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BUREAU OF CHILD, FAMILY, AND COMMUNITY WELLNESS MATERNAL, CHILD, AND ADOLESCENT HEALTH SECTION

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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 FUNDING

RELEASE DATE: MAY 8, 2024
GRANT FUNDING PERIOD OF PERFORMANCE: OCTOBER 1, 2024 -
SEPTEMBER 30, 2025

DEADLINE FOR APPLICATION SUBMISSION: JUNE 7, 2024, BY 11:59
P.M. PST

MUST BE SUBMITTED TO AVALENZUELA@HEALTH.NV.GOV AND
ACADWALLADER@HEALTH.NV.GOV WITH "TITLE V MCH FUNDING
APPLICATION" IN THE SUBJECT LINE OF THE EMAIL.

*FOR ADDITIONAL INFORMATION, PLEASE CONTACT ANDREA
VALENZUELA AVALENZUELA@HEALTH.NV.GOV AND TASHA
CADWALLADER ACADWALLADER@HEALTH.NV.GOV.*

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REQUEST FOR APPLICATION (RFA) TIMELINE

TASK	DUE DATE & TIME
Title V Maternal and Child Health (MCH) distributes the Request for Application Guidance with all submission forms	May 8, 2024
Deadline for submission of applications	June 7, 2024, by 11:59PM PST
Title V MCH review of applications	June 10, 2024- June 14, 2024
Funding Decisions Announced – Title V MCH will notify organizations via e-mail to the listed organizational contact	July 1, 2024
Meeting with Title V MCH to discuss scope of work	July 8, 2024, through July 12, 2024
Finalization and routing of subawards for selected awardees	July 15, 2024- September 2, 2024
Executed subaward work begins	October 1, 2024

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

RFA OVERVIEW

Background and Purpose

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 funds are distributed to grantees from 59 states and jurisdictions. The funds seek to create federal and state partnerships supporting:

- Access to quality health care for mothers and children, especially for people with low incomes and/or limited availability of care
- Health promotion efforts that seek to reduce infant mortality and the incidence of preventable diseases, and to increase the number of children appropriately immunized against disease
- Access to comprehensive prenatal and postnatal care for women, especially low-income and/or at-risk pregnant women
- An increase in health assessments and follow-up diagnostic and treatment services, especially for low-income children
- Access to preventive and childcare services as well as rehabilitative services for children in need of specialized medical services
- Family-centered, community-based systems of coordinated care for children with special healthcare needs

Nevada's Title V MCH Program, located within the Maternal, Child, and Adolescent Health Section of the Bureau of Child, Family, and Community Wellness, applies annually for Title V funding, and is allocated funds based on a congressional formula. Nevada's acceptance of federal Title V MCH Block Grant funds impart responsibility to assure the health of all mothers and children in the state; to systematically assess health needs and determine health priorities; to develop systems that build capacity across the state to address these priority needs; and to be accountable for programs and services and their outcomes.

Nevada has identified ten essential public health services in promoting and assessing the health needs and priorities of the Title V MCH Program. These include:

- Access and monitoring maternal and child health status to identify and address problems.
- Diagnose and investigate the occurrence of health problems and hazards that impact women, children, and youth.
- Inform, educate, and empower the public and families regarding maternal and child health issues.
- Mobilize community partnerships among policymakers, providers, the public, and others to identify and solve MCH issues.
- Provide leadership for planning and policy development to address priority MCH needs.
- Promote and enforce legal requirements that protect the health and safety of women, children, and youth.
- Link MCH population to needed health care and supports and assure access to comprehensive, quality systems of care.
- Assure the capacity and competency of the public health and personal health workforce to effectively address MCH needs.
- Evaluate effectiveness, accessibility, equity, and quality of MCH services.
- Support research and demonstrations to gain new insights and innovative solutions to MCH problems.

Nevada Division of Public and Behavioral Health and 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, please visit [HRSA Maternal & Child Health](#).

