

Application for Maternal Mortality

"Moving the Needle Towards a Healthier Tennessee"

Attachment 1

APPLICANT INFORMATION

Applicants must complete all questions on page 1 and 2.

- 1. Legal name of applicant as it appears on its corporate charter:
2. Federal tax ID Number:
3. Is your organization a registered vendor with the State? Yes ___ No ___
4. Organization contact information:
5. Primary Contact Person Name and Title:
6. Secondary Contact Person Name and Title:
7. If awarded a grant, who will be the authorized signor of the resulting contract?
9. Please check which category from the maternal mortality recommendations will be the focus of your project?
10. County(ies) where services will be provided:
11. Target population(s):
12. Diverse population(s) targeted, if any:
13. Anticipated number of participants:

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14. Anticipated cost per participant: \$ _____
15. Please check ONE of the following as it applies to this application.
- We have reviewed the Sample Contract with legal counsel and can identify no objections to executing this contract in its present form.
 - We have reviewed the Sample Contract with legal counsel and will request changes to the Sample Contract (please attach details). We understand that exceptions to boilerplate contract language may not be approved and may result in the rejection of this application.

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APPLICATION

1. Please list the maternal mortality review recommendation(s) your project addresses (Please refer to the most current Maternal Mortality Review Annual Report found [here](#)):

2. Please complete and attach Exhibit 1 describing the project (no more than 4 pages typed double spaced using 12 point font).
3. Please complete and attach Exhibit 2 describing the specific goals, activities and timeline for the project.
4. Select performance indicators you will track (using the form provided) for strategies/activities you propose to implement.
5. What specific plans have you made to partner with other groups or organizations to accomplish your objectives? Please attach letters of support which demonstrate the expectations and responsibilities of the planned partnership.

6. Please complete the attached 2-page budget for your project (Attachment 3).
7. Please describe the personnel that will work on this project.

8. How will your project address health disparities?

9. Briefly describe the experience your organization has had in serving the target population.

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The applicant certifies to the best of his/her knowledge and belief that the information in this application has been duly authorized by the governing body of the applicant and that the applicant will comply with the certifications and assurances required of applicants if a grant is awarded. **DO NOT SIGN THIS DOCUMENT IF YOU ARE NOT LEGALLY AUTHORIZED TO BIND THE PROPOSING ENTITY.**

Name: _____ Title: _____

Signature: _____ Date: _____

Project Narrative

Applicants must write a narrative addressing the topics below. When writing your narrative, please use the headings in bold in the same order they are listed below.

Project goal(s): What are the goals of the project?

Project activities: What key activities will you complete to achieve the project goal(s)?

Priority population: What population do you intend to directly reach/serve through this project? Include a description of any age, race, and or place-based health disparities your project aims to impact.

- **What needs of the population are you addressing with this project?**
- **How will the project address those needs?**

Expected results: What change do you expect to achieve as a result of this project?

Expected outcomes: What are the measurable outcomes the project aims to achieve?

Organizational capacity and staffing: Describe the organization's capacity to carry out the project. Include your agency's mission, key staff, and experience working with the priority population. What will be the responsibilities of the staff listed in the proposal?

Work plan: Exhibit 2 must specifically state work outcomes and measures, strategies, activities, process measures, the individual(s) responsible for each strategy, and completion dates.

Evaluation plan: How will you measure whether the project objectives have been achieved? What data or information will be needed to measure this?

Evaluation tools: How will the attainment of objectives be assessed? Please outline the tools and methods that will be employed for evaluation, encompassing any instruments such as surveys, attendance sheets, pre- and post-tests, etc.

Sustainability: Describe the plan for sustainability beyond the funding period through alternate sources of funding or a change in organizational systems or procedures that will sustain the project's impact.

Exhibit 2

Goals and Activities Template. Proposals should include goals and activities related to the maternal mortality recommendations. Please be as specific as possible with goals and activities. You are welcome to add additional rows to accommodate goals/activities as needed.

Following the SMARTIE goals framework may be helpful in your planning. SMARTIE goals are Specific, Measurable, Attainable, Realistic, Timebound, Inclusive, and Equity-Minded.

Description of Goals and Activities to Achieve Goals	Person/Agency Responsible	Start/End Dates	Number of Individuals <i>Expected to be Served/Reached/Educated</i>	Description of <i>Expected Outcomes/Impact</i>
GOAL #1:				
Activity 1a:				
Activity 1b:				
Activity 1c:				
GOAL #2:				
Activity 2a:				
Activity 2b:				
Activity 2c:				
GOAL #3:				

Activity 3a:				
Activity 3b:				
Activity 3c:				

**Adapted from the March of Dimes grant proposal template.*

Performance Indicators

Please check each indicator that applies to your proposal. These will be performance indicators you plan to track and report to TDH. If none of the indicators below relate to your proposal, please fill in as many relevant indicators as needed in the space indicated. Example: If your proposal involves training, at a minimum you should check the performance indicator for number of presentations/trainings and number of people trained.

- _____ Number of presentations completed using maternal mortality data
- _____ Number of presentations/trainings completed on topics identified in the maternal mortality recommendations (fill in the specific topic)
- _____ Number of people trained or educated on topics identified in the maternal mortality recommendations (fill in the specific topic)
- _____ Number of hospitals trained on best practices
- _____ Number of pregnant and postpartum individuals educated and informed on the importance of seatbelt use
- _____ Number of educational opportunities related to naloxone and its use for patients, families, and communities affected by substance use
- _____ Number of implicit bias trainings for staff in clinics and hospital systems
- _____ Number of healthcare provider trainings on screening, identification, support, and referral for patients at risk of interpersonal violence (IPV)
- _____ Number of educational opportunities for patients and their families who are gun owners on safe firearm storage and handling practices within the home
- _____ Number of educational opportunities informing and educating pregnant individuals and their families on one or more of the maternal mortality recommendations
- _____ (fill in your own indicator) _____
- _____ (fill in your own indicator) _____
- _____ (fill in your own indicator) _____