

Request for Proposals (RFP): Community & Faith-Based Infant and Maternal Health Support Services

Purpose

Full Term First Birthday (FTFB) is a collective impact collaborative dedicated to addressing high infant mortality rates in Summit County. In partnership with numerous local agencies, FTFB advocates for policy changes, raises awareness, and supports programming that promotes healthy, full-term pregnancies for Summit County residents.

As the lead agency of FTFB, **Summit County Public Health (SCPH)** is eligible to receive funding through the **Ohio Department of Children and Youth (DCY)**. SCPH is currently seeking proposals from **community- and faith-based organizations** to be included in its funding application to DCY.

Organizations may apply for funding of up to **\$150,000.00** for the period of **January 1, 2026 through June 30, 2027**. Applications are due to SCPH by **4:00pm on September 17, 2025**.

Background

Reducing infant mortality is a statewide priority. Infant mortality is defined as the death of an infant before their first birthday and serves as a key indicator of a community's health and well-being. Ohio aims to reduce the infant mortality rate to 4.4 or fewer per 1,000 live births. In 2022, Summit County's infant mortality rate was 7.1 per 1,000 live births.

On average, 23 women die each year from pregnancy-related causes in Ohio. Findings from Ohio's Maternal Mortality Review Committee (MMRC) indicate that more than half of these deaths are preventable. PAMR works to identify risk factors, close care gaps, and recommend system-level changes.

Funding Objectives

This funding opportunity aims to expand the capacity of community and faith-based organizations to carry out impactful, community-level projects that improve **maternal and infant health outcomes**.

Funded projects must address **at least one** of the following social or physical determinants of health:

1. Access to early prenatal healthcare and related services;
2. Access to quality education;
3. Connection with their community;
4. Financial stability and independence; and/or
5. Quality of housing, neighborhood, and environment.

Eligible Services

1. Physical Support:
 - a. Equipment (e.g. program necessary up to \$10,000);
 - b. Supplies;
 - c. Program and project materials;
 - d. Incentives for participation and engagement;
 - e. Crisis assistance (e.g. housing, food, transportation, etc.);
 - f. Direct services.
2. Social Support, which may include:
 - a. Community events (e.g. baby showers, family events, etc.)
 - b. Stress-reduction activities (e.g. social support groups);
 - c. Physical activities (e.g. yoga, walking groups, etc.);
 - d. Family and parenting education and/or groups;
 - e. Parenting education;
 - f. Leadership-building for community residents;
 - g. Community organization (i.e. advisory boards, forums, qualitative analysis);
 - h. Training and capacity building to other local and non-profit organizations to improve the quality and cultural competence of curriculum, parent education, and program delivery.

Unallowable Expenses

1. Activities or supports already funded through a state agency (e.g. cribs, car seats, etc.).
2. Clinical costs reimbursable by Medicaid.
3. Capital expenditures, including building renovations, construction, or structural upgrades (e.g. roofing, plumbing, electrical work, or permanent fixtures).
4. Equipment.

Application Deadlines

- Grant application released: September 3, 2025
- Technical Assistance call: September 8, 2025 / 10:00am-11:00am / Meeting Link: <https://meet.google.com/das-qtoi-xso>
- Grant application deadline: September 17, 2025 at 4:00pm
- Selected applicant announcements will be shared no later than September 30, 2025
- SCPH submits proposal to DCY by October 2, 2025 ****Reminder, all sub-grantee awards are contingent on the DCY award and any further requests.****

Grant applications should be emailed to Megan Sutherland at infantvitality@schd.org

Required documents for consideration include:

- Application Information & Proposal Form
- Program Budget with Justifications
- Form 7c Sub grantee and/or Subcontractor Utilization Form

DCY grant information can be found at: <https://grantsportal.ohio.gov/Public/FundingOpportunityDetails?detailid=a0b58fde-407c-f011-8f12-00505680042e>

Application Information & Proposal Form

Funding Request

1. **Organization Name:** _____
2. **Funding Amount Request** (maximum \$150,000): _____
3. **Type of Organization** *(please check a box)*:
 - ☐ Community-based organization (must be non-profit 501(c)3)
 - ☐ Faith-based organization
 - ☐ Other _____
4. **Funding Request Type** *(please check a box)*:
 - ☐ New Funding (applicant does not currently provide funding for proposed)
 - ☐ Additional Funding to expand or enhance existing program(s).
5. **Applicant Organization's Total Annual Operating Budget \$** _____

Organizational Background

1. **Organizational History, Mission, and Vision.** Please describe your organization.
(character limit 350):

2. **Relevant Experience.** Detail your experience supporting pregnant women and/or families with children under one year of age. *(character limit 350):*

Program Proposal

Select the program areas your proposed project will address (check all that apply):

- ☐ Access to early prenatal healthcare and related services;
- ☐ Access to quality education;
- ☐ Connection with their community;
- ☐ Financial stability and independence; and/or
- ☐ Quality of housing, neighborhood, and environment.

1. **Project/Program Description & Proposal.** Provide a detailed overview of your proposed program. If this is a new initiative, explain the need. If enhancing an existing program, explain how the funding will increase impact, scale, or delivery of services. *(character limit 2500):*

2. **Payment.** This is a reimbursement-based grant. Does your organization have the capacity to incur expenses/pay for expenses prior to reimbursement? Explain. (character limit with spaces 500):

3. **Data Collection.** Please describe how your organization will document demographic information, participant enrollment, and services provided to program participants. (character limit 350):

Program Goals and Objectives

1. **Target Population.** Please provide an unduplicated number of pregnant women and/or pregnant/parenting families with a child under the age of one that will be served during the FY25-FY27 funding period.

2. **Success Metrics.** Describe the expected overall impact of the program and how success will be measured. (character limit 500):

3. **Timeline.** Provide a brief project timeline summary that aligns with the budget and program goals and objectives.

4. **Using the chart below, provide the overall number of pregnant women and pregnant/parenting families served by your organization over the past 4 years.**

	2021	2022	2023	2024
Total Number Pregnant People/Pregnant and parenting families served by your Organization				

5. **Provide a detailed list of staff positions for the proposed program.**

Title	Description of Role	Qualifications/Certifications

Program Budget

You must submit a detailed budget and corresponding justifications for the grant period January 1, 2026- June 30, 2027.