Title V:

Fetal Infant Mortality Review (FIMR)

Request for Proposal

Indiana State Department of Health

Division of Maternal and Child Health
FUNDING OPPORTUNITY DESCRIPTION

PURPOSE:

The purpose of this Request for Proposals (RFP) is to fund competitive grants for nonprofit organizations, local health departments, and health care entities within the State of Indiana to implement and enhance fetal infant mortality review teams.

SUBMISSION DETAILS:

To be considered for this competitive funding, a completed application must be received by ISDH by NO LATER THAN

**Friday, May 15th, 2015 at 5:00 pm EST**

Applicants are to submit applications electronically. For electronic submission:

**SUBMIT APPLICATIONS VIA EMAIL TO THERESA HUNTER—TITLE V COORDINATOR AT THUNTER@ISDH.IN.GOV**

SUMMARY OF FUNDING

The Indiana State Department of Health (ISDH) Maternal and Child Health (MCH) Division is requesting applications from local and statewide service providers and planning organizations (nonprofit organizations, hospitals, local health departments, community care centers, rural health centers, WIC locations) for COMPETITIVE grant funding. Funding will be used to develop and implement services focused on addressing Title V National and State Performance Measures.

The applicant should justify the size of the budget for each category of fundable services, for a total of no more than $25,000 per year. Grants will be for a 24-month period and anticipate a start date of October 1, 2015.

TECHNICAL ASSISTANCE MEETING

ISDH will conduct a webinar to provide technical assistance with the grant application procedure on Monday April 13th, 2015 from 3:00pm-4:00pm.

Please use the following link for the test and to view the webcast:

[http://videocenter.isdh.in.gov/videos/](http://videocenter.isdh.in.gov/videos/)

Attendance at this webinar is strongly recommended for all prospective applicants.
Enacted in 1935 as a part of the Social Security Act, the Title V Maternal and Child Health Program is the Nation’s oldest Federal-State partnership. For over 75 years, the Federal Title V Maternal and Child Health program has provided a foundation for ensuring the health of the Nation’s mothers, women, children and youth, including children and youth with special health care needs, and their families. Title V converted to a Block Grant Program in 1981.

Specifically, the Title V Maternal and Child Health program seeks to:

- Assure access to quality care, especially for those with low-incomes or limited availability of care.
- Reduce infant mortality.
- Provide and ensure access to comprehensive prenatal and postnatal care to women (especially low-income and at risk pregnant women).
- Increase the number of children receiving health assessments and follow-up diagnostic and treatment services.
- Provide and ensure access to preventive and child care services as well as rehabilitative services for certain children.
- Implement family-centered, community-based, systems of coordinated care for children with special healthcare needs.
Public Health Services for MCH Populations:
The Title V MCH Services Block Grant

Direct Reimbursable
MCH Health Care Services
(Payment for direct services
not covered by public or
private insurance)

Non-Reimbursable Primary and Preventive Health Care Services
for MCH Populations

Public Health Services and Systems for MCH Populations

MCH Essential Services/Public Health Standards

Provide Access to Care

Investigate Health Problems
Inform and Educate the Public
Engage Community Partners
Promote/Implement Evidence-Based Practices

Assess and Monitor MCH Health Status
Maintain the Public Health Workforce
Develop Public Health Policies and Plans
Enforce Public Health Laws
Ensure Quality Improvement
FETAL INFANT MORTALITY REVIEW

Fetal and Infant Mortality Review (FIMR) is a community-based and action-oriented process to improve service systems and resources for women, infants, and families. This evidence-based process examines fetal and infant deaths, determines preventability, and engages communities to take action.

FIMR engages a multi-disciplinary case review team to review the case summaries from de-identified infant and fetal deaths. These case summaries include maternal interviews for their perspective on why the death occurred. Based on these reviews, the team makes recommendations for system changes. A team of community leaders (community action team) is then assembled to take recommendations to action.

