

REQUEST FOR GRANT PROPOSALS

CelebrateOne is requesting your participation in our 2024-2026 sub-grant selection process, in partnership with Ohio Department of Medicaid (ODM) and Medicaid Managed Care Organization (MCOs) to Reduce Disparity in Infant Mortality in Franklin County

In grant cycle 2024 through 2026, ODM continues a partnership with MCOs to fund community based organizations across the state as sub-grantees of organizations like CelebrateOne. In this competitive grant process, CelebrateOne will identify sub-grantees that align with ODM priorities (outlined below), and apply to receive funding, which will be passed down to selected sub-grantees, contingent upon the receipt of the award from ODM. This is a two-phase application process, the grant period, will be July 1, 2024 through June 30, 2026, and CelebrateOne sub-grantees would be eligible to receive grants within the range of \$80,000-\$750,000 based on a series of factors outlined below.

Deadline for phase-one (this request) is **Monday, February 12, 2024 at 5:00pm**. A timeline with further detail is listed below. A Technical Assistance call will be scheduled and details will be sent out shortly.

***Please note:** This is a two-phase application process. Receipt of a sub-grantee award is contingent upon three factors, selection from this RFP process, submission of phase-two application materials, AND CelebrateOne's selection from ODM's RFP process.

The goals/purpose of this funding are as follows:

- To expand or create services that fit the unique needs of Black women and birthing parents.
- To improve access to evidence-based birthing and social support services service.
- To increase engagement and retention of Black women and birthing parents in evidence informed interventions, healthcare, and social supports before, during, after, and in-between pregnancies.
- To develop timely, patient-centered, unbiased, culturally appropriate, safe, evidence-informed interventions and high-quality health care and social supports that serve families through birthing years, including before, during, after, and in-between pregnancies.
- To change the attitudes, norms, and practices among healthcare practitioners and administrators that may be contributing to the observed disparate outcomes.
- To increase a community based organization's capacity to provide and bill for Medicaid for covered maternal and infant health-related services that are part of ODM's Maternal and Infant Support Program, including but not limited to lactation consulting, supervised community health worker support, group pregnancy education, and nurse home visiting services.

ABOUT CELEBRATEONE

CelebrateOne is a place-based, collective impact initiative founded to reduce infant mortality and improve health equity, so more babies reach their first birthday in Franklin County. CelebrateOne is working to lower the Black infant mortality rate (IMR) to 5.0 by 2030 with the intermediary goal of

bringing the Black IMR to 7.6. We are also working to bring the overall Franklin County IMR to 5.0 by 2030 with the intermediary goal of 5.7. We believe that each baby in Franklin County deserves to celebrate her or his first birthday, regardless of race, address or family income.

CelebrateOne Serves 16 Zip Codes because they have the highest rates of infant mortality in Central Ohio.

43229	43231
43224	43211
43219	43203
43213	43227
43232	43058
43223	43204
43228	43222
43206	43205

ELIGIBILITY

Organizations must demonstrate:

- Submit required grant reporting and documentation in a complete and timely manner
- Sustain programs beyond initial ODM funding.
- That they are based in Franklin County, Ohio, and serve at least one of CelebrateOne’s 16 priority Zip Codes.
- That they have a 501 c3 or are fiscally sponsored by a 501 c3.

Examples of eligible entities include:

- Community or faith based not-for-profit organizations
- Local health departments
- Public or private universities or colleges
- Early care and learning entities

Examples of ineligible entities includes:

- Hospitals
- Primary applicants with their primary owner being a health care network

ODM CRITERIA

The Ohio Department of Medicaid’s funding criteria require that grant applicants (organizations like CelebrateOne) set funding priorities for sub-grantees that focus programs that reduce the disparity in the Black infant mortality rates in our community. Grant funding can be used to provide coordination and care to Black women through the following interventions:

- Funding to start-up or expand access to community health workers practicing under supervision, including those practicing as part of a Pathways Community HUB and funding to directly deliver supervised community health worker services to women of childbearing age who are enrolled in Ohio Medicaid;
 - Funding to start-up or expand access to doula services, and funding to directly

- deliver doula services to pregnant women who are enrolled in Ohio Medicaid; and
- Funding to start-up or expand access to a Help Me Grow-supported home visiting model (Healthy Families America, Moms & Babies First, Nurse Family Partnership, Parents as Teachers.)
- Funding to start-up or expand access to other innovative interventions developed and supported by the community. These interventions should be developed to do one or more of the following:
 - Address social determinants of health strategies and/or barriers not addressed by one of the evidence- based models described above;
 - Improve participant retention rates;
 - Address racial equity specific to Black infant mortality;
 - Expand peer support strategies and activities;
 - Coordinate with early care and learning settings;
 - Improve retention in the Medicaid eligibility for program participants;
 - Improve access to COVID-19 vaccinations and resources for Medicaid enrolled women and their families;
 - Use digital technology to support program efforts; and/or
 - Increase cultural competency for training and awareness.
- Funding will not be provided for direct services that can otherwise be billed to Medicaid and the MCOs and this opportunity cannot be used to supplement payment for a Medicaid—covered service. Please see the [2022-2024 ODM RFA](#) for specific details on what types of purchases are eligible or ineligible for ODM funding.

