



**Division of Community Health & Equity
Center for Preventive Services
Family Planning**

Request for Mini-Grant Proposals: Preconception Health Communications Development

The Rhode Island Department of Health (RIDOH) Family Planning Program is soliciting mini-grant applications from qualified community-based coalitions and organizations to support preconception health communications activities. Eligible applicants are non-profit organizations that demonstrate experience working with Rhode Island minority populations, particularly young men (age 18-29) and male youth (age 13-17) in RI core communities, as well as knowledge of the proposed subject matter.

Mini-grants in the amount of \$4,900 will be awarded to successful applicants who propose to implement community-based activities to inform development of preconception health communication strategies and messages within the grant period of July 1, 2016 – September 30, 2016.

Background

Preconception health is the health and wellness of all individuals across the life course that results in optimal pregnancy outcomes. Preconception care includes preventive and management health interventions that identify and address biomedical, behavioral, environmental, and social risks that can affect pregnancy outcomes.

Key preconception health messages, include but are not limited to: plan pregnancies; eat healthy foods; stay active; protect against sexually transmitted infections and other infections; manage and reduce stress and get mentally healthy; learn about family's health history; get regular checkups; update vaccinations; stop smoking and reduce alcohol intake; and manage health conditions.

Scope of Work

Successful applicants will serve as a collaborative partner working with RIDOH to support activities for development of a preconception health communications campaign targeting minority young men and male youth in RI's core communities. Activities include:

- Conducting community assessments related to interest in and relevance of key preconception health messages among minority young men and youth. Assessment methodologies may include, but are not limited to: surveys; focus groups; and community forums.
- Engaging community members and partners to determine the communication modalities (print, digital web-based, broadcast, social media, etc.) that will optimize reach to the target population.
- Preparing a report of community assessment findings to be submitted to RIDOH.
- Coordinating comprehensive feedback from community members and partner organizations for proposed communication strategies and draft materials.

The proposed projects should meet the review criteria. Please note that awards are limited due to available funding. Successful applicants will be expected to provide RIDOH with interim reporting of community assessment findings, as

well as a final report of program accomplishments and brief evaluation of goals. The review criteria are included in the application document for your reference.

The mini-grant application is attached and when completed should be no longer than three pages in length, not including the cover letter, the budget, and the W-9 form. **Please submit applications no later than June 17, 2016 at 3:00 pm via email (preferred method) to Sounivone Phanthavong at: s.phanthavong@health.ri.gov; by fax to 401-222-1442; or hand delivered to 3 Capitol Hill, Room 302, Providence, RI.** Once received, submissions will be date stamped and reviewed by the RIDOH. The mini-grant project period will be from July 1, 2016 – September 30, 2016; **invoices and final reports will be due no later than October 31, 2016** in order to be reimbursed.

Attached is a **revised W-9 form that you must complete and return** when you submit your application. This allows RIDOH to process the appropriate paperwork so your invoice can be paid at the end of the project period. You will be notified regarding the mini-grant award as well as other details prior to beginning of the grant period. We look forward to hearing from you regarding this opportunity.



**Division of Community Health & Equity
Center for Preventive Services
Family Planning: Preconception Health
2016 Mini-Grant Application Form**

Instructions: Please read through each of the following section prompts and complete either in the given template or in another document. Please refer to the review criteria for guidance on how the application will be assessed. The application package should not exceed 3 type written pages.

SECTION I: AGENCY CAPACITY

Briefly describe your organization and your organization's experience in providing services, support, and engagement with minority populations in RI. Describe your organization's previous experience in promoting health and wellness focused on addressing health disparities and achieving health equity.

SECTION II: SCOPE OF WORK & SUSTAINABILITY

Provide a summary of the proposed project and project goals. Discuss plans on how the project and/or related activities will be sustained after funding ceases. If you have previously received funding from the RI Department of Health to carry out this or a similar program, please describe your success in achieving the outlined aims and goals. What were other sources of funding (if any)?