Who participates in FIMR?
Typically, the case review team includes health care providers, social workers, mental health professionals, health department staff, and others as determined by the local FIMR. The community action team includes elected officials, community members, community leaders, health professionals, and representatives from the health department, justice system, transportation, housing, and other leaders who are key to system change.

How are FIMR data used?
FIMR data inform a continuous quality improvement process. The case review data are used to identify issues and gaps in service systems that may contribute to fetal and infant deaths, and may be used to augment community needs assessments and help to analyze root causes of infant health disparities. Actions taken based on recommendations from these case reviews are monitored and their effectiveness tracked.
AWARD INFORMATION

ELIGIBILITY AND REQUIREMENTS:

APPLICANT ORGANIZATION:

- Must be a nonprofit organization (as defined by the IRS Tax Determination), health department, hospital, or other health care related entity
- Must collaborate with traditional and nontraditional agencies or organizations
- Must serve populations within Indiana
- Must comply with financial requirements as listed in the Budget Section

APPLICATION AND REVIEW INFORMATION:

Additional evaluation weight will be assigned to applicants that:

- Provide services in high-risk counties
- Promote collaboration and building of comprehensive systems of care
- Propose innovative approaches to reducing infant mortality.

If the applying organization is currently an ISDH Title V grantee, objectives met or not will also weigh into the final decision.

EXPECTED REPORTING AND PERFORMANCE CRITERIA:

- All applicants will be required to report on specific performance criteria as outlined in the RFP.
- Applicants must submit quarterly and annual reports the Indiana State Department of Health.
- Applicants are required to report the unduplicated number of service recipients served for each program year.
<table>
<thead>
<tr>
<th>SECTION</th>
<th>SECTION HEADING</th>
</tr>
</thead>
<tbody>
<tr>
<td>SECTION 1</td>
<td>APPLICATION INSTRUCTIONS</td>
</tr>
<tr>
<td>SECTION 2</td>
<td>COMPLETION CHECKLIST</td>
</tr>
<tr>
<td>SECTION 3</td>
<td>APPLICATION COVER PAGE</td>
</tr>
<tr>
<td>SECTION 4</td>
<td>SUMMARY</td>
</tr>
<tr>
<td>SECTION 5</td>
<td>APPLICATION NARRATIVE</td>
</tr>
<tr>
<td>5-A:</td>
<td>ORG BACKGROUND/CAPACITY</td>
</tr>
<tr>
<td>5-B:</td>
<td>STATEMENT OF NEED</td>
</tr>
<tr>
<td>5-C:</td>
<td>GOALS / OBJECTIVES</td>
</tr>
<tr>
<td>5-D:</td>
<td>ACTIVITIES</td>
</tr>
<tr>
<td>5-E:</td>
<td>STAFFING PLAN</td>
</tr>
<tr>
<td>5-F:</td>
<td>RESOURCE PLAN / FACILITIES</td>
</tr>
<tr>
<td>5-G:</td>
<td>EVALUATION PLAN</td>
</tr>
<tr>
<td>5-H:</td>
<td>SUSTAINABILITY PLAN</td>
</tr>
<tr>
<td>5-I:</td>
<td>LITERATURE CITATIONS</td>
</tr>
<tr>
<td>SECTION 6</td>
<td>BUDGET</td>
</tr>
<tr>
<td>SECTION 7</td>
<td>REQUIRED ATTACHMENTS</td>
</tr>
<tr>
<td>7-A:</td>
<td>BIOSKETCHES</td>
</tr>
<tr>
<td>7-B:</td>
<td>JOB DESCRIPTIONS</td>
</tr>
<tr>
<td>7-C:</td>
<td>TIMELINE</td>
</tr>
<tr>
<td>7-D:</td>
<td>OUTCOME FORMS</td>
</tr>
<tr>
<td>SECTION 8</td>
<td>ADDITIONAL REQUIRED DOCUMENTS</td>
</tr>
<tr>
<td>8-A:</td>
<td>IRS NONPROFIT TAX DETERMINATION LETTER</td>
</tr>
<tr>
<td>8-B:</td>
<td>ORG CHART &amp; PROGRAM-SPECIFIC ORG CHART</td>
</tr>
<tr>
<td>8-C:</td>
<td>LETTERS OF SUPPORT / MOUS</td>
</tr>
</tbody>
</table>
SECTION 1: APPLICATION INSTRUCTIONS

