NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES
Division of Public Health

Request for Applications

RFA #A427

Reducing Infant Mortality in Communities (RIMC)

FUNDING AGENCY: North Carolina Department of Health and Human Services
Division of Public Health
Women, Infant, and Community Wellness Section
Infant and Community Health Branch

ISSUE DATE: September 14, 2026

DEADLINE DATE: October 26, 2026

INQUIRIES and DELIVERY INFORMATION:
Direct inquiries concerning this RFA to:
Renee Jackson, Program Manager renee.jackson@dhhs.nc.gov

Applications will be received until 5:00 PM on October 26, 2026.

Electronic copies of the application and all required forms are available for download at https://wicws.dph.ncdhhs.gov/

Send all applications electronically as indicated below:

Email Address: renee.jackson@dhhs.nc.gov

IMPORTANT NOTE: Indicate Applicant name and RFA number in the subject line of the email.

Stevens Amendment Disclosure: $1,727,307 or 100% of the total costs of the RIMC program are funded with Federal funds, including awards anticipated under this RFA; $0 or 0% of the total cost of this program is funded non-governmental sources. This disclosure is provided in accordance with the Stevens Amendment (Section 505, Division H of Consolidated Appropriations Act, 2021, Public Law 116-260).

RFA Table of Contents

INTRODUCTION

The Reducing Infant Mortality in Communities (RIMC) program is an infant mortality reduction program that awards funds to local health departments/districts (LHDs) to implement evidence-based strategies that are proven to lower infant mortality rates. The RIMC program is awarding three-year grants to LHDs through a competitive application process. Grants are administered by the North Carolina Department of Health and Human Services (NC DHHS), Division of Public Health (DPH), Women, Infant, and Community Wellness Section (WICWS), Infant and Community Health Branch (ICHB).

1. Eligibility

All LHDs are eligible to apply to this RFA. The RIMC program aims to impact the reduction of infant mortality within the communities where services are provided. LHDs serving counties who rank in the top quartile (i.e. the top 25) for infant mortality rates and infant mortality disparity ratios will receive a demonstrated need score.

Demonstrated Need Scores

In an effort to make an impact in reducing infant mortality rates and reducing the three-fold disparity between white and African American infant mortality in North Carolina, applications received from LHDs serving specific counties will receive an additional score based on need under two categories. These categories are the top-ranking counties for infant mortality rates based on their five-year average between 2020-2024, and the top-ranking counties for the infant mortality disparity ratio which compares the average infant mortality rates between non-Hispanic Whites and non-Hispanic African Americans between 2020-2024. In Table 1, an infant mortality need score has been assigned to the top 25 counties based upon their ranking position (refer to Table 1 on page 5). In Table 2, a disparity ratio need score has been assigned to the top 25 counties based upon their ranking position (refer to Table 2 on page 6). Applications are desired from LHDs serving counties under these two categories. If a LHD serves a county listed on both Table 1 and Table 2, then they will receive both need scores. The demonstrated need score(s) shall be added to the application score established by an objective review committee.

Table 1 Infant Mortality Need Score[1]

Rank	County	5-Year Infant Mortality Rate	Need Score
1	Northampton	18.7	5
2	Edgecombe	14.1	5
3	Hertford	13.8	5
4	Beaufort	13.7	5
5	Bertie	13.6	5
6	Martin	13.3	4
7	Warren	12.7	4
8	Bladen	12.6	4
9	Pitt	12.2	4
10	Richmond	12.0	4
11	Scotland	12.0	4
12	Greene	11.9	3
13	Halifax	11.3	3
14	Lenoir	11.0	3
15	Yadkin	10.3	3
16	Cumberland	10.2	2
17	Rutherford	10.2	2
18	Wayne	9.9	2
19	Craven	9.3	2
20	Pasquotank	9.3	2
21	Wilson	9.2	1
22	Anson	9.1	1
23	Vance	8.9	1
24	Wilkes	8.6	1
25	Robeson	8.4	1

[1]North Carolina infant mortality disparity ratios are based on disparities between infant deaths reported among non-Hispanic White and non-Hispanic African American births. Counties whose infant mortality rates are based on 10 deaths or less are excluded from this list. The State Center for Health Statistics considers rates that are less than 10 deaths unstable. Source: NC Department of Health & Human Services, Title V Office in Collaboration with the State Center for Health Statistics, 19MAR2026.

Table 2 Disparity Ratio Need Score[1]

Rank	County	5-Year Disparity Ratio	Need Score
1	Brunswick	4.95	5
2	Pitt	4.53	5
3	Iredell	3.88	5
4	Durham	3.77	5
5	Buncombe	3.64	5
6	Union	3.46	4
7	Orange	3.44	4
8	Rowan	3.38	4
9	Mecklenburg	3.36	4
10	Wake	3.26	4
11	Guilford	3.20	3
12	Harnett	3.13	3
13	Catawba	3.11	3
14	Cumberland	2.96	3
15	Gaston	2.92	3
16	Wayne	2.88	2
17	Forsyth	2.67	2
18	New Hanover	2.55	2
19	Onslow	2.51	2
20	Johnston	2.50	2
21	Nash	2.27	1
22	Beaufort	2.26	1
23	Sampson	2.14	1
24	Alamance	2.06	1
25	Wilson	1.95	1

2. Subawards

DPH has determined that successful applicants to this RFA will meet the criteria of Subrecipient as defined in 2 CFR 200.331. Typical characteristics of a Subrecipient include, but are not limited to, that the entity will:

- Have its performance measured in relation to whether the objectives of a federal program were met;
- Have responsibility for programmatic decision-making;
- Be responsible for adherence to applicable federal program requirements specified in the federal grant award; and
- Implement a program for a public purpose.

[1]North Carolina infant mortality disparity ratios are based on disparities between infant deaths reported among non-Hispanic White and non-Hispanic African American births. Counties whose infant mortality rates are based on 10 deaths or less are excluded from this list. The State Center for Health Statistics considers rates that are less than 10 deaths unstable. Source: NC Department of Health & Human Services, Title V Office in Collaboration with the State Center for Health Statistics, 19MAR2026.

In accordance with federal guidance, a Subaward may be provided through any form of legal agreement consistent with criteria in with 2 CFR §200.331, including an agreement the Pass-through Entity considers a contract. Successful applicants will receive a Subaward issued by NCDHHS in the form of a negotiated, financial assistance contract. For local health departments, a financial assistance contract is administered through an agreement addendum.