Title V MCH is accepting applications from entities, including but not limited to, non-profits, community-based organizations, universities, local health departments, hospitals, and other non-federal entities with a proven track record of delivering effective programs and services utilizing Nevada Title V MCH Block Grant funding to address key MCH priority areas within specified population domains.

Helpful Link:

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

Funding Information

Federal Agency Name	Catalog of Federal Domestic Assistance (CFDA) Name	CFDA Number	Federal Award Date	Federal Award Identifier Number (FAIN)
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	February 29, 2024	B04MC52938

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. The Period of Performance for this RFA is Federal Fiscal Year (FFY) 2025; October 1, 2024, through September 30, 2025.

PROJECT DESCRIPTION

Key Population Domains

HRSA identifies six population domains related to Title V MCH Priorities. These domains and examples of associated health priority areas include:

- **Women/Maternal Health:** Defined as improving the health of women ages 18 through 44 years old before they become pregnant, during pregnancy, after birth, and beyond.
 - Improve preconception and interconception health among women of childbearing age
 - Increase preventive medical visits
 - Reduce substance use during pregnancy
 - Reduce rates of low-birth weight deliveries, preterm birth, severe maternal morbidity and maternal mortality
- **Perinatal/Infant Health:** Defined as improving the health of mothers and babies before, during, and after birth.
 - Promote breastfeeding
 - Promote safe-sleep
 - Reduce rates of infant mortality and sleep-related Sudden Unexpected Infant Death (SUID)
- **Child Health:** Defined as the period between infancy and adolescence.
 - Increase developmental screenings
 - Promote a medical home
 - Improve the percent of children who are continuously and adequately insured
- **Children and youth with special health care needs (CYSHCN):** Defined as those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond required by children generally from birth to age 21.
 - Promote a medical home
 - Increase transition from pediatric to adult health care
 - Improve emergency preparedness and response systems related to CYSHCN
 - Reduce rates of sexual violence experienced by CYSHCN
- **Adolescent Health:** Defined as improving the health status during the time of transition from childhood to adulthood between ages 10 and 25 years old.
 - Improve care coordination among adolescents including increasing preventive medical visits and decreasing teen births
 - Increase transition from pediatric to adult health care
 - Improve health of adolescents impacted by a high lifetime prevalence of adverse childhood experiences (ACEs).
- **Cross-Cutting/Systems Building:** Addresses the systems-building needs of Nevada
 - Improve health equity efforts related to access to services, health outcomes, and other health disparities

Successful applications will demonstrate the ability of their organization to address key health priorities for one or more of the above population domains. These key health priorities do not necessarily have to be the examples listed.

APPLICATION INSTRUCTIONS

Application Contents

Each proposal submitted must contain the following sections, located in [Appendix A](#) of this document:

- [Cover Page](#)
- [Agency Profile](#)

- [Contact Information](#)
- [Scope of Work](#)
- [Health Equity Assessment](#)
- [Proposed Budget Plan](#)
- [Application Checklist](#)

The proposal shall be prepared and submitted in original Word and Excel format on the forms provided in this guide and should be presented in the same order as the checklist.

Applicants shall submit their entire application package electronically to Andrea Valenzuela at avalenzuela@health.nv.gov and Tasha Cadwallader at acadwallader@health.nv.gov on or before the deadline of June 7, 2024 at 11:59p.m. PST. Applicants may submit their proposal any time prior to the stated deadline.

Andrea Valenzuela, MSW, MCAH Section Manager

Tasha Cadwallader, MBA, Title V Program Manager

Must be submitted to: avalenzuela@health.nv.gov and acadwallader@health.nv.gov with **RFA Title V MCH Block Grant FFY 2025** in the subject line of the email.

Attachments are required to be in Microsoft Word or Excel format.