Please use this document for all required application information. The application, in its entirety including all supplemental information, cannot exceed 50 pages with one-inch margins, using easily readable 12-point font. Applications that exceed the page limit will be considered non-responsive and will not be entered into the review process. The following outlines each section that must be completed in the application document.

SECTION 2: COMPLETION CHECKLIST

The Completion Checklist in Section 2 serves as a guide to ensure that all appropriate and required materials are submitted with the application document. Double click on each check box to indicate a “check mark” for completion.

SECTION 3: APPLICATION COVER PAGE

In Section 3: Cover Page, please list the Name, Title and Signature of the following individuals within the applicant agency:

- Authorized Executive Director
- Project Director
- Person of contact
- Person authorized to make legal and contractual agreements

SECTION 4: SUMMARY (1 PAGE)

This summary will provide the reviewer a succinct and clear overview of the Agency’s plan to implement the program. The summary should be the last section written and reflect the narrative. Please include a brief description of the project with the following:

- Brief description of the target population (e.g. race, ethnicity, age, socioeconomic status, geography) and its needs and discuss why the specific interventions proposed are expected to have a substantial positive impact on the appropriate performance measure(s).
- Brief description of existing community partnerships (e.g. referral sources, clinics, healthcare providers, etc.) and how the applicant will work to create new partnerships.
SECTION 5: APPLICATION NARRATIVE

In Section 5: Application Narrative, all required headings are listed. Please do not alter the format of the document.

SECTION 5-A: ORGANIZATION BACKGROUND/CAPACITY:
(2000 CHARACTER LIMIT)

This section will enable the reviewers to gain a clear understanding of your organization and its ability to carry out the proposed project—in collaboration with local partners.

- Discuss the history, capability, experiences, and major accomplishments of the applicant organization.
- If you are partnering with any other organizations, please explain the history of this partnership.
- Discuss the applicant organization’s previous or current work related to prenatal care.

SECTION 5-B: STATEMENT OF NEED:
(4000 CHARACTER LIMIT)

This section must describe need for and significance of this program in the specific community of population as it relates to the program goals. It is intended to help reviewers understand the need for the specific proposed strategies within the context of the community in which the strategies will be implemented. With respect to the primary purpose and goals of the grant program, please:

- Describe and justify the population of focus (demographic information on the population of focus, such as race, ethnicity, age, socioeconomic status, and geography, must be provided).
- Describe and justify the geographic area(s) to be served.
- Use data to describe the need and extent of the need (e.g. current prevalence or incidence rates) for the population(s) of focus.
- Provide sufficient information on how the data were collected so reviewers can assess the reliability and validity of the data.
- Cite all references. (do not include copies of sources)
- Describe how the needs were identified.
- Describe resources currently available and identify gaps in services.
• Demonstrate how the applicant agency and its partner organization(s) have linkages to the population(s) of focus and ties to grassroots/community-based organization that are rooted in the culture(s) of the population(s) of focus.

Documentation of need may come from a variety of reliable and valid sources including both qualitative and quantitative sources. Quantitative data can come from local epidemiologic data, State data (e.g. from state needs assessment), and/or national data.

SECTION 5-C: GOALS/OBJECTIVES:
(2000 CHARACTER LIMIT)

This section must describe how your program intends to achieve the proposed goals and objectives.

• Provide the overall project goals and each objective. Ensure SMART objectives: Smart, Measurable, Achievable, Realistic and Time-bound.

