



Maternity & Early Childhood Foundation, Inc.

MATERNITY AND EARLY CHILDHOOD FOUNDATION, INC.

REQUEST FOR PROPOSALS

2012

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Mission Statement

The mission of the Maternity and Early Childhood Foundation, Inc. is to ensure a safe and healthy birth of the child and the well-being of the mother by supporting and promoting services to those pregnant and parenting women and their families who are most in need. This is accomplished largely through the distribution of financial resources and sharing of technical assistance and additional supports.

Vision Statement

The Maternity and Early Childhood Foundation provides leadership in developing, supporting and promoting best practices in the field of maternal and childhood care benefiting those most in need.

Agency Description

The Maternity & Early Childhood Foundation is a not for profit organization in New York State that provides funds to community based agencies located in high need areas across New York State to promote proper prenatal care, improve birth outcomes, support positive parenting and parent's goals for the future. Funding is provided through the New York State Budget to the Foundation on an annual basis. Since the Foundation began in 1983, grants have been awarded to more than 130 agencies and thousands of parents have been served.

The Maternity & Early Childhood Foundation (www.mecfny.org) was founded in 1983 in response to the significant number of teenage mothers and low income single-parent families who were receiving late or no prenatal care and needed information on parenting. Funded services include but are not limited to outreach to parents who might not seek services, assistance with access to prenatal care and health insurance, crisis intervention, information on breast feeding, healthy child development, parent-child bonding, positive parenting skills and infant safety, and assistance with employment and education goals.

I. CRITERIA FOR FUNDING

The Maternity and Early Childhood Foundation, Inc. (MECF) is seeking proposals from agencies and organizations that support MECF's mission to serve expectant and new parents who are most in need.

MECF has approximately \$200,000 to distribute. It is anticipated that 8-10 awards will be made. Grants will be awarded for a period of 12 months: April 1, 2012 to March 31, 2013. Applicants may apply for 2 levels of funding; **\$15,000** or **\$25,000**. **The majority of funds awarded are State monies appropriated on a year to year basis. All disbursements to the grantee from MECF are contingent upon receipt of adequate funds from the State of New York. If MECF does not receive the appropriation, no funds will be disbursed. If MECF's appropriation is reduced, there will be a reduction in the award of funds.**

Funds distributed by the Foundation may not be used directly or indirectly in the counseling for or in the provision of abortion services. Funds may not be used for cash assistance, audits, lobbying, fundraising, capital construction, renovations or liability insurance. No application for a program that teaches or promotes a particular religious doctrine will be funded.

Grantees are required to file reports on a quarterly basis as specified by MECF. All grant awards and required fiscal reports are subject to review by the New York State Department of Health. Projects previously funded by the Foundation are not assured subsequent funding. Past performance by previously funded grantees will be considered in making funding decisions. The agreement awarding these monies may be canceled by either party, giving the other not less than thirty (30) days written notice.

II. ELIGIBLE APPLICANTS

Requirements for applicants include the following:

- Applicant organizations must share the Foundation's mission: to ensure a safe and healthy birth of the child and the well-being of the mother by supporting and promoting services to those pregnant and parenting women who are most in need;
- **Applicants serving pregnant and parenting teens in locations where other services are limited will be given priority;**
- Applicants must be a **Section 501(c)(3) not-for-profit organization;**
- Services will only be provided in the State of New York;
- Applicants are required to identify the name of the program, the location where the services will be provided, the number of families served and the types of services offered;
- Priority will be given to applications that provide **cost effective, outcome focused direct services** to participants. Other components of program

organization (advertising, continuing education or conferences, etc.) must be directly related to the participant services.

- Applicants must be able to start-up April 1, 2012.

III. APPLICATION INSTRUCTIONS

Proposals must be submitted as an email attachment and must include the following:

- Application Cover Sheet
- Proposal Narrative (no more than 3 pages), as described below
- Completed Outcome Statement Form
- Completed budget form
- Budget narrative

Proposals that do not include all required attachments in the required format will be deemed incomplete and will not be reviewed.

IV. DUE DATE

All proposals must be emailed to office@mecfny.org and must be received by 4:00 p.m. on Wednesday March 14, 2012. No hard copies or faxes will be accepted.

- An application that fails to satisfy the deadline requirements will be deemed incomplete and will not be considered.
- Applications that fail to include all the required contents will be deemed incomplete and will not be considered.

While not required, an email notification of your intent to apply for funding is appreciated. Please submit the email notification by March 1, 2012 to office@mecfny.org

Any questions regarding this Request for Proposals should be emailed to office@mecfny.org. All questions received and responses will be posted on the MECF website by February 23, 2012.

V. PROPOSAL NARRATIVE INSTRUCTIONS

Proposal Narratives are to be **no longer than 3 pages, 12 point font with one inch margins, double spaced** and created in a separate word document labeled **Proposal Narrative**. Proposal Narratives must include the following:

1. Target Population/Needs Assessment: The proposal should clearly describe the **geographic location** to be served, the **number of families** to be served from April 1, 2012 – March 31, 2013, the characteristics of the population to be served and how this population is deemed to be most in need. Use the most recent statistics (within the last three years) to document the need and provide appropriate references. Suggested areas of need include percent of low birth weight births, percent of pregnant women with late or no prenatal care, teen

pregnancy, infant mortality, maternal mortality, single parents, percent of births that are Medicaid or self pay. Identify source and year of all statistics used.

