Joe Lombardo

*Governor*

Richard Whitley, MS

*Director*



**Department of   
Health and Human Services**



**

Cody Phinney, MPH

*Administrator*

Ihsan Azzam,   
Ph.D., M.D.

*Chief Medical Officer*

BUREAU OF CHILD, FAMILY, AND COMMUNITY WELLNESS

MATERNAL, CHILD, AND ADOLESCENT HEALTH SECTION

4150 TECHNOLOGY WAY, SUITE 200

CARSON CITY, NEVADA 89706

[HTTP://DPBH.NV.GOV](http://dpbh.nv.gov/)

**REQUEST FOR APPLICATIONS (RFA)**

FOR

TITLE V MATERNAL AND CHILD HEALTH BLOCK GRANT Safe Sleep and Diapering rescouces committee FUNDING

**RELEASE DATE:** **February 5, 2024**

GRANT FUNDING PERIOD OF PERFORMANCE: March 1, 2024 THROUGH SEPTEMBER 30, 2024

**DEADLINE FOR APPLICATION SUBMISSION: February 19, 2024, BY 11:59 P.M. PST**

MUST BE SUBMITTED TO [ACADWALLADER@HEALTH.NV.GOV](mailto:acadwallader@HEALTH.NV.gov) AND [hashagrie@HEALTH.NV.GOV](mailto:hashagrie@HEALTH.NV.GOV) WITH “Cribs for Kids and/or Diapering Resources committee Application” IN THE SUBJECT LINE OF THE EMAIL.

*FOR ADDITIONAL INFORMATION, PLEASE CONTACT Tasha Cadwallader and Helina ashagrie at* [ACADWALLADER@HEALTH.NV.GOV](mailto:ACADWALLADER@HEALTH.NV.GOV) AND [hashagrie@HEALTH.NV.GOV](mailto:hashagrie@HEALTH.NV.GOV)

Contents

[REQUEST FOR APPLICATION (RFA) TIMELINE 3](#_Toc158027071)

[RFA Overview 3](#_Toc158027072)

[Background and Purpose 3](#_Toc158027073)

[Funding Information 4](#_Toc158027074)

[Period of Performance 4](#_Toc158027075)

[Project Description: 5](#_Toc158027076)

[Application Instructions 5](#_Toc158027077)

[Section I – Application Form (20 points) 5](#_Toc158027078)

[Section II – Narrative and scope of work (60 points) 6](#_Toc158027079)

[Section III – Budget (20 points) 7](#_Toc158027080)

[Overview of Certifications and Assurances 7](#_Toc158027081)

[Submission Instructions 7](#_Toc158027082)

[Application: Section I 8](#_Toc158027083)

[Application: Section II 10](#_Toc158027084)

[Application: Section III 10](#_Toc158027085)

# REQUEST FOR APPLICATION (RFA) TIMELINE

|  |  |
| --- | --- |
| **Task** | **Due Date & Time** |
| MCAH distributes the Request for Application Guidance with all submission forms | February 5, 2024 |
| **Deadline for submission of applications** | February 19, 2024, by 11:59 p.m. PST |
| Title V MCH review of applications | February 20 – February 23, 2024 |
| Funding Decisions Announced – Title V MCH will notify organizations via e-mail listed as the organizational contact | February 26, 2024 |
| Meeting with MCAH staff to discuss and finalize scope of work | February 27-29, 2024 |
| Finalization and routing of subawards for selected awardees | March 1, 2024 – March 8, 2024 |
| Expected executed subaward (retro to March 1) | March 18, 2024 |

*NOTE: These dates represent a tentative schedule of events. MCAH reserves the right to modify these dates at any time, with appropriate notice to prospective applicants.*

# RFA Overview

## Background and Purpose

Nevada’s Title V Maternal and Child Health (MCH) Program and The Diaper Resources Committee (DRC) are both located within the Maternal, Child, and Adolescent Health Section of the Bureau of Child, Family, and Community Wellness, within the Nevada Division of Public and Behavioral Health (DPBH). Title V Maternal and Child Health federal block grant funding is a key source of support for promoting and improving the health and well-being of mothers, children-including children and youth with special health care needs, and their families. Since 1935, the Social Security Act has provided funding for the Title V MCH Block Grant, administered by the Health Resources and Services Administration (HRSA). Title V MCH fund partners to support community-level and systems-level activities to address priorities identified in the Title V five-year statewide needs assessment. For more information about the [Title V Block Grant](https://dpbh.nv.gov/Programs/TitleV/TitleV-Home/), please visit [HRSA Maternal & Child Health](https://mchb.hrsa.gov/programs-impact/title-v-maternal-child-health-mch-services-block-grant).