• Clearly state the unduplicated number of individuals the project proposes to serve (annually and over the entire project period) with grant funds.

• Describe how achievement of the goals will produce meaningful and relevant results.

SECTION 5-D: ACTIVITIES:
(6000 CHARACTER LIMIT)

This section must describe the activities of the project. These must relate to the proposed objectives.

• Describe how the proposed service(s) or practice(s) will be implemented or expanded.

• Identify any other organization that will participate in the proposed project. Describe their roles and responsibilities and demonstrate the commitment of these entities to the project.

• Show that the necessary groundwork (e.g. planning, development of memoranda of agreement, identification of potential facilities) has been completed or near completion so that the project can be implemented and service delivery begin as soon as possible and no later than 3 months after the grant award.

• Describe the potential barriers to success of the proposed project and how these barriers will be addressed.
• Describe how program continuity will be maintained when there is a change in the operational environment (e.g. staff turnover, change in project leadership) to ensure stability over time.

SECTION 5-E: STAFFING PLAN:
(4000 CHARACTER LIMIT)

This section must describe the staff currently available and staff to be hired to conduct the project activities.

• List and describe the staff positions for the project (within the applicant agency and its partner organizations), including the Project Director and other key personnel, showing the role of each and their level of effort of full-time equivalency (FTE) and qualifications.

• Regardless of whether a position is filled or to be announced, please discuss how key staff have/will have experience working with the proposed population, appropriate qualifications to serve the population(s) of focus, and familiarity with cultures and languages of the proposed populations.

• Describe efforts to competitively compensate staff and plans for staff retention.

• Please be sure the Staffing Plan matches the personnel listed in the Bio-Sketches and positions listed in Job Descriptions.

SECTION 5-F: RESOURCE PLAN/FACILITIES:
(2000 CHARACTER LIMIT)

This section must describe the facilities that will house the proposed services.

• Describe resources available (within the applicant agency and its partner organizations) for the proposed project (e.g., facilities, equipment).

• Assure that project facilities will be smoke, tobacco, alcohol, and drug-free at all times.

• Explain how the facilities are compliant with the Americans with Disabilities Act (ADA) and amenable to the population(s) of focus. If the ADA does not apply to applicant organization, explain why.
SECTION 5-G: EVALUATION PLAN  
(6000 CHARACTER LIMIT)

All applicants are required to collect data for reporting and monitoring purposes. This information must be collected on an on-going basis and reported quarterly and annually. In this section, the applicant organization must document its ability to collect and report on the required priority measurements.

Outcome Evaluation (for each of the bullets below; please list responsible staff and frequency)

- Describe plan for data collection. Specify all measures or instruments to be used; specifically, describe current collection efforts and plans to expand (as needed) to priority measurements.
- Describe plan for data management.
- Describe plan for data analysis.
- Describe plan for data reporting; specifically, describe current reporting efforts and plans to expand these efforts (as needed) to meet the measures.
- Describe methods to ensure continuous quality improvement, including consideration of disparate outcomes for different racial/ethnic groups (activities may include: client surveys, observations).
- Describe the plan for maintenance of fidelity to the evidence-based model(s).
- Describe plan for protection of client privacy, following HIPAA requirements.
- Describe plan of action if outcomes are not meeting or exceeding expectations during a quarterly or annual evaluation.
- Describe how outcome data will be used to guide applicant’s education programs in the future.
- Describe how outcomes will be disseminated to stakeholders within the applicant agency, its partnering agencies, and throughout local and statewide communities.