Per 09 NCAC 03M .0801, NCDHHS cannot disburse any state financial assistance Subaward to an entity that is on the North Carolina Suspension of Funding List. Nor can NCDHHS contract with entities on the North Carolina Debarred Vendors List (01 NCAC 05B .1520) or the Federal Exclusions List (Sections 1128 and 1156 of the Social Security Act (Act).

Awarded Subrecipients must adhere to all required terms and conditions of the Subaward, including terms and conditions regarding access to persons and records resulting from all contracts or grants.

3. Funding

Funding Source

Agreement Addenda resulting from this RFA will be 100% federal funded from the Health Resources and Services Administration (HRSA) – Maternal and Child Health Block Grant. The total annual funding available is $1,727,307.

Number of Awards

Between eight (8) and ten (10) LHDs will be awarded grant funding through this RFA at an award level between $150,000 - $200,000 for each state fiscal year.

Funding Periods

Funding will be available for three (3) state fiscal years contingent upon program performance and the availability of funding.

Agreement Addenda Performance Periods	Agreement Addenda Payment Periods
June 1, 2027 – May 31, 2028	July 1, 2027 – June 30, 2028
June 1, 2028 – May 31, 2029	July 1, 2028 – June 30, 2029
June 1, 2029 – May 31, 2030	July 1, 2029 – June 30, 2030

4. Definitions

Below is a list of definitions for programmatic words or phrases used specifically in this RFA. Terms listed in alphabetical order:

Agreement Addendum (AA): a financial assistance contract which is processed as an addendum to the Consolidated Agreement.

BFPC: Breastfeeding Peer Counselor.

Consolidated Agreement: a master contract executed annually between the LHD and NCDHHS Divisions, DPH and DCFW which governs subsequent Agreement Addenda.

DCFW: North Carolina Division of Child and Family Well-Being.

DPH: North Carolina Division of Public Health or Division.

Grantee (also "Subrecipient"): An entity that receives a subaward from a pass-through entity to carry out part of a federal award. Successful applicants to this RFA will be Grantees of the State.

Grantee Award Period (GAP): The period of time for which the State's subaward contracts to its Grantees are funded.

ICHB: Infant and Community Health Branch.

LHDs: Local health departments/districts.

NCDHHS: North Carolina Department of Health and Human Services.

Pass-through Entity: A Grantee that provides a subaward to a Subrecipient (including lower-tier subrecipients) to carry out part of a federal program. In subawarding these funds, NCDHHS is a Pass-through Entity.

RIMC: Reducing Infant Mortality in Communities.

Subaward: An award provided by a Pass-through Entity to a Subrecipient for the Subrecipient to contribute to the goals and objectives of the Project by carrying out part of the federal program awarded to the Pass-through Entity. NCDHHS provides its Subawards by executing a financial assistance contract in the form of an Agreement Addendum with the awarded Subrecipient.

Suspension of Funding List: a database maintained and distributed by the North Carolina Office of State Budget and Management in consultation with State agencies designating grantees or subgrantees in a state of non-compliance with grant agreement requirements in accordance with 09 NCAC 03M .0801.

WIC: Special Supplemental Nutrition Program for Women, Infants, and Children.

WICWS: Women, Infant, and Community Wellness Section.

II. BACKGROUND

In 2015, the North Carolina General Assembly appropriated funds in the Maternal and Child Health Block Grant to the NCDHHS, DPH to be allocated to LHDs in counties that experienced the highest infant mortality rates (Session Law 2015-241). Under the RIMC program, funding was distributed to LHDs to implement evidence-based programs that have been proven to be an effective means to improve birth outcomes through addressing pregnancy intendedness, preterm birth and/or infant mortality.

In 2024, the infant mortality rate in North Carolina was 6.3 infant deaths per 1,000 live births.[1] The infant mortality disparity ratio between non-Hispanic White and non-Hispanic African American births remained greater than two-fold at 2.74.[1] The RIMC program is focused on this disparity while addressing the overall infant mortality rate. The elimination of perinatal health disparities is a priority for WICWS and a key area of emphasis in developing programming.

III. SCOPE OF SERVICES

1. **Community Engagement**

Community engagement is a process of developing relationships that enable stakeholders to work together to address health-related issues and promote well-being to achieve positive health impact and outcomes.[2] In order to expand the RIMC program's impact on infant mortality reduction and the disparities between non-Hispanic white and non-Hispanic African Americans, the community must be engaged in the development and delivery of services to reach individuals in the community whether or not they receive services at the LHD. All applicants must engage the community in the decision-making process when selecting the evidence-based strategies to implement.

A. Community Engagement Components
All applicants shall include **one (1)** community engagement component for **each selected evidence-based strategy (EBS).**

i. Funded Partnership

A funded partnership will establish a mutually beneficial financial relationship with a non-profit community-based organization (CBO) with an established working relationship with individuals that the applicant proposes to serve. The CBO will assist the LHD to ensure that people with lived experience be engaged in all aspects of the program. The CBO will provide for the selected EBS in partnership with the LHD. This may include, but is not limited to, staff time (delivery of program services/education sessions, community outreach and education), meeting space, provision/distribution of incentive items for participant engagement, program outreach/advertising, and facilitative services (transportation, childcare). The roles and responsibilities for the LHD and the CBO must be specifically outlined in a Memorandum of Agreement.

[2]Source: Community engagement: a health promotion guide for universal health coverage in the hands of the people. Geneva: World Health Organization; 2020. License: CC BY-NC-SA 3.0 IGO.

A copy of the **Memorandum of Agreement** must be included in **Attachment A** of the application. A **subcontractor budget must be included in the year one budget** submitted in the application. The budget must provide detailed descriptions of the services the CBO will provide and justifications for each line-item expense. Please refer to the Project Budget Section of the application for more information.

ii. Unfunded Partnership

An unfunded partnership is with a non-profit/CBO with an established working relationship with individuals that the applicant proposes to serve. The CBO will assist the LHD to ensure that people with lived experience be engaged in all aspects of the program. The CBO will provide support and/or services for the selected EBS in partnership with the LHD. This may include, but is not limited to, staff time (delivery of program services/education sessions, community outreach and education), meeting space, provision/distribution of incentive items for participant engagement, program outreach/advertising, and facilitative services (transportation, childcare). The roles and responsibilities for the LHD and the CBO must be specifically outlined in a **Letter of Commitment**. A copy of the Letter of Commitment must be included in **Attachment A** of the application.

