

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 \_\_\_  
(If No, please contact [Bethany.Scalise@tn.gov](mailto:Bethany.Scalise@tn.gov) for registration details)
4. Organization contact information:  
Organization's Primary Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone Number: \_\_\_\_\_
5. Primary Contact Person Name and Title: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_
6. Secondary Contact Person Name and Title: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_
7. If awarded a grant, who will be the authorized signor of the resulting contract?  
Name and Title: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_
9. Please check which category from the maternal mortality recommendations will be the focus of your project? (Check all that apply)
  - Community and Statewide Agencies**
  - Clinics and Hospital Systems**
  - Healthcare Providers**
  - Women and their Friends and Families**
10. County(ies) where services will be provided: \_\_\_\_\_  
\_\_\_\_\_
11. Target population(s): \_\_\_\_\_
12. Diverse population(s) targeted, if any: \_\_\_\_\_
13. Anticipated number of participants: \_\_\_\_\_
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 your project addresses (the recommendations can be found on pages 39-40 of the MMR 2021 annual report):  
\_\_\_\_\_  
\_\_\_\_\_
2. Please attach a project narrative (Exhibit 1) describing the project (no more than 3 pages using the outline provided).
3. Please complete Exhibit 2 describing the specific goals, activities and timeline for the project.
4. Select performance indicators you will track for strategies/activities you propose to implement (Exhibit 3).
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 (Attachment 3) for your project.
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.  
\_\_\_\_\_  
\_\_\_\_\_

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 (maximum of 3 pages)**

**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?

**Target population:** What is the target population? If applicable, describe any health disparities that will be addressed with your target population.

**Project objectives:** What are the measurable objectives the project aims to achieve? What needs of the population are you addressing with this project? How will the project have an impact on those needs?

**Project activities:** What activities will you complete to achieve results?

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

**Expected outcomes:** What impact will this project have on the problem identified above?

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

**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:** What tools will be used to measure whether the objectives have been met? Include information about any evaluation tools that will be used 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**

**Project Goals/Activities/Outcomes Template.** Proposals should include goals and activities related to the maternal mortality recommendations. Please be as specific as possible with goals and activities. Add additional goals as needed.

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</i> Outcomes/Impact
<b>GOAL # 1</b>				
1. Activity				
2. Activity				
3. Activity				
<b>GOAL # 2</b>				
1. Activity				

2. Activity				
3. Activity				
<b>GOAL # 3</b>				
1. Activity				
2. Activity				
3. Activity				

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 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) \_\_\_\_\_