SECTION 5-H: SUSTAINABILITY PLAN  
(2000 CHARACTER LIMIT)

Outline a plan for how the program activities will be sustained at the conclusion of this funding. This may include, but is not limited to:

- Anticipated contributors of sustained funding (e.g., Medicaid, private funder)
- Plans to ensure dedicated staff after the conclusion of grant funding.
- Plans to continue collaborating partnerships.
In this section, please list complete citations for all references cited*, including:

- Document title
- Author
- Agency
- Year
- Website (if applicable)

*American Psychological Association [APA] style is recommended
SECTION 6: BUDGET

Please use the Title V: FIMR RFP Application document, Section 6 to fill out the required Budget Section. For budget-related questions, please contact Alisha Borcherding at aborcherding@isdh.in.gov or 317-233-7558.

Budget forms are attached as a separate Microsoft Excel workbook; this is to be completed and submitted as an Excel workbook along with your application. Do NOT substitute a different format. Create separate budgets for Fiscal Year (FY) 2016 and FY 2017 using the appropriate tabs for each worksheet; do NOT combine budget information for FY 2016 and FY 2017. The budget is an estimate of what the project will cost. In this section, be sure to demonstrate that:

- All expenses are directly related to project;
- The relationship between budget and project objectives is clear; and
- The time commitment to the project is identified for major staff categories and is adequate to accomplish project objectives.

Title V grantees are required to provide matching funds of at least 30% of the amount requested from ISDH. All staff listed in the budget must be included in the Staff listing as indicated in Section 6 above. In-state travel information must include miles, mileage reimbursement rate, and reason for travel. Travel reimbursement may not exceed State rates. Currently, the in-state travel reimbursement is $0.44 per mile, $26 per day per diem, and $89 plus tax per night of lodging. Please check for consistency among all budget information. Your budget must correlate with project duration:

- FY 2016 - October 1, 2015 through September 30, 2016 and
- FY 2017 - October 1, 2016 through September 30, 2017.

In completing the packet, remember that all amounts should be rounded to the nearest penny.

Completing the Budget Workbook

There are a total of seven tabs in the workbook – a Summary tab as well as a Schedule A, Schedule B, and Anticipated Expenditures tab for each fiscal year. Please complete the information about your organization at the top of the Summary tab. The tables at the bottom of the Summary tab will automatically populate the totals for each category when you fill in the information on Schedule A and Schedule B for each year. Do not change any of the formulas already populated in the totals columns.
**Schedule A**

For each individual staff member, provide the name of the staff member and their title or role in the project. Each staff member must be listed by name. Each staff member’s hourly rate, hours per week, and weeks per year should be entered, and the Annual MCH Salary column will automatically calculate the total. Common fringe categories have been given, but please only fill in the Fringe based on what is used by each staff member. Again, the Annual Fringe Benefits column will automatically calculate the total.

Columns are provided to enter the amount of each budget item that will be paid by MCH funds, match funds, and any non-match funds (see diagram below). Those three amounts are automatically totaled in the next column so you can easily verify that the amounts entered come to the same total as the budget item. Each column automatically totals per staff category, and that information automatically fills in the appropriate space on the Summary tab. The MCH portion also automatically fills in on the Anticipated Expenditures tab.

**Schedule B**

Typical contractual service categories have been provided as guide. List each contract, general categories of supplies (office supplies, medical supplies, etc.), travel by staff members, rent/utilities, communication, and other expenditures in the appropriate section. Formulas have already been entered into the total column for each section.

Travel must be calculated for each staff member who will be reimbursed and may not exceed the State’s rates as indicated for each item. Please be aware that indirect costs are not allowed as a set amount or percentage of the agreement. Any indirect costs such as rent, utilities, etc. should be listed out as separate line items.