2. **Staffing**

The LHD shall reallocate an existing staff person or hire a new staff person to serve as the part-time (minimum .50 FTE) or full-time Program Coordinator for the RIMC program. The Program Coordinator will be responsible for providing and/or managing all program activities as outlined for each selected EBS. The Program Coordinator will also manage the community engagement component selected for each EBS; collect and report program data; develop and administer program participant satisfaction surveys for each selected EBS; conduct and/or coordinate community outreach and education activities; and submit biannual program reports and monthly expenditure reports.

3. **Evidence-Based Strategies**

The RIMC program requires that each LHD, in collaboration with the community, select two (2) out of the four (4) EBSs to implement:

- Breastfeeding Support Services
- Doula Services
- Group Prenatal Care
- Infant Safe Sleep Services *(please refer to section D for eligibility criteria)*

Each EBS is described below, along with the specific program requirements, annual performance outcome measures, and reporting requirements.

A. **Breastfeeding Support Services**

Breastfeeding is one of the most effective preventive measures a mother can take to protect the health of her infant and herself. It is recommended to exclusively breastfeed for the first six months of life.[3] While a high percentage of women initiate breastfeeding, most mothers stop breastfeeding due to the lack of support and rates are significantly lower among African American infants. To improve breastfeeding rates, interventions must be delivered in different settings, and include the involvement and support of clinicians, health systems, family, friends, employers, and the community.

Breastfeeding Support Services will provide women served by the LHD and women served in the community with breastfeeding support and education services.

i. Program Requirements

a. Program activities shall include providing breastfeeding peer counselor (BFPC) services to pregnant and postpartum women served at the LHD (not women receiving BFPC services through WIC) and in the community; providing Ready, Set, BABY (RSB - https://sph.unc.edu/cgbi/ready-set-baby/) prenatal breastfeeding sessions to pregnant women served at the LHD and in the community; conducting community education and advocacy work which includes participating in community events, increasing the number of breastfeeding-friendly (BFF) spaces in the community (e.g., public locations, childcare centers, workplaces), increasing the number of employers with BFF policies and practices/spaces, providing small grant opportunities to assist with creating BFF spaces, and conducting presentations at provider offices, businesses, and faith-based organizations/churches; tracking program participant and program services data; and completing and submitting biannual BFPC participant data spreadsheet and program reports.

b. Provide the required and recommended prenatal and postpartum contacts to BFPC participants based upon the BFPC Contact Calculator (https://www.ncdhhs.gov/divisions/child-and-family-well-being/community-nutrition-services-section/wic/peer-counselor-contact-calculator).

c. Collect aggregate data for RSB participants and report on a biannual basis. Collect demographic information, prenatal and postpartum contacts, breastfeeding initiation and duration, and birth outcomes for BFPC participants and report on a biannual basis.

d. Develop and administer a program participant satisfaction survey to evaluate RSB and BFPC program services and submit annual participant satisfaction survey summary reports.

[3]Source: Optimizing support for breastfeeding as part of obstetric practice. ACOG Committee Opinion No. 756. American College of Obstetricians and Gynecologists. Obstet Gynecol 2018;132:e187-96.

ii. Training Requirements

a. Complete the six-day (virtual and in-person) Level 2: Peer Counselors Only training provided regionally at no cost by the NCDHHS, DCFW, Community Nutrition Services Section. Training and registration information is available online at: https://www.ncdhhs.gov/wic-breastfeeding-curriculum-trainings. The travel costs (if needed) for in-person training days must be included in the program budget.

b. Attend the Breastfeeding Peer Counseling Program Quarterly Continuing Education trainings, which are provided at no cost by the NCDHHS, DCFW, Community Nutrition Services Section. Training and registration information is available online at: https://www.ncdhhs.gov/divisions/child-and-family-well-being/community-nutrition-services-section/wic/staff/wic-conferences-and-trainings#BreastfeedingPeerCounselingProgramQuarterlyContinuingEducation-3538

c. Complete the RSB training provided at no cost by the Carolina Global Breastfeeding Institute (CGBI) facilitated by the WICWS.

1. RSB materials are available on the CGBI website and are required to conduct the RSB sessions (https://sph.unc.edu/cgbi/resources-ready-set-baby/). The program budget must include the expenses for printing patient booklets (available in different languages) and the educator flip chart (available in English and Spanish).

iii. Annual Performance Outcome Measures

a. At least 10 RSB sessions shall be conducted in a community location to pregnant women served at the LHD and in the community.

b. At least 100 unduplicated pregnant women shall attend RSB sessions, at least 50% shall represent a minority population (priority given to African American women).

c. At least 25 unduplicated pregnant women shall receive prenatal and postpartum contacts by the BFPC, at least 50% shall represent a minority population (priority given to African American women).

d. At least four (4) community education and advocacy activities shall be conducted.

e. At least two (2) new breastfeeding-friendly community spaces or workplaces/employers shall be established.

B. **Doula Services**

A birth doula is a non-clinically trained professional that provides continuous support during labor and delivery, offering comfort measures, advocacy, and emotional support to birthing individuals and their partners. Evidence shows that doula support is associated with positive delivery outcomes including reduced cesarean sections and premature deliveries; increasing satisfaction with the birth experience; and improving breastfeeding success. The emotional support of a doula reduces anxiety and stress during the labor period and reduces the length of labor. Doula support has been found to be an effective method to overcome the social determinants of health.[4]

Doula Services will provide women served by the LHD and women served in the community with birth doula services.

i. Program Requirements

a. Program activities shall include developing program policies and procedures; utilizing program educational and advertising materials provided by the WICWS; conducting outreach and recruitment of community members to be trained as birth doulas; coordinating the required birth doula trainings for community members; developing written doula service agreements for trained doulas to work with the program; educating and establishing collaborative relationships with local birth facilities and maternity providers; conducting community outreach and education; educating LHD staff and maternity patients served at the LHD and in the community; providing supervision and support to contracted doulas; matching doulas with program participants; conducting doula birth satisfaction surveys with program participants; conducting three-month follow-up contacts with program participants; tracking program participant and program services data; and completing and submitting biannual doula participant data spreadsheet and program reports.

b. Coordinate two (2) required birth doula trainings for the recruited community members. Birth doula training shall be provided by a birth doula certification program that is approved by the WICWS (refer to **Appendix C** for **Doula Organizations**). Program budgets must include the estimated cost for both trainings. The training costs can be determined by contacting the training and certifying organization in Appendix C.

c. Develop a written doula services agreement with each trained doula that will include the responsibilities of the doula and the LHD; the total payment for providing doula services, and the doula's required time commitment to the program. It is strongly recommended to set up a schedule to provide payments after each doula service component (listed below) is completed.