Budget Requirements

Successful applicants will adhere to the budget submitted as part of the RFA, outlined in [Appendix A](#). After submission and acceptance of the RFA, applicants will have one opportunity to negotiate submitted budget amounts with the Title V MCH Program before the subaward is constructed. If after that meeting more changes are requested from the applicant, applicants have two options after the beginning of the period of performance:

- Department of Health and Human Services policy allows no more than 10% flexibility of the total not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. Note: the redistribution cannot alter the total resulting in exceeding the amount of the subaward.
- Modifications in excess of 10% require a formal amendment. Modifications to a category with \$0 may require a formal amendment.

Submission of an RFA proposal indicates the applicant agrees to abide by the following as outlined in the subaward:

- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of the subaward.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for state officers and employees. It is the policy of the Board of Examiners to restrict contractors/ subrecipients to the same rates and procedures authorized for State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration (GSA), with some exceptions (State Administrative Manual 0200.0 and 0320.0).

APPENDIX A: APPLICATION SUBMISSION PACKAGE

Please utilize this document to complete the Cover Page, Agency Profile, Contact Information, Health Equity Assessment, and Checklist. Please visit the MCAH Website's Subaward Application Toolkit to download forms for the Scope of Work template, Budget template, and Subrecipient Questionnaire.

Nevada Division of Public and Behavioral Health
Bureau of Child, Family, and Community Wellness
Maternal, Child, and Adolescent Health Section

In response to:

Request for Applications
Title V Maternal Child Health Block Grant Funding
Release Date: May 8, 2024

Deadline for Submission and Time: June 7, 2024, by 11:59 p.m. PST

Organization Name:	
Phone:	Email Address:
Name of Authorized Sub-Recipient Official and Title:	
Name of Primary Contact for Proposal:	
Proposal Primary Contact Email Address:	

As a duly authorized representative, I hereby certify that I have read, understand, and agree to all terms and conditions contained within this request for applications and that information included in our organization's application hereby submitted is accurate and complete.

Signed:

Date:

Print Name:

Title:

Agency Profile Instructions

Project Name – Provide a short descriptive name for the proposed project

Purpose of Award – Provide a short 2-3 sentence description of the purpose of the RFA project

Region(s) to be served – Select the checkbox that applies to the regions of Nevada that will be served with the RFA. If not statewide, please specify which counties will be served

Agency Name – Applicant's legal agency name

Agency Website – If applicable, provide the applicant's website address

Agency Address – Street and floor or suite number

Agency City/State – City and State

Agency Zip Code – Five or nine-digit zip code

Employer ID Number – Provide employer identification number (EIN)

Vendor Number – Provide Vendor number

Unique Entity ID (UEI) Number – Provide Unique Entity ID (UEI) 12-character alpha-numeric ID assigned by SAM.gov (formerly DUNS number)

Project Director – This will be the main programmatic contact person for this project

Financial Officer – This will be the main fiscal contact person for this project

Agency Director – This will be the main administrative contact person for this project

Agency Indirect Rate – Provide your requested agency approved indirect rate

Agency Profile (Please use the information on file with your State Vendor ID i.e. address should match enrolled vendor information)

Project Name:		
Purpose of Award:		
Region(s) to be served:	<input type="checkbox"/> Statewide <input type="checkbox"/> Specific county or counties: _____	
Agency Name:		
Agency Website:		
Agency Telephone Number:		
Agency Address:		
Agency City, State:		
Agency Zip Code:		
Employer ID Number (EIN):		
Vendor Number:		
UEI Number:		
Project Period: <i>(Month/Day/Year)</i>	Start Date 10/01/2024	End Date 09/30/2025
Amount Requested:		
Agency Approved Indirect Rate:		

Contact Information

Name of Project Director :	
Title:	
Telephone:	
Fax:	
Email:	

Check, If same as Project Director

Name of Project Manager :	
Title:	
Telephone:	
Fax:	
Email:	

Check, If same as Project Director

Name of Financial Officer :	
Title:	
Telephone:	
Fax:	
Email:	

Signature Authority:

Check, If same as Project Director

Name of Agency Director :	
Title:	
Telephone:	
Fax:	
Email:	