As with Schedule A, there are columns to enter the MCH portion, match, and non-match funds and a total to verify it matches the total of the budget item. Each column automatically totals per category, and that information automatically fills in the appropriate space on the Summary tab. The MCH portion also automatically fills in on the Anticipated Expenditures tab.
Anticipated Expenditures Form

Title V has a 30% match requirement. Title V is federal funding, and as such you cannot use federal funds as match. The anticipated expenditures form is set up to automatically populate the MCH Funds column from your Schedule A and B totals. The Subtotal and Total rows at the bottom are set up with SUM formulas to automatically total and are locked to prevent editing. The only cells you will be able to access are the ones where information needs to be entered. Please indicate where your match funding and non-match funding will come from for each budget category.
# Account Codes

## 111.000 Physicians
- Clinical Geneticist: Medical Geneticist, Pediatrician
- Family Practice Physician: OB/GYN, Resident/Intern
- General Family Physician: Other Physician, Neonatologist
- Genetic Fellow

## 111.150 Dentists/ Hygienists
- Dental Assistant: Dental Hygienist, Dentist

## 111.200 Other Service Providers
- Audiologist: Genetic Counselor (M.S.), Psychologist
- Child Development Specialist: Health Educator/Teacher, Psychometrist
- Community Educator: Outreach Worker, Speech Pathologist
- Community Health Worker: Physical Therapist, Occupational Therapist
- Family Planning Counselor: Physician Assistant

## 111.350 Care Coordination
- Licensed Clinical Social Worker (L.C.S.W.): Registered Dietician, Social Worker (M.S.W.)
- Licensed Social Worker (L.S.W.): Social Worker (B.S.W.), Registered Nurse

## 111.400 Nurses
- Clinic Coordinator: Licensed Midwife, Pediatric Nurse Practitioner
- Community Health Nurse: Licensed Practical Nurse, Registered Nurse
- Family Planning Nurse Practitioner: Other Nurse, School Nurse Practitioner
- Family Practice Nurse Practitioner: Other Nurse Practitioner, OB/GYN Nurse Practitioner

## 111.600 Social Service Providers
- Caseworker: Counselor (M.S.), Social Worker (M.S.W.)
- Licensed Clinical Social Worker (L.C.S.W.): Social Worker (B.S.W.), Counselor

## 111.700 Nutritionists/ Dietitians
- Dietitian (R.D. Eligible): Registered Dietitian, Nutritionist (Master’s Degree)
- Nutrition Educator

## 111.800 Medical/ Dental Project Director
- Dental Director: Medical Director, Project Director

## 111.825 Project Coordinator

## 111.850 Other Administration
- Accountant/ Finance/ Bookkeeper
- Administrator/ General Manager
- Clinic Aide
- Clinic Coordinator (Administration)
- Communications Coordinator

## 115.000 Fringe Benefits

## 200.000 Contractual Services
- Insurance and Bonding (insurance premiums for fire, theft, liability, fidelity bonds, etc.; malpractice insurance premiums cannot be paid with grant funds)
- Equipment Leases
- Maintenance Agreements

## 200.700 Travel
- Conference Registrations: In-State Staff Travel

## 200.800 Rental and Utilities
- Janitorial Services
- Utilities
- Rental of Space

## 200.850 Communications
- Postage (including UPS)
- Publications
- Reports
- Subscriptions
- Telephone

## 200.900 Other Expenditures
- Approved items not otherwise classified above

**Consultants**

Individuals not directly employed by your organization, but with whom you want to contract to perform services under this grant. (If you are contracting with an organization for services, you should list the organization under 200.00 Contractual Services.)
EXAMPLES OF EXPENDITURE ITEMS THAT WILL NOT BE ALLOWED

The following may not be paid for with Quit for Baby grant funds:

1. Construction of buildings, building renovations;
2. Depreciation of existing buildings or equipment;
3. Contributions, gifts, donations;
4. Entertainment, food;
5. Automobile purchase / rental;
6. Interest and other financial costs;
7. Costs for in-hospital patient care;
8. Fines and penalties;
9. Fees for health services;
10. Accounting expenses for government agencies;
11. Bad debts;
12. Contingency funds;
13. Executive expenses (car rental, car phone, entertainment);
14. Fundraising expenses;
15. Legal fees;
16. Legislative lobbying.
17. Equipment;
18. Out-of-state travel; and
19. Dues to societies, organizations, or federations.
20. Incentives

For further clarification on allowable expenditures, please contact:

Alisha Borcherding, MCH Operations Manager, aborcherding@isdh.in.gov or 317/233-7558
SECTION 7: REQUIRED ATTACHMENTS

SECTION 7-A: BIO-SKETCHES (INSTRUCTIONS)

- For positions already filled, provide a brief Bio-Sketch for key personnel.