[4]Sobczak A, Taylor L, Solomon S, Ho J, Kemper S, Phillips B, Jacobson K, Castellano C, Ring A, Castellano B, Jacobs RJ. The Effect of Doulas on Maternal and Birth Outcomes: A Scoping Review. Cureus. 2023 May 24;15(5):e39451.

d. Provide complete doula services for each enrolled program participant. Doula service components include a minimum of one (1) prenatal visit; the provision of childbirth education; continuous labor support at the hospital; a minimum of one (1) postpartum visit in the hospital or within one (1) week after birth; and a minimum of one (1) telephone contact two (2) to four (4) weeks after birth.

e. Collect data on program participants and report on a biannual basis. Program participant data shall include demographic information, total prenatal care visits received by clinical provider, doula service contact dates, date birth satisfaction survey completed by the Program Coordinator, date three-month follow-up contact made by the Program Coordinator, breastfeeding initiation and duration, and delivery and birth outcomes.

f. Complete a doula birth satisfaction survey with each program participant, four to six (4-6) weeks after baby's birth, by the Program Coordinator. All doula birth satisfaction survey responses shall be entered into an online survey platform provided by the WICWS. A copy of the Doula Birth Satisfaction Survey can be found in Appendix B.

g. Administer a program participant satisfaction survey to evaluate the Doula Services program provided by the WICWS and submit an annual participant satisfaction survey summary report.

ii. Annual Performance Outcome Measures

a. At least four (4) community members shall be trained as birth doulas and contracted to work with the Doula Services program.

b. At least 30 unduplicated pregnant women shall receive complete doula service components (at least 40 unduplicated pregnant women in Years Two and Three), at least 50% shall represent a minority population (priority given to African American women).

c. At least 90% of program participants shall complete the doula birth satisfaction survey.

d. At least 80% of program participants shall report a positive birth experience.

e. At least two (2) community outreach and education activities shall be conducted by the Program Coordinator.

C. Group Prenatal Care

Group prenatal care (GPC) models are designed to improve patient education and include opportunities for social support while maintaining the health assessment of individual prenatal care. Evidence suggests patients who participate in GPC have better prenatal knowledge, feel more ready for labor and delivery, are more satisfied with overall care, and initiate breastfeeding more often.[5] Typically, a GPC model brings a group of eight to ten (8-10) pregnant women, who are due at the same time, together to meet with their provider and support staff for ten (10) group sessions over the course of their pregnancy. Group sessions are 90-120 minutes in length and consist of health assessments, facilitated group discussion and interactive activities and education on timely health topics. Women have experienced positive birth outcomes and lower racial disparities for preterm births by participating in group prenatal care.[6]

LHDs shall implement a GPC model that is approved by the WICWS. Two recommended GPC models are Centering Pregnancy through the Centering Healthcare Institute (CHI) and Supportive Pregnancy Care through the March of Dimes.

Centering Pregnancy is GPC model that brings 8-10 women (who are due at the same time) together for the recommended schedule of 10 prenatal visits. Each group prenatal session lasts 90-120 minutes beginning with individual health assessments (conducted by a clinical provider) and transitioning to a facilitative discussion and interactive activities that address important and timely health topics. LHDs who want to implement Centering Pregnancy must complete a Readiness Assessment which can be found on the CHI's website at https://centeringhealthcare.org/lets-get-started. Basic Facilitator training is required for program staff and provided by CHI. Information on Centering Pregnancy can be found at https://www.centeringhealthcare.org/.

Supportive Pregnancy Care (SPC) is a flexible education and resources framework that enables providers to implement GPC. Groups typically follow the same schedule as traditional prenatal care with 8-12 women participating in a group. Each provider decides how groups will be offered whether in-person, virtually (with a telehealth component) or both; how groups are comprised, how long group sessions are (90-120 minutes); and what content is right for each group session. LHDs who want to implement SPC must register for the program at https://www.marchofdimes.org/our-work/health-professionals/supportivepregnancycare. SPC provides access to an online eLearning course and the SPC portal with program resources.

[5]Source: Group prenatal care. ACOG Committee Opinion No. 731. American College of Obstetricians and Gynecologists. Obstet Gynecol 2018;131:e104–8.
[6]Ickovics, J.R., Kershaw, T.S., Westdahl, C., Magriples, U., Massey, Z., Reynolds, H., & Rising, S.S. (2007). Group prenatal care and perinatal outcomes; A randomized controlled trial. Obstetrics and gynecology, 110 (2 Pt 1), 330.

LHDs who implement GPC care may include the following supports for the program: program staff time (clinical provider(s), facilitator(s), interpreter if needed); meeting space; training expenses, if applicable (registration fees, travel expenses); program materials (notebooks, guides, recruitment materials); equipment to facilitate medical assessments and/or telehealth; and participant incentives (snacks at group sessions, items for mom/baby/breastfeeding).

i. Program Requirements

a. For a new GPC program, activities shall include:

1. Hiring or reassigning program staff to conduct group sessions (providing health assessments, facilitating interactive group discussions, and providing education and materials on health topics).

2. Coordinating required training for program staff provided by the group prenatal care model.

3. Conducting at least two (2) groups during year one, at least six (6) groups during Year Two, and at least eight (8) groups during Year Three. Each group will serve the minimum number of pregnant women as recommended by the group prenatal care model. Each group will meet for ten (10) sessions, which follows the recommended schedule of prenatal care visits.

b. For an existing GPC program, activities shall include:

1. Supporting existing program staff and/or hiring or reassigning additional program staff to conduct group sessions (providing health assessments, facilitating interactive group discussions, and providing education and materials on health topics).

2. Coordinating required training for program staff provided by the GPC model.

3. Conducting at least eight (8) groups per year. Each group will serve the minimum number of pregnant women as recommended by the GPC model. Each group will meet for ten (10) sessions, which follows the recommended schedule of prenatal care visits.

c. Collect data on each group session and report on a biannual basis. Collect aggregate data on program participants and report on a biannual basis. Program participant data shall include demographic information, breastfeeding initiation, and delivery and birth outcomes.

d. Develop and administer a program participant satisfaction survey to evaluate the GPC program and submit an annual participant satisfaction survey summary report.

ii. Training Requirements

a. Complete the training(s) required by the GPC model for all program staff. The costs for training registration and travel (if applicable) must be included in the program budget.

iii. Annual Performance Outcome Measures

a. For a new GPC program:

1. At least 16 unduplicated women shall receive GPC during year one, at least 48 unduplicated women shall receive GPC during Year Two, and at least 64 unduplicated women shall receive GPC during Year Three. At least 50% shall represent a minority population (priority given to African American women).