Additional Point of Contacts

Name / Title:	
Title:	
Telephone:	
Email:	

Scope of Work Instructions

Applicants must provide a detailed scope of work as part of the RFA. This will include:

- **Baseline Narrative:** A brief explanation of data related to each goal of the scope of work. This will define relevant data measures and provide a current update on status.
- **Expected Outcomes:** A brief explanation of anticipated outcomes after the end of the project period related to each goal of the scope of work. This will show where data measures from the baseline should reasonably be at the completion of the subaward.
- **Goals:** General statements of expected achievements over the course of the subaward project period. There can be as many goals as needed to execute the vision of the overall project. The goals will also include the responsible person(s) for each objective.
 - One goal must be related to **diversity, equity, and inclusion**.
 - One goal must be related to **sustainability**
 - One goal must be related to **applicant attendance at MCH related community meetings, including but not limited to: Maternal and Child Health Advisory Board (MCHAB) quarterly meetings, MCH Coalition meetings, Breastfeeding Coalition meetings, etc.**
- **Objectives:** Specific, measurable, time-bound anticipated outcomes that are related to the defined goals of the project. There can be as many objectives as needed within each goal.
 - One objective must be “Promote the Medical Home Portal, Nevada 211, NevadaBreastfeeds.org, Sobermomshealthybabies.org, safe sleep, maternal warning signs, and other MCH related priorities”.
 - We are strongly encouraging partners to utilize new and innovative evidence-based programs to ensure services are successful in reaching desired outcomes and objectives. Examples of such programming can be found here <https://www.mchevidence.org/>.
- **Activities:** Actions that will be taken to meet defined objectives. There can be as many activities as needed within each objective.
 - One activity for the diversity, equity, and inclusion goal must be completing the [health equity assessment](#) and re-reviewing results halfway through the subaward period. This could be in the form of a staff meeting, with Title V MCH staff, or some other method of re-visiting the plan.
- **Outputs:** Anticipated results or products that are produced as a direct result of an activity. There can multiple outputs as needed for each activity.
- **Timeline:** The anticipated timeline needed to begin and/or complete each activity.
- **Target Population:** The specific group of individuals or entities the activity is designed to impact.
- **Evaluation Measure:** The standard or criterion used to assess the effectiveness, efficiency, or impact of each activity. This is usually related to the output of each activity. Examples include quantitative measures, such as the number of participants a program reaches, or qualitative, such as participant feedback on a program.
 - Please include evidence-based research to support the SOW.
- **Evaluation Tool:** The specific instrument or method used to collect evaluation measure data.
 - Evaluation tools must include quarterly reports to be submitted on the 15th of the month after the close of a quarter, and monthly check-in calls with Title V MCH staff. Timelines for quarterly reports are outlined here as well. If the 15th of the month falls on a weekend, the quarterly report will be due on the following Monday. The final quarter 4 report will be due on the last day of the award, September 30.

Quarter	Quarterly Report Due Date
Quarter 1 (October 1-December 31)	January 15 th
Quarter 2 (January 1-March 31)	April 15 th

Quarter 3 (April 1-June 30)	July 15 th
Quarter 4 (July 1-September 30)	September 30 th

- One evaluation tool must be a final Block Grant summary report to be submitted to Title V MCH by September 30th.

Example Scope of Work

Title V Maternal and Child Health Scope of Work for “ABC Agency” (October 1, 2024 –September 30, 2025)

This example does not utilize actual data and is meant to be used as a framework to understand the above definitions.