SECTION 7-B: JOB DESCRIPTIONS (INSTRUCTIONS)

- For positions to be announced and positions currently filled, please provide a brief Job Description for key personnel.

SECTION 7-C: TIMELINE (INSTRUCTIONS)

- Please include a minimum of the following information in the Timeline:
  - List activities to occur within each of the Phases (Planning, Implementation, and Evaluation).
  - Indicate in which quarter(s) each activity will occur.
  - Please ensure these activities and dates of occurrence correspond with the activities and dates listed in the Activities narrative.
  - You will complete separate timelines for FY16 and FY17.

SECTION 7-D: OUTCOMES FORMS (INSTRUCTIONS)

Please use the TITLE V- FIMR APPLICATION document, Section7-D to fill out the required Outcomes Forms. There are two Outcomes Forms available that are specific to services:

- **FIMR Outcome Templates**: These templates are general in nature and will be used for all proposed activities.
SECTION 8: ADDITIONAL REQUIRED DOCUMENTS

If applicable, please include the following required documents (no specific format required) with the TITLE V: FIMR RFP APPLICATION submission.

Please refer to the SUBMISSION INFORMATION section for more information.

SECTION 8-A: IRS NONPROFIT TAX DETERMINATION LETTER (1 PAGE MAX)

If applicable, please include with the submission of the TITLE V: FIMR RFP APPLICATION document, an attachment of an electronic copy (PDF recommended) of the applicant organization’s IRS Nonprofit Tax Determination Letter. Please limit this attachment to 1 page total.

ATTACHMENT 8-B: ORG CHART & PROGRAM-SPECIFIC ORG CHART (2 PAGES MAX)

Please include with the submission of the TITLE V: FIMR RFP APPLICATION document, an attachment of an electronic copy (PDF recommended) of the applicant organization’s overall organizational chart as well as the applicant organization’s program-specific organization chart. The program specific-organization chart must include program partners, existing program staff, to-be-hired program staff, key personnel, etc. Please limit this attachment to 2 pages total.

ATTACHMENT 8-C: LETTERS OF SUPPORT / MOUS (10 PAGES MAX)

Please include with the submission of the TITLE V: FIMR RFP APPLICATION document, an attachment of an electronic copy (PDF recommended) of letters of support, letters of agreement, and/or memoranda of understanding. These documents must include date, contact information of individual endorsing letter, and involvement with the project or organization. Please limit this attachment to 10 pages total.
ADDITIONAL RESOURCES

MCH CONTACTS

THERESA HUNTER
Title V Coordinator
317.234.6326
Thunter@isdh.in.gov

BOB BOWMAN
MCH Division Director
317.233.1252
BobBowman@isdh.in.gov

GRANTS MANAGEMENT CONTACTS

ALISHA BORCHERDING
MCH Operations Manager
317.233.7129
aborcherding@isdh.in.gov

WEBSITE RESOURCES

- ISDH Labor of Love: www.laboroflove.in.gov
- National Fetal Infant Mortality Review Program: http://www.nfimr.org/home
- Indiana State Department of Health- Maternal and Child Health: http://in.gov/isdh/19571.htm
- Maternal and Child Health Bureau: www.mchb.hrsa.gov
- Life-course Perspective: www.mchb.hrsa.gov/lifecourseresources.htm
- Outcome Indicator Percentages by County of Residence and Race of Mother (Table): http://www.in.gov/isdh/reports/natality/2012/tbl32_t.htm