2. At least two (2) groups shall be conducted during year one, at least six (6) groups shall be conducted during Year Two, and at least eight (8) groups shall be conducted during Year Three.

b. For an existing GPC program:

1. At least 64 unduplicated women shall receive GPC per year, at least 50% shall represent a minority population (priority given to African American women).

2. At least eight (8) groups shall be conducted per year.

c. At least 80% of GPC program participants shall attend all group sessions.

d. At least 40% of GPC program participants shall initiate breastfeeding.

e. At least two (2) community outreach and education activities shall be conducted by the Program Coordinator.

D. **Infant Safe Sleep Services**

The American Academy of Pediatrics recommends a safe sleep environment to reduce the risk of all sleep-related infant deaths. This includes supine positioning; use of a firm, non-inclined sleep surface; room sharing without bed sharing; and avoidance of soft bedding and overheating.[7] The Infant Safe Sleep Services (ISSS) strategy provides current infant safe sleep education to pregnant and postpartum women and their family members/support persons. For families who are in need, ISSS may provide a safe sleep space for their infants (e.g., cribs, play yards, portable cribs) after receiving infant safe sleep education.

Eligibility Criteria - Only LHDs serving counties that had 400 or more live births in 2024 are eligible to select the ISSS strategy. 2024 NC county-specific live birth data can be found at https://schs.dph.ncdhhs.gov/data/vital/babybook/2024.htm in the 2024 Baby Book.[8]

i. Program Requirements

a. Program activities shall include completing infant safe sleep education training; providing current infant safe sleep education to pregnant women and/or postpartum women up to three (3) months after baby's birth, and family members/support persons, through individual and group sessions; purchasing and distributing infant safe sleep incentive items; conducting three-month follow-up safe sleep education surveys; developing program and advertising materials; conducting community outreach and education activities; partnering with hospitals and childcare centers to implement current infant safe sleep practices; tracking program participant and program services data; and completing and submitting biannual program reports.

b. Collect aggregate data on ISSS participants and report on a biannual basis.

c. Conduct the infant safe sleep education three-month follow-up survey with all ISSS participants. The survey will be conducted three (3) months after baby's birth for pregnant women participants, and three months after receiving infant safe sleep education for postpartum women participants. Completed survey responses will be entered into an online survey platform provided by the WICWS. A copy of the infant safe sleep education three-month follow-up survey can be found in Appendix B.

ii. Training Requirements

a. Complete the 45-minute online Infant Safe Sleep and Family Engagement training provided at no cost by the University of North Carolina Collaborative for Maternal and Infant Health found at https://safesleepnc.org/healthcare-providers/trainings/.

[7]Moon RY, Carlin RF, Hand I; AAP Task Force on Sudden Infant Death Syndrome; AAP Committee on Fetus and Newborn. Sleep-Related Infant Deaths: Updated 2022 Recommendations for Reducing Infant Deaths in the Sleep Environment. Pediatrics. 2022;150(1):e2022057990.
[8]Source: NC Department of Health & Human Services State Center for Health Statistics, 22OCT2025.

b. Educational materials and resources can be found at https://safesleepnc.org/healthcare-providers/. The cost for printing infant safe sleep educational materials must be included in the program budget.

iii. Annual Performance Outcome Measures

a. At least 200 pregnant women and/or postpartum women up to three months after baby's birth shall receive infant safe sleep education, at least 50% shall represent a minority population (priority given to African American women).

b. At least 75% of program participants shall complete an infant safe sleep education three-month follow-up survey.

c. At least four (4) community outreach and education activities shall be conducted.

4. **Annual Reporting Requirements**

A. Program Reporting

i. Each LHD shall submit biannual program reports that provide detailed information on program deliverables, performance outcome measures, community-level activities, and program participant data for each EBS. Program report templates will be provided by the WICWS. Program report submission dates will be determined by the WICWS.

ii. Each LHD shall administer a program participant satisfaction survey to obtain programmatic feedback for each implemented EBS. A summary of the satisfaction survey responses shall be submitted to the WICWS annually. The submission dates will be determined by the WICWS.

B. Expenditure Reporting

i. Each LHD shall submit a monthly itemization report via Smartsheet that outlines the previous month's line-item expenditures. The monthly submission dates will be determined by the WICWS. A copy of the monthly itemization report will be provided by the WICWS.

IV. GENERAL INFORMATION ON SUBMITTING APPLICATIONS

1. **Award or Rejection**
   All qualified applications will be evaluated, and award made to that entity whose combination of budget and service capabilities are deemed to be in the best interest of the funding agency. The funding agency reserves the unqualified right to reject any or all offers if determined to be in its best interest.

2. **Cost of Application Preparation**
   Any cost incurred by an entity in preparing or submitting an application is the entity's sole responsibility; the funding agency will not reimburse any entity for any pre-award costs incurred.

3. **Elaborate Applications**
   Elaborate applications in the form of brochures or other presentations beyond that necessary to present a complete and effective application are not desired.

4. **Oral Explanations**
   The funding agency will not be bound by oral explanations or instructions given at any time during the competitive process or after awarding the grant.

5. **Reference to Other Data**
   Only information that is received in response to this RFA will be evaluated; reference to information previously submitted will not suffice.

6. **Titles**
   Titles and headings in this RFA and any subsequent RFA are for convenience only and shall have no binding force or effect.

7. **Form of Application**
   Each application must be submitted on the form provided by the funding agency and will be incorporated into the funding agency's Subaward (contract).

8. **Exceptions**
   All applications are subject to the terms and conditions outlined herein. All responses will be controlled by such terms and conditions. The attachment of other terms and conditions by any entity may be grounds for rejection of that entity's application. Funded entities specifically agree to the conditions set forth in the Subaward (contract).

9. **Advertising**
   In submitting its application, entities agree not to use the results therefrom or as part of any news release or commercial advertising without prior written approval of the funding agency.