ABC Agency, hereinafter referred to as Subrecipient, agrees to provide the following services and reports according to the identified timeframes:

Baseline Narrative: Two of seven of the Nevada-based FQHCs are fully implementing maternal safety evidence-based interventions (EBIs) Four rural health clinics with a maternal mental health screening rate less than 60 percent at baseline						
Expected Outcomes: Four of seven of the Nevada-based FQHCs will be fully implementing maternal safety EBIs at the end of the period of performance Two of the four clinics with a maternal mental health screening rate less than 60 percent will increase their screening rate at the end of the period of performance						
Goal 1: Improve access to quality maternal and child health care services in rural Nevada						
Responsible Person(s): ABC Agency Program Coordinator (1.1.1), ABC Agency Program Manager (1.2.1-1.3.1)						
<i>Objective</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline</i>	<i>Target Population</i>	<i>Evaluation Measure (indicator)</i>	<i>Evaluation Tool</i>
1.1 Develop one (1) provider facing toolkit on maternal safety evidence-based interventions.	1.1.1 Utilize national and local evidence-based resources to develop a provider facing toolkit that will be posted on ABC Agency and Title V MCH website.	1.1.1 Provider facing EBI toolkit	1.1.1 By January 31, 2025	1.1.1 Maternal health providers	1.1.1 Toolkit completed on time	1.1.1 Toolkit
	1.1.2. Develop and administer a survey to providers to get feedback on the usefulness of the toolkit	1.1.2 Survey	1.1.2 By February 28, 2025	1.1.2 Maternal health providers	1.1.2 Percent of survey respondents who found the toolkit useful	1.1.2 Survey responses
1.2 Offer training and technical assistance to a minimum of two (2) rural health center clinics serving the priority population and with a screening rate lower than 60 percent through September 30, 2025.	1.2.1 ABC Agency will establish formal agreements with at least two clinics	1.2.1 Formal agreement with clinics	1.2.1 October 1, 2023- September 30, 2025	1.2.1 Clinics serving the priority population	1.2.1 # of formal agreements with identified clinics List of partnered clinics	1.2.1 Formal Agreement

Baseline Narrative:

Two of seven of the Nevada-based FQHCs are fully implementing maternal safety evidence-based interventions (EBIs)
Four rural health clinics with a maternal mental health screening rate less than 60 percent at baseline

Expected Outcomes:

Four of seven of the Nevada-based FQHCs will be fully implementing maternal safety EBIs at the end of the period of performance
Two of the four clinics with a maternal mental health screening rate less than 60 percent will increase their screening rate at the end of the period of performance

Goal 1: Improve access to quality maternal and child health care services in rural Nevada

Responsible Person(s): ABC Agency Program Coordinator (1.1.1), ABC Agency Program Manager (1.2.1-1.3.1)

Objective	Activities	Outputs	Timeline	Target Population	Evaluation Measure (indicator)	Evaluation Tool
	1.2.2 Use data (e.g. BRFSS, HRSA UDS, other state or local data sources) to identify priority populations and screening rates to select appropriate health center clinics to provide training and technical assistance.	1.2.2 Clinic Demographics (# of patients of childbearing age, # of pregnant patients) Maternal mental health screening rate	1.2.2 October 1, 2024-September 30, 2025	1.2.2 Rural Health Center clinics	1.2.2 # of clinics serving the priority population # of clinics with a screening rate less than 60 percent List of identified clinics meeting criteria	1.2.2 Quarterly Report Clinic readiness Assessment
	1.2.3 Identify staff or partners with expertise in implementing EBIs (e.g. clinic workflow processes, process mapping, quality improvement, data management, use of EHR data)	1.2.3 List of staff and summary of qualifications	1.2.3 October 1, 2024-September 30, 2025	1.2.3 ABC Agency External staff/partners	1.2.3 # of staff or partners identified Summary of staff or partner qualifications	1.2.3 Quarterly Reports
1.3 ABC Agency will attend all quarterly Maternal and Child Health Advisory Board (MCHAB) Meetings and present updates to the Board for comment at the August 2024 meeting.	1.3.1 ABC Agency will attend all quarterly MCHAB meetings to stay up to date on relevant impacts to maternal and child health care in Nevada and deliver a presentation to the Board updating on program progress.	1.3.1 Quarterly Reports completed and submitted	1.3.1 October 1, 2024-September 30, 2025	1.3.1 ABC Agency	1.3.1 # of MCHAB meetings attended List of attendees August 2024 Presentation	1.3.1 Quarterly Reports