SELECTION PROCESS AND TIMELINE

This multistage process includes:

- CelebrateOne hosting an RFP to identify projects and programs that meet both ODM and CelebrateOne criteria for a grant as sub-grantees
- CelebrateOne hosts a technical assistance webinar
- Sub-grantee applicants submit Phase-1 of the application process
- CelebrateOne makes project selections from proposals received and notify candidates
- CelebrateOne submits a proposal to ODM for the slate of proposed projects/sub-grantees
- CelebrateOne receives notice from ODM of grant outcome and notifies sub grantee applicants
- Sub grantee applicants submit Phase-2 narrative (instructions to in appendix)
- Grant cycle begins

(TENTATIVE TIMELINE)

Date	Deliverable
Wednesday January 26 th 2024	CelebrateOne Request for Proposal Released
TBA	Technical Assistance Call- Invitations to come
Friday February 12 th 2024 at 5:00pm (TBA)	Phase 1 Proposal due to CelebrateOne. Instructions Below
Wednesday February 19 th 2024 (TBA)	Notification of Phase 1 outcome
Wednesday February 26 th 2024 at 5:00pm (TBA)	Phase two Narrative due
TBA	CelebrateOne submits finalized proposal to Medicaid
TBA	Notification from Medicaid
TBA	Notification to Applicant of Award or Denial?
July 1 st 2024	Grant Cycle begins

PHASE-1 PROPOSAL NARRATIVE: Due February 12th 2024 (Two-Page Maximum)

As stated above, all applicants must submit an Initial Proposal Narrative. The remaining sections are included in the appendix will need to be completed by organizations that have been contacted for second round of applications. **The Initial Proposal Narrative should include the following sections and no more than two pages:**

- Participant Information:
 - Applicant Information Page: The first page of the application should to provide the following:
 - Agency Name
 - Street Address
 - Program Contact(s) Name, Phone Number, Email Address
 - Fiscal Agent Contact(s) Name, Phone Number, Email Address
 - Please provide a brief description of the agency
- **Section A– Proposed Coordinated Intervention Description**
 - Describe the program or intervention
 - Describe the theory of effectiveness of the intervention to reduce pre term birth and infant mortality for Black women at higher risk for poorer health outcomes
 - Specify which of the above goals the proposal will address
 - Describe how the proposed program or intervention will advance these goals
 - The proposal may address more than one goal
 - Describe why the program is necessary
 - Describe how it fills gaps in accessibility of evidence-based services
- **Section B– Population Focus:**
 - Describe target population
 - What are their demographic factors? (e.g. race/ethnicity, median household income etc.)
 - What population is the program or initiative targeting?
 - What geographic areas are served by this intervention (zip code, neighborhoods, etc.)?
 - List which of the following zip codes your program supports [list priority zip codes]
 - Describe the number of individuals that will be served over the two year program period
- **Section C – Alignment and Partnership History**
- Have you received funding from ODM, CelebrateOne and or the State of Ohio?
 - Describe your organization’s history in partnering with CelebrateOne, another department of The City of Columbus, and/or the State of Ohio to reduce infant mortality
- **Section D - Budget**
 - A high level, two-year budget estimate. Please reference the previous grant cycles sample budget format [2022-2024 ODM RFA](#) in **Appendix C** (A complete and detailed budget will be necessary later in the process)
 - A high level explanation how the proposed work could be sustained beyond the funding provided in their grant opportunity

Appendix:

PHASE-2: If CelebrateOne accepts an initial proposal, the following information will be due **TBA**

Section E: Proposed Goals and Objectives

- Describe the goals and objectives of the proposed program by providing a chart or graph depicting a realistic timeline for the entire program period showing dates, key activities, number of participants you plan to serve with key activities from each evidence-based model, and responsible staff. See format template from the previous grant cycle [2022-2024 ODM RFA](#) in **Appendix A.**
 - This section should directly link program goals to the explicit goals of this funding opportunity: “to improve birth outcomes and reduce disparities among the Black Medicaid population within these communities by implementing the most effective interventions to serve the unique needs of Black Ohioans served by Medicaid”
 - This section should also demonstrate that the program can be implemented and that service delivery will begin as soon as possible after July 1, 2024

Section F: Participant Recruitment:

- Describe the recruitment plan to enroll participants
- Describe how the proposed program will appropriately identify the population of focus and engage them in program interventions
- Describe how the proposed program will retain connectivity and engagement of the population of focus throughout the entirety of the proposed intervention(s), with follow up until the participant has experienced the desired health outcome
- Describe any incentives that will be used to recruit and/or retain participants in the programs

Section G: Staff and Organizational Experience

- Describe the experience of the primary applicant with similar projects and/or providing services to Black women and familiarity with their culture(s) and language(s)
- Describe your organizations capacity to serve Black women
- Describe your organizations capacity to serve the most at-risk women
- Provide a complete list of staff positions for the project, including the program coordinator and other significant personnel for the primary applicant and each partner agency. Describe the role of each position and the position qualifications, or certifications of staff. You must include all primary applicant personnel who will work on the project, regardless of whether they receive salary or compensation from the program.

Section H: Data Collection and Reporting Performance Measurement

- Provide specific information about how the primary applicant will take responsibility for collecting the required data (see Appendix B for data collection requirements) for this program (primary applicant and all partner agencies) in the following areas:
 - Who will collect participant data;
 - How participant consent is obtained when needed, and who will be responsible for obtaining participant consent;

- Where data will be stored
- How data will be transmitted
- Who will have access to the collected data
- How the identity of the participants will be kept private

Supporting Documentation Required:

- **Letters of Commitment**
- **Disclosures of Funding Agencies and Supporting Corporations:**
 - For purposes of transparency and disclosure, the primary applicant and partnering agencies must list all the sources from which they receive financial support or reimbursement of services. Primary applicants and partnering agencies must indicate whether they receive grant funding from the Ohio Department of Health, the Ohio Commission on Minority Health, the Ohio Commission on Fatherhood, or any other entities.
- **Reapplying Entities:**
 - Please specify metrics your organization previously set and your ability to meet those targets. If targets were not met, indicate what adjustments will be made in the new submission and contract period to assure the entity is using a cycle of continuous improvement.
- **Finalized Detailed Budget**