10. **Right to Submitted Material**
    All responses, inquiries, or correspondence relating to or in reference to the RFA, and all other reports, charts, displays, schedules, exhibits, and other documentation submitted by the entity will become the property of the funding agency when received.

11. Applying Entity's Representative

Each entity shall submit with its application the name, address, and telephone number of the person(s) with authority to bind the entity and answer questions or provide clarification concerning the application.

12. Subcontracting

Entities may propose to subcontract or subgrant portions of work provided that their applications clearly indicate the scope of the work to be subcontracted or passed through, and to whom.

> Subcontractors are vendors hired by the entity via a contract to provide a good or service required by the entity to perform or accomplish specific work outlined in the entity's executed contract with the State.
>
> Subgrantees of the entity are awardees chosen by the entity to receive a portion of the State's pass-through funding to carry out all or a portion of the programmatic responsibilities outlined in the entity's executed contract with the State.
>
> Entities may refer to 2 CFR 200.331 to assist in making the determination.

Each is subject to the State's approval prior to being awarded a contract or agreement from the entity. All Subcontractors and Subgrantees are subject to the funding restrictions and applicable terms and conditions of the Federal award and the State award to the entity. The entity is required to execute written agreements with all Subcontractors and Subgrantees prior to the commencement of any work.

Entities must also ensure that subcontractors are not on the North Carolina Suspension of Funding List, Debarred Vendors List, or Federal Exclusions List.

In accordance with 09 NC Administrative Code 03M.0703 – Required Contract Provisions, information is required for each proposed subgrantee and subcontractor. See *Section VII. Application* for Subcontractor/Subgrantee Information Form.

13. Proprietary Information

Trade secrets or similar proprietary data which the entity does not wish disclosed to other than personnel involved in the evaluation will be kept confidential to the extent permitted by NCAC TO1: 05B.1501 and G.S. 132-1.3 if identified as follows: Each page shall be identified in boldface at the top and bottom as "CONFIDENTIAL." Any section of the application that is to remain confidential shall also be so marked in boldface on the title page of that section.

14. Agreement Addendum

The Division will issue a financial assistance contract ("Subaward") also known as an Agreement Addendum to the Consolidated Agreement between the LHD and DPH to the awarded entity(ies) ("Grantee") of the RFA funding.

15. Reimbursement

Financial assistance funding operates on a reimbursement basis. This requires the awarded entity to pay for program expenses upfront using their own funds and subsequently request payment from NCDHHS via the Aid-to-Counties payment subsystem for approved costs.

V. APPLICATION PROCUREMENT PROCESS AND APPLICATION REVIEW

The following is a general description of the process by which applicants will be selected for this project.

1. **Announcement of the Request for Applications (RFA)**
   The announcement of the RFA and instructions for receiving the RFA will be posted at the following DHHS website on 09/14/2026: http://www.ncdhhs.gov/about/grant-opportunities/public-health-grant-opportunities and may be sent to prospective applicants via email and/or the Program's website.

2. **Distribution of the RFA**
   RFAs will be posted on the following website https://wicws.dph.ncdhhs.gov/ and may be sent via email to interested applicant entities beginning 09/14/2026.

3. **Applicant Teleconference / Question & Answer Period**
   All prospective applicants are **strongly encouraged** to attend an Applicant Teleconference on **Thursday, September 24, 2026 at 10:00 – 11:00 am**. Link to Zoom Teleconference.
   Zoom link:
   https://www.zoomgov.com/j/1655680795?pwd=hZ6vazSYyUIrCfCLfoNTvqsd00bcDk.1

   Written questions concerning the specifications in this Request for Applications will be **received until 5:00 pm on 10/09/2026**. Any questions must be emailed to the email address listed on this RFA cover page. As an addendum to this RFA, a summary of all questions and answers will be emailed on 10/15/2026 to LHDs who submitted a Notice of Intent (see below). The addendum will also be posted on 10/15/2026 on the following website https://wicws.dph.ncdhhs.gov/.

   Questions directed to any other DPH staff or email will not be addressed.

4. **Notice of Intent**
   All prospective applicants may submit an optional non-binding Notice of Intent no later than **5:00 pm on 10/09/2026**. The link to submit a Notice of Intent is https://www.surveymonkey.com/r/RFAA427NOI. Confirmation of receipt will be provided in response. Please include the following information in the Notice of Intent:
   - The legal name of the agency.
   - The name, position title, phone number, mailing address, and email address of the person who will coordinate the application submission.
   - County(ies) where services will be provided.

5. **Applications**
   Applicants shall email a PDF version of their full application to the email address listed on the cover sheet of this RFA. The subject line must contain the applicant's legal name, RFA number and RFA title. In addition to their application response, applicants should email the Excel worksheet of the application budget. Faxed and hand-delivered applications will not be accepted. DPH can only accept email attachments less than 30MB. If necessary, break the application into separate PDFs and emails, noting the number and total, i.e., 1 of 3, 2 of 3, 3 of 3.

6. **Format**
   The application should be single-spaced with 1" margins. Arial, Times New Roman, Calibri, or similar font should be used; and 12 pt font size (10 pt for tables/charts).

7. **Space Allowance**
   Page limits are clearly marked in each section of the application. Attachments do not count toward page limit. Examples include organizational chart, board list, job descriptions, letters of commitment, memorandums of agreement.

8. **Application Deadline**
   All applications must be received by the date and time on the cover sheet of this RFA. Faxed or hard copies of applications will not be accepted in lieu of the emailed PDF version.

9. **Receipt of Applications**
   Applications from each responding entity will be timestamped with the date and time received in by DPH's email application. Entities will receive an email that the application has been received.

10. **Review of Applications**
    Applications are reviewed by an objective review committee of public and private health and human services providers who are familiar with the subject matter. Staff from applicant entities may not participate as reviewers.

    Applications will be evaluated by the committee for completeness, content, experience with similar projects, ability of the entity's staff, benefit to the State, etc. The State reserves the right to conduct site visits as part of the application review and award process. The award of a grant to one entity does not mean that the other applications lacked merit, but that, all facts considered, the selected application was deemed to provide the best service to the State. Entities are cautioned that this is a request for applications, and the funding agency reserves the unqualified right to reject any and all applications when such rejections are deemed to be in the best interest of the funding agency.

11. **Request for Additional Information**
    At their option, the application reviewers may request additional information from any or all applicants for the purpose of clarification or to amplify the materials presented in any part of the application. However, applicant entities are cautioned that the reviewers are not required to request clarification. Therefore, all applications should be complete and reflect the most favorable terms available from the entity.