2. Services: Describe the **services** to be provided and **curriculum** to be used with families served if applicable. (Suggested curricula are included in Appendix B), the **staff** who will provide the services, how the program will engage and retain participants, how services will be provided in a manner that is respectful of the culture and language of the participants served, and how the program will respond to families affected by multiple issues including family violence, depression and substance abuse. Also, please indicate if the program will be able to start up by April 1, 2012.

Suggested services include but are not limited to:

- services to engage pregnant and parenting teenagers to assist them with proper prenatal care and parenting and self sufficiency skills,
- assistance with accessing health insurance and continuous prenatal care especially to populations who face discrepancies in access to health care,
- Outreach to pregnant women who might not seek prenatal care,
- services that focus on improving prenatal health practices including smoking cessation, Fetal Alcohol Spectrum Disorder (FASD) screening and services,
- reduction in post-partum depression and stress,
- Breast-feeding,
- services that enroll families prenatally,
- assistance with education and employment goals,
- parenting skills training including education on infant care and safety, and parent-child bonding, (Suggested curricula are included in Appendix B)
- crises intervention and assistance with needed services including housing, emergency food, clothing and infant supplies,
- programs to engage fathers.

The Foundation is looking for creative strategies to reach out to and engage vulnerable families.

VI. Outcome Statement Form

The outcomes for this Request for Proposal are consistent with the Healthy People 2020 goals. Applicants must complete the Outcome Statement Form identifying outcomes that participating families will achieve. Applicants may choose the goal of healthy births, optimal child health and development or positive parenting, two of the goals or all three goals. Within each goal, there are certain mandated outcomes. If a goal is chosen, applicants must select the mandated

outcomes for that goal. Applicants may also choose any additional outcomes within that goal. Applicants must identify how many of the participants will meet each of the mandated outcomes and describe what tools will be used to determine if the outcomes are met. **See sample outcome statements in Appendix A.**

VII. Budget Form and Narrative

A budget summary form with an accompanying budget narrative in a separate word document must be completed. Applicants may apply for a \$15,000 or \$25,000 grant. The budget narrative must specify each item in the budget. Please identify each staff position included in the budget and their responsibilities under the grant, and any non-personnel items. Please do not include a category of "other". All non-personnel items must be listed separately. Since grant funding is limited, administrative expenses may not exceed 15%. Please also indicate other sources of funding supporting the project.

VIII. Forms To Complete

In addition to the Proposal narrative, the forms to complete for this application include the following:

1. Application Cover Form
2. Outcome-Activity Form
3. Budget Form and narrative

IX. Evaluation Criteria:

Projects must be designed to meet the mission of the Foundation. Only completed applications will be considered: no grant award will be made on the basis of an incomplete application. **Funding decisions will be based on the strength of the proposal, performance if the applicant is a previous grantee, geographic balance across the state, need for the service, cost effectiveness, and readiness for start-up.** The following score values indicate the relative importance that the Foundation places on each evaluation criteria. Completed applications will be considered in accordance with the following factors, which include, but are not limited to, the following:

1. **Project Description (40 points):** Whether the need for services in the area to be served and among the population designated is well established and documented with recent statistics and the target population is described. Does the proposal clearly indicate the number of families to be served? Are the services clearly described? Are services provided in a culturally appropriate manner? Is the project description specific, focused and targeted to those most in need? Does the application describe a creative approach for engaging participants?
2. **Funded Outcomes (25 points):** Are all mandated outcomes addressed? Does the proposal include a standardized tool for measuring achievement of outcomes?

4. **Pregnant and Parenting Teens (5 points):** Pregnant and parenting teens living in areas where there are few other services are given priority.
5. **Project Impact (10 points):** Is the project designed to have a significant impact on the community served? Does the project have the ability to begin in a timely manner?
4. **Budget (20 points):** Is the budget justification sufficient? Is the project cost-effective?

Existing Grantee (5 points): Is the current Grantee on target to meet their stated outcomes?

For Further Information Contact: office@mecfny.org

X. Appendices

Appendix A - Sample Outcome Statements

Goal 1: Healthy Birth Outcomes

Mandated Outcomes – required for the goal of healthy births:

_ women will secure continuous prenatal care throughout the pregnancy as evidenced by attendance card signed by OB-Gyn and Medicaid card.

_ babies will be born no sooner than 37 weeks pregnancy as evidenced by birth certificate information.

_ babies born during the grant year will weigh no less than six (6) pounds as evidenced by birth certificate information.

Additional Outcomes:

_ women will secure appropriate prenatal care within the first trimester of pregnancy (17 weeks) as evidenced by the due date and note from Ob-Gyn regarding pregnancy.

