

Full Term First Birthday (FTFB) is a collective impact collaborative advocating for policies, educating our community, and informing our Greater Akron citizens about programs that promote healthy, full-term pregnancies to ensure every child celebrates a first birthday.

The collaborative is pleased to request proposals for funding to support programs, services and activities that utilize data-driven initiatives that rely on evidence- and community-based practices, field research and the community's voice to impact infant vitality. Through this effort, FTFB seeks to support organizations that deeply understand local needs to amplify the impact of efforts aimed at enhancing the vitality and well-being of infants and families. Funds will be directed to grassroots organizations that are actively working to improve infant health outcomes in our community.

FTFB anticipates making up to ten (10) awards in the range of \$3,000 to \$5,000. Since future grant funding cannot be guaranteed, applicants should consider requests to be for one-time funding.

Funds will be directed to grassroots and community non-profit organizations (registered 501(c)(3)s) and/or those with a fiscal sponsor.

ELIGIBILITY

- Grassroots and/or Community-based organizations dedicated to improving infant vitality
- 501(c)(3) organizations and/or have a fiscal sponsor
- Programs and services must serve Akron neighborhoods with a high infant mortality rate (i.e. 44301, 44305, 44306, 44307, 44310 and 44320).
- Funds cannot be used to support programs or initiatives that are already funded by FTFB. Organizations applying must ensure requested funds are allocated to programs, services or activities that are not currently receiving financial support from FTFB/ Managed Care plans.
- Past recipients are eligible to re-apply for funding.

TIMELINE

- Grant application deadline: April 1, 2026
- Award announcements: May 15, 2026
- Project period: June 1, 2026 to Dec 31, 2026
- Mid-point program and fiscal check-in: Early September 2026
- Final program and fiscal report due: January 15, 2027
 - Report templates will be provided to awardees

ADDITIONAL REQUIREMENTS (IF AWARDED)

- Attend monthly FTFB partners call/in-person meetings

BUDGET JUSTIFICATION

Provide a detailed budget and description of how the requested funds will be allocated. Awards should not be used to replace funds already allocated or available in funded grants, or to support personnel expenses (salary and fringe). If awarded, FTFB **must** be notified in writing in advance of any budget or implementation changes. Funds will be released in full at the start of the project period. The final report must include all receipts that correspond to budgeted expenses.

Allowable costs include, but not limited to:

- Program Supplies (i.e. car seats, breastfeeding supplies, diapers, bus passes)
- Participant/Program incentives (not to exceed 20% of total budget)
- Staff training, conference, or webinar registration fees, CEUs

Unallowable costs:

- Salaries
- Alcohol and Entertainment
- Lobbying or Political Activities

FORMS & DEADLINES

Please submit completed applications to FTFB@schd.org by April 1, 2026 at 5:00 p.m.

QUESTIONS

Please submit all questions to FTFB@schd.org. All questions must be submitted by March 15, 2026. The questions will be combined into a single document and will be posted on the FTFB website www.fulltermfirstbirthday.org by March 20, 2026.

APPLICANT INFORMATION

Organization Name:

Federal Tax ID:

Contact Person:

Email:

Telephone Number:

Location Address:

City:

State:

Zip:

Billing Address(if different):

City:

State:

Zip:

FISCAL AGENT INFORMATION

Organization Name (If applicable):

Contact Person:

Tax ID:

Email:

Telephone Number:

PROJECT INFORMATION

1. Provide a brief description of your organization, including its mission. (max. 350 characters)
2. Describe your proposed program, event or project. (max. 1,500 characters)
3. Describe your marketing and/or outreach efforts. (max. 200 characters)
4. List the neighborhood(s) and/or zip code(s) in Akron where program services will be provided along with the target population. (max. 150 characters)
5. Provide the anticipated impact of this program, event or project and the metrics that will be used to measure success/outcomes. (max.300 words)

Budget Justification

Complete the following budget template based on the items needed for the request. Utilize the OTHER category for items that do not fit in the categories identified. Explain your request in detail.

Total Budget Request:

Program Supplies:

Explanation (max 200 characters):

Participant/Program Incentives:

(not to exceed 20% of total budget)

Explanation (max 200 characters):

Equipment/Software/Technology:

(not to exceed 30% of total budget)

Explanation (max 200 characters):

OTHER:

Explanation (max 400 characters):