Completed applications must be received no later than February 19, 2024, by 11:59 p.m. PST.

Helpful links:

<https://dpbh.nv.gov/Programs/MIECHV/Nevada_Home_Visiting_(MIECHV)_-_Home/>

<https://dpbh.nv.gov/Programs/TitleV/TitleV-Home/>

<https://dpbh.nv.gov/Programs/MIP/dta/Boards/Diapers/>

# Funding Information

Awardees will be awarded based on availability of federal funds.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Funding Agency Name** | **Catalog of Federal Domestic Assistance (CFDA) Name** | **CFDA Number** | **Federal Award Identifier Number (FAIN)** | **Funding Ceiling** |
| U.S. Department of Health and Human Services;  Health Resources and Services Administration (HRSA) - Maternal Child Health Bureau (MCHB) | Title V Maternal and Child Health Services Block Grant to States | 93.994 | B04MC47431 (March 1, 2024 – September 30 2024) | $110,000 |
| State of Nevada General Fund | Maternal and Child Health State General Funds | N/A | N/A | $65,000 |

Subawards issued under this RFA shall not replace a service or activity that is supported by other agreements in place. Under no circumstances will applications that would replace existing support from non-federal sources be considered for funding due to federal rules on supplanting.

## Period of Performance

* The Period of Performance is the time during which a successful applicant may incur costs to carry out the work authorized under this RFA and the resulting subaward. You may apply for either Parts A and B, or both parts.

The period of performance for Part A (Safe Sleep) is March 1, 2024, through September 30, 2024, with the opportunity to apply for continued funding for October 1, 2024 – September 30, 2025.

The period of performance for Part B (DRC) is March 1, 2024, through June 30, 2026, with the opportunity to apply for continued funding bi-annually.

|  |  |  |
| --- | --- | --- |
| **Part** | **Period of Performance** | **Funding Ceiling** |
| Part A Safe Sleep | March 1, 2024, through September 30, 2024, with the opportunity to apply for continued funding for October 1, 2024 – September 30, 2025. | $110,000 |
| Part B Diapering Resources Committee | March 1, 2024, through June 30, 2026, with the opportunity to apply for continued funding bi-annually. | $65,000 |

## Project Description:

**Part A: Cribs for Kids Safe Sleep Program**

This funding is for an agency to implement the [Cribs for Kids](https://cribsforkids.org/) Safe Sleep program. The American Academy of Pediatrics (AAP) provides the recommendation to use pacifiers during sleep, wearable blankets, and a firm, flat, non-reclined sleep surface to help prevent infant sleep related deaths. By working with partners to provide a Cribs for Kids Safe Sleep kit that includes these items to families, along with education about best practices, families are given the tools to follow AAP guidelines. Safe Sleep toolkits will be provided by community partners to families of infants who are otherwise unable to provide a safe sleep environment for their child. There will also be data collected in the form of pre and post surveys, which must be reported back to MCAH through the data reporting site specified by MCAH. Agencies will need to sign up through Cribs for Kids (C4K) (<https://cribsforkids.org/become-a-partner/)> to become a partner. Services must be statewide.

In addition to Safe Sleep funding, a portion of the funding will be used to provide car seats to Indian Health Services (HIS) clinics. The AAP’s child passenger safety evidence based best practice recommendations include the use of child restraint systems to optimize passenger safety. This comprises of the use of (1) rear-facing car seats for as long as possible, (2) forward -facing car seats once rear facing car seats are outgrown, (3) belt-positioning booster seats from the time they outgrow forward-facing booster seats, and (4) lap and shoulder belts for those who have outgrown booster seats. In accordance with AAP child passenger safety recommendations, car seats ranging from infant seats, convertible seats, and booster seats will be distributed as needed to Indian Health Services clinics as directed by DPBH. Data must be collected and entered within 30 days of collection and reported back to MCAH through quarterly report templates provided by MCAH.