Scope of Work Template

Title V Maternal and Child Health Scope of Work for Subgrantee Name Year X (Month Date, Year – Month Date, Year)

<i>Baseline Narrative:</i>						
<i>Expected Outcomes:</i>						
<i>Goal 1:</i>						
<i>Responsible person(s)</i>						
<i>Objective</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline Begin/Completion</i>	<i>Target Population</i>	<i>Evaluation Measure (indicator)</i>	<i>Evaluation Tool</i>

<i>Baseline Narrative:</i>						
<i>Expected Outcomes:</i>						
<i>Goal 2:</i>						
<i>Responsible person(s)</i>						
<i>Objective</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline Begin/Completion</i>	<i>Target Population</i>	<i>Evaluation Measure (indicator)</i>	<i>Evaluation Tool</i>

<i>Baseline Narrative:</i>						
<i>Expected Outcomes:</i>						
<i>Goal 2:</i>						
<i>Responsible person(s)</i>						
<i>Objective</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline Begin/Completion</i>	<i>Target Population</i>	<i>Evaluation Measure (indicator)</i>	<i>Evaluation Tool</i>

Please add as many rows to the table as needed to capture the objectives for your work. Please also add as many goals as needed. This template can be found online on Title V MCH's website for easier downloading.

Health Equity Assessment

The Centers for Disease Control and Prevention defines health equity as the state in which everyone has a fair and just opportunity to attain their highest level of health. In order to achieve health equity, it is important to analyze work being done to ensure it is culturally responsive and helping to address economic, social, and other obstacles to health and health care. This health equity plan serves as a checkpoint of current programs and services with regards to health equity. Please complete this health equity plan as part of the completed application, and include one activity as part of the diversity, equity, and inclusion goal that describes how you will use the plan at least once halfway through the subaward period.

This health equity plan was adapted from the [“Is my Evaluation Practice Culturally Responsive”](#) cultural responsiveness self-assessment checklist created by the Michigan Public Health Institute and The Implementation Group.

	Never	Rarely	Sometimes	Often	Always	Explain briefly what your organization does now, or if there are plans to do this in the future. If this is not applicable to you, write N/A
My agency participates in trainings related to diversity, equity, and inclusion principles	1	2	3	4	5	
My agency engages community members, consumers, and other interested parties in identifying appropriate practices that will address equity for populations you serve (e.g., adolescents, specific racial/ethnic groups, LGBTQ, CYSHCN, Mothers, children, parents, youth, college age persons, survivors, etc)	1	2	3	4	5	
My agency engages community members, consumers, and other interested parties in creating and/or tailoring culturally responsive interventions and activities e.g., programs, practices, and supports focused on equity	1	2	3	4	5	
Data-collection instruments like surveys are selected and adapted to ensure appropriateness for the culture(s) of the people of whom the questions are being asked	1	2	3	4	5	
My agency considers the community context and dynamics, makeup of the community, and tension among cultural lines	1	2	3	4	5	
My agency assesses whether demographics, socioeconomic factors, cultural factors, and other	1	2	3	4	5	

attributes of the community played a role in the process to define program goals and objectives						
My agency assesses if differences in service delivery are required, and if so, the nature of these differences, the policies causing these differences, and the steps needed to address the differences	1	2	3	4	5	
When analyzing and interpreting outcome data, data is disaggregated along demographic lines to identify and assess the extent of differential impacts of the programs/services	1	2	3	4	5	
In assessing program outcomes, my agency looks for...						
... disparities in access to program services among different groups represented in the key population(s)	1	2	3	4	5	
... disparities in program effectiveness among different groups	1	2	3	4	5	
... disparities in outcomes among groups	1	2	3	4	5	
... any unintended consequences of program activities due to cultural or racial/ethnic issues/context	1	2	3	4	5	
...indications of potential impact (positive or negative) on issues of diversity, inclusion, and equity within the broader community in which the program operates	1	2	3	4	5	
...whether the most under-served community group was served equitably	1	2	3	4	5	
... indicators of system-wide changes attributable to the agency's work	1	2	3	4	5	

Proposed Budget Plan

The budget template will be downloaded as an Excel file [here](#): Please complete the Excel file and return with your completed application.