SECTION III: PERSONNEL & TIMELINE

Describe who will work on the project and their past experience working in this area. Please detail your organization’s plan as it relates to this initiative along with a detailed timeline.

SECTION VI: BUDGET NARRATIVE

Please briefly describe your proposed budget expenses for this project and complete the budget form included in this application. The maximum allowable budget for this project is \$4,900.00.

If you have any questions or concerns, or to request a Word version of the application, please contact Sounivone Phanthavong at 401-222-5984 or s.phanthavong@health.ri.gov.

Return via email, fax, or in person no later than June 17, 2016 @ 3:00 pm to:

Sounivone Phanthavong
RI Department of Health
Family Planning, Room 302
3 Capitol Hill, Providence, RI
Telephone: 401-222-5984
Fax: 401-222-1442
Email: S.Phanthavong@health.ri.gov

DETAIL OF PERSONNEL

NAME	POSITION TITLE	HOURLY RATE INCLUDING FRINGE	Number of Hours Worked (On this project only)	RIDOH PERSONNEL COST (Including fringe)
TOTAL REQUEST		\$		

DETAIL OF CONSULTANT

NAME	POSITION TITLE	HOURLY RATE INCLUDING FRINGE	HOURS WORKED	RIDOH CONSULTANT COST
TOTAL REQUEST		\$		\$

EXPLANATION OF EXPENSES (i.e. travel, printing, office supplies, educational materials, and equipment)

EXPENSE CATEGORY	DESCRIPTION	COST

**State of Rhode Island
PAYER'S REQUEST FOR TAXPAYER
IDENTIFICATION NUMBER AND CERTIFICATION**

THE IRS REQUIRES THAT YOU FURNISH YOUR TAXPAYER IDENTIFICATION NUMBER TO US. FAILURE TO PROVIDE THIS INFORMATION CAN RESULT IN A \$50 PENALTY BY THE IRS. IF YOU ARE AN INDIVIDUAL, PLEASE PROVIDE US WITH YOUR SOCIAL SECURITY NUMBER (SSN) IN THE SPACE INDICATED BELOW. IF YOU ARE A COMPANY OR A CORPORATION, PLEASE PROVIDE US WITH YOUR EMPLOYER IDENTIFICATION NUMBER (EIN) WHERE INDICATED.

Taxpayer Identification Number (T.I.N.)

Enter your taxpayer identification number in the appropriate box. For most individuals, this is your social security number.

Social Security No. (SSN)

Employer ID No. (EIN)

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NAME

ADDRESS

(REMITTANCE ADDRESS, IF DIFFERENT)

CITY, STATE AND ZIP CODE

CERTIFICATION: Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), **and**
- (2) I am not subject to backup withholding because either: (A) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (B) the IRS has notified me that I am no longer subject to backup withholding.

Certification Instructions -- You must cross out item (2) above if you have been notified by the IRS that you are subject to backup withholding because of under-reporting interest or dividends on your tax return. However, if after being notified by IRS that you were subject to backup withholding you received another notification from IRS that you are no longer subject to backup withholding, do not cross out item (2).

PLEASE SIGN HERE

SIGNATURE

TITLE

DATE

TEL NO.

BUSINESS DESIGNATION:

- Please Check One: Individual Medical Services Corporation Government/Nonprofit Corporation
Partnership Corporation Trust/Estate Legal Services Corporation

NAME: Be sure to enter your full and correct name as listed in the IRS file for you or your business.

ADDRESS, CITY, STATE AND ZIP CODE: Enter your primary business address and remittance address if different from your primary address). If you operate a business at more than one location, adhere to the following:

- 1) Same T.I.N. with more than one location -- attach a list of location addresses with remittance address for each location and indicate to which location the year-end tax information return should be mailed.
- 2) Different T.I.N. for each different location -- submit a completed W-9 form for each T.I.N. and location. (One year-end tax information return will be reported for each T.I.N. and remittance address.)

CERTIFICATION -- Sign the certification, enter your title, date, and your telephone number (including area code and extension).

BUSINESS TYPE CHECK-OFF -- Check the appropriate box for the type of business ownership.