**Part B: Diapering Resources Committee**

If applying for the second portion, the recipient of the grant will coordinate and support the Diapering Resources Committee (DRC) in compliance with open meeting law. Support and coordinator includes but is not limited to: collaborating with the committee chair to research and create agenda items, creating appointment packets, ensuring the committee is on track with key objectives, researching the use of money received by the Federal Government to carry out a program of public assistance or other program for which the department is responsible, and obtaining donations from private foundations, manufacturers of diapers and diapering supplies, and other sources. The Diapering Resource Committee (DRC) operates under the scope of NRS [422A.660](https://www.leg.state.nv.us/nrs/NRS-422A.html#NRS422ASec660) through NRS [422A.675](https://www.leg.state.nv.us/nrs/NRS-422A.html#NRS422ASec660), inclusive and meetings are held each quarter of the State Fiscal Year (SFY). Services must be statewide.

# Application Instructions

* You may apply for either Parts A and B, or both parts.
* Ensure you provide all elements noted in Section I, II, and III.
* The total possible score for the entire application is 100.

Section I – Application Form (20 points)

Each letter below corresponds to a field in the application that all applicants must complete. Missing information or unchecked boxes on the application form will result in an incomplete application.

1. **Organization Type.** Check the type of organization that is requesting funds.
2. **Geographic Area of Service.** Check only one type of geographic area and provide a brief description of that area (up to 100 words). Applicant organizations may serve more than one geographic area within Nevada but must specify all in which services with these funds would be provided.
3. **Applicant Organization**. Enter the official name of the agency submitting the application. The address refers to the physical and mailing address of the applicant agency (the 9-digit zip code is required). Reviewers may consider the application incomplete if the Federal Tax ID field is incomplete.
4. **Project Point of Contact.** This field refers to the identified person at the applicant organization that DHHS staff will contact for follow-up questions about the application. This is also the person DHHS will contact questions about quarterly reports, monthly financial claim forms, etc.
5. **Fiscal Officer.** Enter the name of the person who will manage the fiscal requirements of the proposed project, if awarded. The Fiscal Officer must be someone other than the Project Point of Contact.
6. **Key Personnel.** Key personnel are employees, consultants, subcontractors, or volunteers who have the required qualifications and professional licenses to provide family planning and/or other specified services. List all such personnel in the provided table, adding additional rows as necessary. Include an up-to-date résumé and a copy of all required licenses for each person as an addendum to the application.

# Section II – Narrative and scope of work (60 points)

* This Section has five (5) fields assigned different numbers of points.
* The Statement of Need (field 3) must be substantiated with data.
* Use Arial or Times New roman 11-point font on single-spaced pages with one-inch margins.
* Use Scope of Work Template provided here: <https://dpbh.nv.gov/Programs/TitleV/Subaward/>

|  |  |  |  |
| --- | --- | --- | --- |
| ***Field Name*** | ***Scoring Points*** | ***Page Limit*** | ***Instructions*** |
| 1. Overview | 10 | ½ (half) per part | 1. Introduce the applicant organization. 2. Provide up to two (2) brief examples of the organization’s successes. 3. Describe how the organization’s vision and mission correlate with providing programming for part A or part B, as necessary. 4. Describe the application’s desired outcome. |
| 2. Availability and accessibility of resources applicable for programming for Part A and/or Part B. | 10 | 1 (one) per part | 1. Describe the geographic area and community the applicant organization serves. 2. For Part A applications: describe how programming will be statewide. 3. For Part B applications: describe how your organization can meet open meeting law requirements for the DRC. |
| 3. Scope of Work - Goals and Objectives | 20 | ½ (half) per part | 1. Describe the goals and objectives to meet the geographic area’s safe sleep and other specified service needs. 2. Use scope of work template. |
| 4. Methods of Accomplishment | 20 | 1 (one) per part | 1. Within the scope of work template, describe the plan to achieve the outlined goals and objectives. Include how, who, where, and when these goals and objectives will be achieved. 2. Explain what performance measurements will be used to evaluate the program’s success. |
| Total for Narrative and Scope of Work | | 60 | |

# Section III – Budget (20 points)

* This Section has two (2) fields assigned the same number of points
* Use excel sheet provided here: <https://dpbh.nv.gov/Programs/TitleV/Subaward/>

**10 Points:** Use the provided table and designate a **whole dollar amount** for the seven (7) budget categories or use a zero (0) to indicate that no funds are being requested. Add these numbers to get the sum of the total amount of funding requested for the project period.