12. **Audit**
    N.C.G.S. 159-34 states that each unit of local government and public authority must have its accounts audited as soon as possible after the close of each fiscal year.

13. **Federal Funding Accountability and Transparency Act (FFATA) Data Reporting Requirement**
    The Grantee shall complete and submit to the Division, the Federal Funding Accountability and Transparency Act (FFATA) Data Reporting Requirement Form within 10 State Business Days upon request by the Division when awarded $25,000 or more in federal funds. The form is attached for reference in Appendix A of this RFA.

14. Application Process Summary Dates

09/14/2026: Request for Applications released to eligible applicants.
09/24/2026: Applicant Teleconference 10:00-11:00 am.
10/09/2026: Notice of Intent (optional) due by 5:00 pm. (if applicable)
10/09/2026: End of Q&A period. All questions due by email by 5:00 pm.
10/15/2026: Q&A addendum released.
10/26/2026: Applications due by 5:00 pm.
11/20/2026: Successful applicants will be notified.
06/01/2027: Agreement Addendum Start Date.

VI. EVALUATION CRITERIA

The application is worth a total of 100 points. The page limit for the narrative sections of the application, including the cover letter, is 40 pages. The budget and citation pages are not counted in the total page limit. The total point value for each section is marked on the cover page for each section of the Applicant's Statement of Work and is listed below. The point value for each question is marked at the end of each question. An objective review committee will review all applications for the completeness, content and quality of responses to each question in the Applicant's Statement of Work.

- Cover Letter (2 points)
- Needs Assessment (20 points)
- Program Plan (30 points)
- Data Collection and Reporting (12 points)
- Agency Ability (14 points)
- Community Engagement (14 points)
- Budget (8 points)

VII. APPLICATION

Application Checklist

The following items must be included in the application. **Do not include** the Application Checklist in your application. Please assemble the application in the following order:

1. **Cover Letter**

2. **Application Face Sheet**

3. **Applicant's Statement of Work**

4. **Project Budget (Year 1)**
   Include a detailed year one budget with justifications in the format provided. Download budget form and budget form instructions from the WICWS website at https://wicws.dph.ncdhhs.gov/

5. **Indirect Cost Rate Approval Letter** (if applicable)

6. **Subcontractor/Subgrantee Information** (if applicable)

7. **Attachment A – Agency Information**

8. **Attachment B – Letters of Commitment and Memoranda of Agreement**

9. **IRS Letter Documenting Your Organization's Tax Identification Number** (public agencies)

1. **Cover Letter**

   Page Limit: 2

   Total Point Value: 2

   The application must include a cover letter, on the entity's letterhead, signed and dated by an individual authorized to legally bind the Applicant. The letter must include:

   - Legal name of the Applicant entity
   - RFA number
   - Applicant entity's federal tax identification number
   - Applicant entity's Unique Entity Identifier (UEI)

   Please address the following items in the cover letter:

   - Entity's mission
   - How this proposed work fits within your entity mission
   - Clear understanding of and strong commitment to implementing and meeting the program requirements of the selected EBSs for the RIMC program
   - Contact information for the person who may be contacted during the RFA process
   - Signature and date of individual authorized to legally bind the applicant

2. Application Face Sheet

This form provides basic information about the applicant and the proposed project, including the signature of the individual authorized to sign "official documents" for the entity. This form is the application's cover page. Signature affirms that the facts contained in the applicant's response to RFA #A427 are truthful, and that the applicant is in compliance with the assurances and certifications that follow this form and acknowledges that continued compliance is a condition for the award of a contract. Please follow the instructions below.

<table>
<tr><td colspan="2">1. Legal Name of Entity:
2. Name of individual with Signature Authority:</td></tr>
<tr><td colspan="2">3. Mailing Address (include zip code+4):
4. Address to which checks will be mailed:</td></tr>
<tr><td colspan="2">5. Street Address:</td></tr>
<tr><td>6. Contract Administrator:
Name:
Title:</td><td>Telephone Number:
Email Address</td></tr>
<tr><td colspan="2">7. Entity Status:
☐ Local Health Department/District</td></tr>
<tr><td>8. Entity Federal Tax ID Number:</td><td>9. Entity UEI:</td></tr>
<tr><td colspan="2">10. Entity's URL (website):</td></tr>
<tr><td colspan="2">11. Entity's Financial Reporting Year:</td></tr>
<tr><td colspan="2">12. Current Service Delivery Areas (county(ies) and communities):</td></tr>
<tr><td colspan="2">13. Proposed Area(s) To Be Served with Funding (county(ies) and communities):</td></tr>
<tr><td colspan="2">14. Amount of Funding Requested:</td></tr>
<tr><td colspan="2">The facts affirmed by me in this application are truthful and I warrant that the applicant is in compliance with the assurances and certifications contained in NC DHHS/DPH Assurances Certifications. I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. The governing body of the applicant has duly authorized this document, and I am authorized to represent the applicant. "I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812."</td></tr>
<tr><td>15. Signature of Authorized Representative:</td><td>16. Date</td></tr>
</table>

3. Applicant's Statement of Work

Complete each of the five sections included in the Applicant's Statement of Work. Please do not delete the numbered questions. Provide your written responses under each numbered question. The total number of points and page limits are listed on each section's cover page.

Section 1

Needs Assessment

Do not delete the numbered questions.

Please provide your response under each numbered question.

Required data table can be deleted.

Total Point Value:
20

Page Limit:
6 single-spaced
(excluding citation page)

1-1 Provide a written description of the selection process for the evidence-based strategies (EBSs) that were selected to implement for the Reducing Infant Mortality in Communities (RIMC) program. Include how the community was involved in the EBS selection process. Two of the four EBSs must be selected. The four EBSs are: Breastfeeding Support Services (BFSS), Doula Services (DS), Group Prenatal Care (GPC), and Infant Safe Sleep Services (ISSS). (5 points)

1-2 **Provide recent <u>county and state data</u> (by race and ethnicity when available)** to support the need for each selected EBS. Based upon the data presented, **provide a written description of the need** for each selected EBS. Please refer to **Appendix B** for recommended **data resources**. Provide the following **required data** for each selected EBS as listed in the Required Data table below. Provide (8 points)

Required Data	**Evidence-Based Strategies**			
Data is required for the EBS if marked by an "X"	**BFSS**	**DS**	**GPC**	**ISSS**
Infant mortality rates	X	X	X	X
Low birth weight birth percentages (%)	X	X	X	X
Preterm birth rates	X	X	X	X
Prenatal care initiation by trimester percentages (%)		X	X	
Mothers Smoked during pregnancy percentages (%)				X
Breastfeeding at hospital discharge percentages (%)	X	X		X
Method of delivery percentages (%)		X	X	

1-3 Describe the specific population to be served within the county(ies) for each selected EBS. This description should include factors that have an impact on birth outcomes, such as race/ethnicity, age, educational level, income level, and housing. Describe how the community will be engaged in reaching the specific population to be served. (6 points)

1-4 Provide citations for all data sources included in the needs assessment. A citation page must be included at the end of the needs assessment section. It will not count against the total page limit for this section. (1 point)

Section 2

Program Plan

Do not delete the numbered questions.

