



Request for New Proposals : Maternal and Infant Support Program (MISP)

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 Medicaid (ODM)**. SCPH is currently seeking proposals from **community- and faith-based organizations, public or private universities/colleges, and/or early care and learning entities** to be included in its funding application to ODM.

Organizations may apply for funding for the period of **January 1, 2026 through June 30, 2027**. Applications should be sent to infantvitality@schd.org by **11:59 p.m. on Friday, October 17, 2025**.

Background

Infant mortality is a key indicator often used to measure the health and well-being of a population. While rates in the United States have declined over the past several decades, they remain higher than those of many other developed countries and progress has not been experienced equally. Black infants continue to die at more than twice the rate of white infants, and Black women face higher rates of maternal mortality. These persistent disparities highlight the need to address the social, medical, and systemic factors that continue to place Black parents and their babies at greater risk.

Funding Objectives

This funding opportunity is a component of the ODM's [Maternal and Infant Support Program \(MISP\)](#) and is intended to align Medicaid initiatives with the recommendations of Governor DeWine's statewide [Eliminating Disparities in Infant Mortality Task Force](#).

Funded Projects (must address **at least one** of the eligible services):

1. Innovative maternal and infant health community-based interventions;
2. Social determinants of health that include: education, financial stability and workforce, emergency/one-time assistance, on demand transportation, bus tickets, capped utility assistance);
3. Maternal Mental Health Programming; and/or
4. Community-Centered Maternity Care Models

Ineligible Services:

1. Help Me Grow;
2. Nurse Family Partnership;
3. Doulas;
4. Lactation support
5. Medicaid billable services
6. Supports already funded through a State agency (e.g. cribs, car seats, etc.);
7. COVID-19 related costs or programming; and /or
8. Housing, rental assistance, debt, and food not connected to a service

Application Deadlines

- Grant application released: October 8, 2025
- Grant application deadline: October 17, 2025 at 11:59 p.m.
- Selected applicant announcements will be shared no later than November 5, 2025
- SCPH submits proposal to ODM by October 31, 2025

****Reminder, all sub-grantee awards are contingent on the ODM award and any further requests.****

Required Documents:

1. Application & Proposal Form
2. SCPH MISP Excel Budget Template

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New Proposal - Application & Proposal Form

Funding Request

1. **Organization Name:** _____
2. **Contact Name:** _____
3. **Contact Phone & Email:** _____
4. **Applicant Organization's Total Annual Operating Budget \$** _____
5. **Total Funding Request: (cannot exceed 50% of annual operating budget)**

\$ _____
6. **Type of Organization** *(please check a box):*
 - ☐ Community-based organization (must be non-profit 501(c)3)
 - ☐ Faith-based organization
 - ☐ Public or Private College/University
 - ☐ Early Care and/or Learning (must be a non-profit 501(c)3)
7. **Disclosure of Funding Agencies and Supporting Corporations (required by ODM):**
For purposes of transparency and disclosure, Partnering Agencies must list all the sources and amounts from which they receive financial support or reimbursement of services. Partnering Agencies must be sure to indicate whether they receive grant funding from the Ohio Department of Health, the Department of Children and Youth, the Ohio Commission on Minority Health, the Ohio Commission on Fatherhood, or any other entity.

Organizational Background

1. **Organizational History, Mission, and Vision.** Please describe your organization.
(*Word limit 200*):

2. **Relevant Experience.** Detail your experience supporting pregnant women and/or families with children under one year of age. (*Word limit 200*):

Program Proposal

- 1. Program Summary.** Provide a detailed summary of your proposed program and services that will be provided. (*Word limit 300*):

2. **Grant Payment.** This is a reimbursement-based grant. Does your organization have the capacity to incur expenses/pay for expenses prior to reimbursement? Explain your capacity in detail. (Word limit 200):

3. **Enrollment Goals.**

- a) Number of unduplicated clients that will be enrolled FY26-27 (January 1, 2025 – June 30, 2027) by race _____
- b) Explanation how programming will reach the target population. (*Word limit 200*):

- c) **Timeline.** Provide a brief project timeline summary that aligns with the budget and enrollment goals. (300 word limit):

- d) **Using the chart below, provide the overall number of unduplicated pregnant or parents with a child under the age one 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				