

Application Form

RFA Doula Services Pilot

Please fill out application in its entirety

Legal name of applicant as it appears on the corporate charter

Federal Tax ID number

Organization Street Address

Organization City Org Zip

Organization Type

Primary Contact Person

Name

Title

Email

Phone number Extension

Secondary Contact Person

Name

Title

Email

Phone number Extension

If awarded a grant, who will be the authorized signor of the resulting contract?

Name

Title

Email

Phone number Extension

Is your organization a registered vendor with the State of Tennessee?

Do you propose to use subcontractors for any portions of the scope of service? If yes, please provide the name and address of each subcontractor and what specific services each will perform:

Please select one of the following as it applies to this application:

- We have reviewed the Sample Contract with legal counsel and can identify no issues with executing this contract in its present form.
- We have reviewed the the Sample Contract with legal counsel and will request changes to the Sample Contract. Details are attached. We understand that exceptions to the boilerplate contract language may not be approved and may result in the rejection of the application.

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1. Describe your organization's birthing patient population including demographic information (e.g., race, ethnicity, insurance status):

2. Describe the doula services provided by your organization. Include when you began offering these services, what they include, and any specific eligibility that apply to patients seeking doula services.

3. Describe the current organization environment:

Number of doulas

of women served annually

Counties served

4. Describe the services, including informational, emotional, and physical support, that Doulas will provide to the birthing people during the prenatal period, labor and delivery, and post-partum period during this proposed project. Please include the number of visits and types of services. :

5. Describe your proposed approach to providing a system for communication and care coordination between doulas and other pregnancy-related care providers including any technology or infrastructure that will be used:

6. Organizations will be required to submit data throughout the contract. This data will include a minimum patient demographics, number of patients served, gestational period at enrollment, number of visits stratified by prenatal and/or postpartum, and pregnancy outcome data. Does your organization currently collect or have experience in providing data? If so, how is this tracked and delivered?

9. Please specify which county(ies) where services will be delivered:

10. Please specify your target population including demographics:

11. Diverse population(s) targeted, if any (i.e., African American women, Hispanics, rural communities):

12. Provide a list of community partners that will be involved:

13. Provide an estimate of the projected reach from implementation of this contract:

Please complete the attached budget. Include a detailed budget narrative addressing grant funding from other sources, supplemental organization funding, and sustainability beyond the grant period.