Budget Development Instructions:

The following budget development instructions and budget example have been prepared to help you develop a complete and clear budget to ensure minimal delays in processing awards.

Funding Details and Requirements:

This funding announcement is for the FFY25 Title V Maternal and Child Health Block Grant funding. The subgrant period for this application will be for **twelve months (12)** and will start **October 1, 2024**, and continue through **September 30, 2025**.

1. Apply for the full twelve-month project period.
2. Unspent funding will be returned to the state and cannot be carried over, no exceptions.
3. All funding is subject to the availability of funding.

Budget Building Instructions by Line Item:

Budget building is a critical component of the application process. The budget in the application is going to be the budget used for the subgrant. The budget must be error free and developed and documented as described in the instructions.

Budget Narrative Tab:

1. **There are eight different categories** of charges to utilize in building your budget. These are:
 - a. **Personnel**
 - b. **Travel**
 - c. **Operating**
 - d. **Equipment**
 - e. **Contractual**
 - f. **Training**
 - g. **Other**
 - h. **Indirect**

If a category does not apply to your budget, leave it blank. Do not add any additional categories.

2. Follow the instructions within the Excel template, and do not alter any formulas.
3. Some of the categories have examples of commonly used charges for each. If they do not apply to your organization, delete out the rows. If you need additional rows, you can add them.
4. Justifications must be included for all items and should represent the fiscal/mathematical representation of all costs that are outlined in the budget narrative. The expenses should represent a projection of the expenses that will be charged to the subgrant that directly support the work necessary to complete the tasks that are required to meet the goals and objectives as outlined in the scope of work (SOW) for this subgrant.
5. Indirect rate is at the organization's discretion, and the budget must include how the methodology was obtained in the "indirect methodology" box. Explain how indirect is calculated (e.g. 10% of all direct expenses per federally approved indirect agreement). If using a federally approved indirect rate, be sure to include a copy of the agreement in your application packet.
6. Delete all red text instructions out of the Excel file when you have completed entering line-item budget information.

Budget Summary Tab:

1. This tab is used to collect information on other funding sources your agency has that is used to support the same work Title V MCH funding would be utilized for. Column "B" will auto-populate with information from the Budget Narrative tab and represents the "Title V MCH" funding source. Columns C-H are where you can enter other funding sources and give categorical budget information for each. If you have personnel that are

funded partially by Title V MCH **you must** include the other funding sources that personnel are funded by to get them to 100% funding in the other funding boxes.

Application Checklist

Title V MCH Block Grant Funding Application Checklist Period of Performance: October 1, 2024-September 30, 2025

- | | |
|---------------------------------------|--------------------------|
| 1. Cover Page Completed and Signed | <input type="checkbox"/> |
| 2. Agency Profile Completed | <input type="checkbox"/> |
| 3. Contact Information Completed | <input type="checkbox"/> |
| 4. Scope of Work Completed | <input type="checkbox"/> |
| 5. Health Equity Assessment Completed | <input type="checkbox"/> |
| 6. Budget Plan Completed | <input type="checkbox"/> |

All applications must use the following format:

- Word or PDF documents for items 1- 3 and 5. Item 4 must be Word document. Excel file for item 6.
- Applicants shall submit their entire application package electronically to Andrea Valenzuela at avalenzuela@health.nv.gov and Tasha Cadwallader at acadwallader@health.nv.gov **on or before the deadline of June 7, 2024, at 11:59 p.m. PST.** Applicants may submit their proposal any time prior to the stated deadline. Include **RFA Title V MCH Block Grant FFY 2025** in the subject line of the email.