**10 Points:** Provide justification for each non-zero budget category. Include projections of services to be provided and/or clients to be served over the project period and the associated cost rate to justify the funding request. This should align with the Narrative’s Goals and Objectives and Methods of Accomplishment.

Submit the budget as an Excel spreadsheet.

Overview of Certifications and Assurances

By signing the Application Form the applicant certifies:

1. All information contained in the application is correct.
2. The appropriate coordination with impacted organizations, including subcontractors, took place.
3. The applicant will read, understand, and comply with all provisions of the governing legislation and all other applicable federal and state laws, current or future rules, and regulations.
4. The applicant further understands and agrees that any award received because of this application is subject to the grant conditions set forth in the Statement of Grant Award.

# Submission Instructions

* The grant application deadline is 11:59 p.m., February 19, 2024.
* Submit the signed, completed application with résumés and licenses of key personnel as a word document or PDF document and budget narrative in Excel format to [acadwallader@health.nv.gov](mailto:acadwallader@health.nv.gov) and [hashagrie@health.nv.gov](mailto:hashagrie@health.nv.gov) (receipt confirmation will be provided).
* Submitting a paper copy of the application is not required. Applicants without access to email may send their completed application to arrive on or before the due date to:

ATTN: Tasha Cadwallader and Helina Ashagrie

Maternal, Child and Adolescent Health

Division of Public and Behavioral Health

4150 Technology Way, Ste. 210

Carson City, NV 89706

# Application: Section I

1. **Organization Type**

Local Government Agency  501(c)(3) Nonprofit

1. **Geographic Area of Service**

|  |  |
| --- | --- |
| Town/City |  |
| County |  |
| Region |  |

1. **Applicant Organization**

|  |  |  |
| --- | --- | --- |
| Name |  | |
| Mailing Address |  | |
| Physical Address |  | |
| City |  | NV |
| Zip (9-digit zip  required) |  | |
| Federal Tax ID # |  | |
| EIN |  | |
| Vendor # |  | |
| UEI |  | |

1. **Program Point of Contact**

|  |  |  |
| --- | --- | --- |
| Name |  | |
| Title |  | |
| Phone |  | |
| Email |  | |
| Same mailing address as section B?  Yes  No, use below address information | | |
| Address |  | |
| City |  | NV |
| Zip (9 digit zip  required) |  | |

1. **Fiscal Officer**

|  |  |  |
| --- | --- | --- |
| Name |  | |
| Title |  | |
| Phone |  | |
| Email |  | |
| Same mailing address as section B? YesNo, use below address information | | |
| Address |  | |
| City |  | NV |
| Zip (9 digit zip  required) |  | |

1. **Key Personnel**

|  |  |  |
| --- | --- | --- |
| **Name** | **Title** | **Licensed?** |
|  |  | Yes No |
|  |  | Yes No |
|  |  | Yes No |
|  |  | Yes No |

# Application: Section II

Application Narrative - 60 points

1. **Overview**
2. **Availability and accessibility of resources applicable for programming for Part A and/or Part B**
3. **Scope of Work - Goals and Objectives**
4. **Methods of Accomplishment**

# Application: Section III

Budget - 20 points

1. **Proposed Project Budget**

|  |  |
| --- | --- |
| **Category** | **Amount Requested ($)** |
| Personnel |  |
| Travel |  |
| Operating |  |
| Equipment |  |
| Contractual/Consultant |  |
| Training |  |
| Other |  |
| **Total Funding Requested ($)** |  |

1. **Budget Narrative** (Attach [Excel](https://dpbh.nv.gov/Programs/TitleV/Subaward/))