March of Dimes
2016 Chapter Community Grants Program
Community Award Application

March of Dimes
Maryland National Capital Area Chapter
175 West Ostend St., Suite C-2
Baltimore, MD 21230
Marchofdimes.org/marylandmetrodc
I. MARCH OF DIMES CHAPTER COMMUNITY AWARDS PROGRAM

Founded in 1938, the mission of the March of Dimes is to improve the health of babies by preventing birth defects, premature birth, and infant mortality. We do this by funding research to understand the problem and discover answers, helping moms have full-term pregnancies and healthy babies, and supporting families and comforting them when their baby needs help to survive and thrive.

Premature birth is the leading cause of newborn death worldwide. Even babies born just a few weeks too soon can face serious health challenges and are at risk of lifelong disabilities. In 2003, the March of Dimes launched the Prematurity Campaign to address the crisis and help families have healthy, full-term babies. The campaign funds research to find the causes of premature birth, and to identify and test promising interventions; educates health care providers and women about risk-reduction strategies; advocates to expand access to health care coverage to improve maternity care and infant health outcomes; provides information and emotional support to families affected by prematurity; and generates concern and action around the problem.

As part of this effort, the Maryland National Capital Area Chapter Community Awards Program is designed to invest in priority projects that further the March of Dimes mission, support campaign objectives, and further our strategic goal of promoting equity in birth outcomes.

Community awards can be made to support activities including but not limited to the following:

- Purchase of MOD educational materials including but not limited to the following:
  - My Nine Months magazine
  - Baby Basics: Month by Month Guide to a Healthy Pregnancy for distribution to pregnant women
  - Healthy Mom/Healthy Baby: the Ultimate Pregnancy Guide for distribution to women in OB practices
- Providing a stipend for a consultant to assist in collecting and analyzing data for the Stork’s Nests (to help determine the program impact)
- Purchase of folic acid and MOD folic acid publication for distribution to women of reproductive age
- Educational conference with focus on 39 week campaign, interconception and preconception health or prematurity prevention
- MOD nursing modules for professional development needs of nursing staff
- Support of smoking cessation programs

To view our product catalog, visit the March of Dimes website at marchofdimes.org.

Please Note: Community awards may not be used to support equipment or furniture, individual tuition or conference fees, dues or membership fees, employee salary or programs requiring long-term March of Dimes funding.

Prior to completing an application for chapter funding, potential applicants must participate in a grant training phone call and inform Marie Pokraka or Anne Eder of their intent to apply. Dates for the grant training calls are posted on the chapter website.
II. AVAILABLE FUNDING AND 2016 FUNDING PRIORITY AREAS

The applicant must provide services in Maryland; Washington D.C.; and/or the following areas in Northern Virginia: Alexandria, Arlington County, Fairfax City, Fairfax County, Falls Church, Prince William County, Manassas, Manassas Park and Loudoun County.

Community awards are not to be used for program evaluation.

Awards may be granted up to $3,000. For larger grants, contact the March of Dimes Maryland National Capital Area Chapter to learn more about the March of Dimes Chapter Community Grants Program. Below are current primary and secondary categories in which March of Dimes provides community awards:

**Primary purpose category:**
- Interconception education and healthcare
- Preconception education and healthcare
- Prenatal care services
- Prenatal education and social support
- Professional education and training
- Quality improvement (emphasis on the prevention of non-medically necessary C-sections or inductions before 39 weeks gestation)

**Secondary purpose category:**
- Becoming a Mom/Comenzando bien
- Early elective delivery prevention
- Early entry into prenatal care
- Educational materials
- Fertility treatment education
- Group prenatal care (CenteringPregnancy®)
- Group prenatal care (other than CenteringPregnancy)
- Interconception education
- Preconception education
- Prenatal education/incentive (Stork’s Nest®)
- Prenatal education/incentive (models other than Stork’s Nest)
- Preterm labor prevention
- Preterm birth recurrence prevention education (about 17P)
- Preterm birth recurrence prevention education (other than 17P)
- Risk reduction education/services (smoking cessation)

III. ELIGIBILITY

In order to be eligible to receive a March of Dimes chapter community award, an organization must be an incorporated not-for-profit 501(c)(3) or for profit organization or government agency. The March of Dimes does not award grants to individuals. Applicants must disclose any conflict of interest due to representation by their organization on the chapter’s Program Services Committee or the Chapter or Division Board of Directors.
The March of Dimes does not fund billable health care provider services. The March of Dimes chapter community grants and awards also do not fund scientific research projects. For information about research grants funded by the March of Dimes national office, please go to marchofdimes.com/research.

All grantees must (i) certify that they are not presently listed on the Federal Excluded Party List, debarred or suspended from the award of any federal or state contracts, or excluded from participation in any governmental medical reimbursement programs; and must (ii) attest that they will comply with all laws and regulations (to include federal, state and local laws and regulations). Additionally, March of Dimes grantees may be screened to ensure that they are not debarred or suspended by the Federal Government and/or local State agencies.

IV. APPLICATION DEADLINES AND TEMPLATE

Applications due: September 22, 2015
Notification of awards: January, 2016
Grant period: March 1, 2016 – February 28, 2017
2016 March of Dimes Community Award Application

Project Overview

Applicant Organization: ____________________________________________________________

Address: _______________________________________________________________________

City: __________________________ State: __________________________ Zip: __________

Project Title: ________________________________________________________________

Contact Name: __________________________________________________________________

Phone: __________________________ Fax: __________________________

E-mail: ________________________________________________________________________

Institution Type (choose one):
[ ] Clinic
[ ] Community-based Organization
[ ] Educational Institution
[ ] Health Department (State/Local)
[ ] Other For-Profit Organization
[ ] Professional Association
[ ] Other ________________________________

Please provide a brief synopsis of your project (2 sentences are sufficient):

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Please list the one primary and one secondary purpose category that the application addresses (categories listed in Section II):

Primary: _______________________________________________________________________

Secondary: _____________________________________________________________________

Approximately how many unduplicated individuals will be served during year one?

________________________
Does this project target adolescents (17 and under)? [ ] Yes [ ] No

Does this project aim to reduce disparities? [ ] Yes [ ] No

Select the race/ethnicity of the majority of individuals expected to be served by this project (if applicable):

RACE:
[ ] White
[ ] Black or African American
[ ] American Indian or Alaska Native
[ ] Asian
[ ] Native Hawaiian or Other Pacific Islander
[ ] Other

ETHNICITY:
[ ] Hispanic

Total amount requested: $__________

If awarded, check should be made out to: __________________________________________

_________________________________________ /__/__/____ ___________________________
Signature - Primary Staff Person Date Type Name and Title
Project Description

What is the problem that this project will try to address? Why do we care about the problem? What gaps will the project fill?

________________________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________________________

What activities will you undertake to achieve results?

________________________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________________________

What changes/impact do you expect to occur as a result of the activities described above?

________________________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________________________

APPLICATION INSTRUCTIONS

1. Complete the Project Overview and Description
2. Complete the attached Budget Form
3. Compress all pages/documents into one document – pdf format – and email your submission no later than 4 p.m. on Tuesday, September 22, 2015 to aeder@marchofdimes.org
4. Mail an original and four copies of the complete document to:

   Anne V. Eder, Director of Program Services
   March of Dimes MD National Capital Area Chapter
   175 West Ostend St., Suite C-2
   Baltimore, MD  21230

   Late applications will not be accepted. Incomplete applications will not be considered for review. No application will be accepted by facsimile.

   Questions? Please contact Anne Eder at aeder@marchofdimes.org or Marie Pokraka at mpokraka@marchofdimes.org