_ pregnant women will demonstrate an increase in knowledge and skills in areas such as prenatal nutrition, prenatal vitamins, exercise, substance/alcohol abuse, smoking cessation and use of over-the-counter medications as evidenced by agenda for training curricula and attendance sheet or home visit log with documentation about information covered.

_ women who are using alcohol, illicit drugs or tobacco will abstain from using these substances during pregnancy as evidenced by regular screening using a standardized tool such as the T-Ace.

Goal 2: Optimal Child Health & Development

Mandated Outcomes – required for the goal of optimal child health and development:

_ infants will receive continuous health care throughout the first year as evidenced by receipt of at least 3 well baby visits and documentation of immunizations according to the State Health Department recommended schedule of immunizations.

_ infants will attain appropriate growth milestones as evidenced by demonstration of age appropriate milestones on the Ages and Stages Questionnaire or application for Early Intervention Services.

Goal 3: Positive Parenting and Parent-Child Bonding

Mandated Outcomes – required for the goal of positive parenting:

_ parents will demonstrate an increase in knowledge and skills in infant care and development (up to one year of age) as evidenced by as evidenced by score on the AAPI or other parenting skills index. See listing in Appendix B.

Additional Outcomes:

_ pregnant/postpartum women will have a stable living environment as evidenced by documentation of living situation.

_ pregnant/postpartum women will show a decrease in depression symptoms as evidenced by the Edinburgh Depression Scale.

_ expectant and new parents will demonstrate a reduction in stress symptoms as evidenced by a reduction in score on the Parenting Stress Index.

_ parents will demonstrate an increase in knowledge and skills in early childhood (up to four years of age) care and development as evidenced by as evidenced by score on the AAPI or other parenting skills index. See Appendix B.

Appendix B - Parenting Indexes, Recommended Curricula and Websites

Below please find parenting indexes that you may find helpful as well as recommended parenting curricula and helpful websites.

Abidin, R. R. (1984). Parenting Stress Index, 3rd ed. Odessa FL, Psychological Assessment Resources, Inc .Available from <http://www.parinc.com> or 1-(800)-331-8378

Bavolek & Keene (1999). Adult-Adolescent Parenting Inventory-2 Administration and Development Handbook. Family Development Resources, Inc. Park City, Utah. Available from Family Development Resources. <http://www.nurturingparent.com> or 1-(800)-688-5822

The AAPI is widely used and assesses parenting attitudes with regards to inappropriate expectations, empathy, corporal punishment, reversed roles, and respect for the child's independence and autonomy.

Gerard, A. B. (1994). Parent-Child Relationship Inventory (PCRI) Manual. Los Angeles, California: Western Psychological Services. Available from Western Psychological Services (WPS). <http://www.wpspublish.com> or 1-(800)-648-8857

The Incredible Years Evaluation provides a model for the measures and evaluation tools. Here is what they use to evaluate the Dinosaur Program (an extension of the Incredible years) . The link is comprehensive.

<http://www.son.washington.edu/centers/parenting-clinic/forms.asp>

The Incredible Years relies on the Parent Practices Interview:

<http://www.son.washington.edu/centers/parenting-clinic/documents/ppiT1.pdf>

The Parenting Practices Inventory is a 17-item measure developed for Fast Track to assess the parent's permissiveness of their discipline, the effectiveness of their discipline and the consistency of their discipline efforts. The items are coded on a 4-point scale describing specific frequency ratings ("never", "almost never", "some times", "often"). <http://childandfamilypolicy.duke.edu/fasttrack/techrept/p/ppi/>

Suggested Curricula

Parents as Teachers, Parents as Teachers National Center, Inc.
(<http://www.parentsasteachers.org>) 314-432-4330.

The Incredible Years. <http://www.incredibleyears.com>

The Nurturing Program, <http://www.nurturingparenting.com>

Partners for a Healthy Baby, Florida State University Center for Prevention and Early Intervention Policy, (<http://www.cpeip.fsu.edu>)1-850-922-1300.

Supplementary Curricula

Partners for Learning Curriculum and Activity Cards. 1-800-334-2014

Helping Babies Learn: Developmental Profiles and Activities for Infants, and Toddlers, 800-866-4446

Helpful Websites

[Http://www.healthypeople.gov](http://www.healthypeople.gov)

[Http://www.health.state.ny.us/nysdoh/vital_statistics/2007/](http://www.health.state.ny.us/nysdoh/vital_statistics/2007/)

[Http://www.nyskwic.org](http://www.nyskwic.org)

[Http://www.healthy.states.csg.org](http://www.healthy.states.csg.org)

<http://www.marchofdimes.com>

[Http://mchlibrary.info](http://mchlibrary.info)

<http://www.cdc.gov/nchs/vitalstats.htm>

“Teenage Births: Outcomes for young parents and their children”, Schuyler Center

For Analysis and Advocacy. www.scaany.org

Information on suggested well baby visit
schedule: <http://www.nlm.nih.gov/medlineplus/ency/article/001928.htm>

Immunization schedules:

<http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm#printable>