is your project an existing program or a new, start up program?
 - Are you seeking second-year funding for an existing project funded by Blue & You?
- **Executive Summary**
 - What is the need? Why does your organization wish to undertake this project? *500-word limit*
 - What are the goals and measurable objectives of your project? If applying for second-year funding, please give an overview of your first year of funding thus far and outcomes to date. *1,000-word limit*
 - What are the principal activities or methods your organization will implement to successfully achieve the objectives of the project? *1,000-word limit*
 - How many people do you expect to reach or directly impact during your program? *50-word limit*
 - Identify the principal ways you intend to use the funds requested in this application. How will you spend the money? *100-word limit*
 - Please write your project's proposal summary. *100-word limit*
- **Details**
 - Timeline: Milestones throughout the year needed to achieve success. *300-word limit*
 - What are your barriers to success? *250-word limit*
 - Please describe any funding streams that will be applied to this project from the community or other organizations. Is the funding confirmed? *250-word limit*
 - Please describe the likelihood of this project continuing after the grant period, and how the project will be funded after the funding year. *250-word limit*
 - Does this proposal advance health equity? If so, how? *250-word limit*
- **Primary Target Demographics**
 - What is the primary age demographic to be served by your project?
 - What is the primary race/ethnicity demographic to be served by your project?
 - What is the primary gender/sex demographic to be served by your project?
 - Please select the counties your project will impact in Arkansas. If statewide, click "Statewide."

○ **Budget Information**

- Applicants will be required to input a complete budget in the application portal.
 - Note: If the applicant is requesting any equipment or construction, estimates from companies must be included in the “Additional Documents” portion of the Documentation section.
- Applicants will be required to provide a budget narrative for the items requested in the budget.

○ **Documentation**

The following documents are required to be uploaded with your application:

- Brief history of applicant organization
- 501(c)3 tax exemption letter from IRS
- Most recent independent audit
- Current annual operating budget for applying organization
- Most recent IRS Form 990
- Current Board of Directors, including their business or professional affiliations, and frequency of board meetings
- Most recent annual report
- List of other major business or foundation supporters of your organization in the last three years (top five is sufficient)
- Resume of Grant Project Manager or Director
- Additional Supporting Materials (if necessary)

Scoring Criteria

Grants are scored by experts in the behavioral health field and scored according to the following rubric:

- Project Design and Feasibility
 - Is the project well designed and will the organization be able to measure success?
 - Are the project and goals clearly described?
 - Are the objectives measurable and is there a timeline?
 - Is the project possible based on the current state of the organization (people, technology, structure)?
 - If services are offered, will they be provided in a cost-effective manner or at no charge?
 - Are all project staff credentials stated and adequate to the grant tasks?



- **Relevance to Blue & You Foundation Priorities**
 - Does the project address a foundation priority for this grant cycle?
 - Does the project improve access to care, quality of care, and quality of life for the target audience?
 - How does the amount of funding requested relate to the number of lives improved?
- **Documentation of Need**
 - Did the application prove the case for need within the community?
 - Are demographic data, health indicators and benchmarks included as appropriate?
 - Based on the application, is the project capable of meeting the population need described and provide improvements for the target community?
- **Evidence of Broad-Based Community Involvement**
 - Is the organization working with other community partners on this project to be successful?
 - Was there evidence of sustainability for the project to continue after the grant year?
 - Does the grant provide proof of support from community partners involved in the project?
- **Innovativeness / Learning Opportunity**
 - Is the project innovative and does it create a different approach in addressing an issue?
 - Does the project present a new solution for the target community?
- **Health Equity**
 - Does this application help advance health equity in Arkansas?
- **Leveraging Potential**
 - Does the proposal lead to additional funding or support from other organizations?

Selection and Awards

After a competitive scoring and review process, applicants are notified via email of selection or decline on August 13, 2024.