Please provide your response under each numbered question.

Total Point Value:
30

Page Limit:
18 single-spaced

2-1 Describe how your agency will implement each selected EBS. Describe, in detail, how your agency will meet each program requirement and the specific activities involved to meet these program requirements – who is responsible, when will activities occur/schedule, and where/location. Please refer to the Scope of Services section III of the RFA. (8 points)

2-2 Describe the community engagement component chosen for each EBS and the specific support and/or services the non-profit/community-based organization (CBO) will provided under each EBS. Please refer to the Scope of Services section III of the RFA. (6 points)

2-3 Describe how the training requirements will be met for program staff under each selected EBS. (4 points)

2-4 Describe how your agency will meet each performance outcome measure for each selected EBS. Please refer to the Scope of Services section III of the RFA. (8 points)

2-5 Describe how your agency will address issues that affect meeting program requirements and performance outcome measures (e.g., loss of contact with participants, no shows for education sessions, recruitment and engagement, low attendance). (4 points)

Section 3

Data Collection, Evaluation and Reporting

Do not delete the numbered questions.

Please provide your response under each numbered question.

Total Point Value:
12

Page Limit:

5 single-spaced

3-1. Describe who will be responsible for collecting program data for each EBS. (2 points)

3-2. Describe who will be responsible for submitting biannual program reports that include program data and detailed information on program deliverables and annual performance outcome measures. (2 points)

3-3. Describe how you will evaluate the support and/or services provided by the non-profit/community-based organization(s) under the unfunded and/or funded partnerships. (3 points)

3-4. For each selected EBS, describe who will be responsible for administering the program participant satisfaction surveys. (4 points)

a. Who will be responsible for collecting and reviewing feedback from the program participant satisfaction surveys?

b. How will you use participant feedback to improve each selected EBS?

c. Who will be responsible for submitting the annual participant satisfaction survey summary for each EBS?

d. For agencies selecting Doula Services, describe who will administer the Doula Birth Satisfaction Surveys and enter survey responses online. Please refer to Appendix A for copy of Doula Birth Satisfaction Survey.

e. For agencies selecting Infant Safe Sleep Services, describe who will administer the infant safe sleep education three-month follow-up surveys and enter survey responses online. Please refer to Appendix A for copy of the infant safe sleep education three-month follow-up survey.

3-5. Describe how participant information will be kept confidential. (1 point)

Section 4

Agency Ability

Do not delete the numbered questions.

Please provide your response under each numbered question.

Total Point Value:
14

Page Limit:
4 single-spaced

4-1. Describe your agency's mission, background and services and how these relate to the RIMC program. Describe your agency's experience working with minority communities and implementing programs serving women and families in the community. Describe your agency's experience collaborating with non-profit/community-based organizations. Include the **agency's organizational chart in Attachment A**. (4 points)

4-2. Describe who will be responsible for managing grant funds, budgeting, purchasing, tracking program expenditures, and submitting monthly itemization reports via Smartsheet. (2 points)

4-3. Describe the process for recruiting and hiring program staff if they are not currently in place. Describe the plan for training program staff for EBSs with required trainings. (2 points)

4-4. Using the table below, list each staff position title that is necessary to implement and support each selected EBS. Include the employee's name if already hired, or if not hired list as "Vacant". Please insert additional rows if needed. **Include copies of job descriptions for all positions** listed and **include copies of resumes for all staff that are already hired in Attachment A.** (4 points)

Position Title	Employee Name	Full-Time Equivalency (FTE) %	EBS	Check the items that are attached for each position
				□ Job description □ Resume
				□ Job description □ Resume
				□ Job description □ Resume
				□ Job description □ Resume
				□ Job description □ Resume
				□ Job description □ Resume
				□ Job description □ Resume

4-5. Describe your agency's history of staff turnover during the past four (4) years. Describe how you will minimize staff turnover during the grant period. (2 points)

Section 5

Community Engagement

Do not delete the numbered questions.

Please provide your response under each numbered question.

Total Point Value:
14

Page Limit:
5 single-spaced

5-1. Describe how the community was engaged in the process for selecting each evidence-based strategy (EBS). (2 points)

5-2. Describe the community engagement component you chose (unfunded or funded partnerships) for each selected EBS. Describe the non-profit/community-based organization (CBO) that was selected for each EBS. Provide a justification/rationale for why the CBO was selected for an unfunded or funded partnership for each EBS. For a funded partnership, a subcontractor budget must be included in the year one budget submitted with the application. (4 points)

5-3. Describe how the support and/or services provided by the CBO partnership will have an impact on the population to be served for each selected EBS. (3 points)

5-4. Using the table below, briefly describe the support and/or services that will be provide by the CBO under an unfunded or funded partnership. Include a copy of the signed Letter or Commitment (LOC) and/or Memorandum of Agreement (MOA) that outlines the roles and responsibilities for both parties in Attachment B. (2 points)

Brief Description of Support/Services	Name of CBO	LOC/MOA Attached?
	 ☐ Unfunded Partnership ☐ Funded Partnership	☐ Yes ☐ No
	 ☐ Unfunded Partnership ☐ Funded Partnership	☐ Yes ☐ No
	 ☐ Unfunded Partnership ☐ Funded Partnership	☐ Yes ☐ No

5-5. Describe how your agency will continue to engage the community to meet the needs of individuals being served, and how the CBO partnership(s) will ensure that people with lived experience are engaged in all aspects of the program for each selected EBS. (3 points)

4. Project Budget

Page Limit: Not Applicable
Total Point Value: 8

Applicants must provide a Year One budget for the following anticipated Grantee Award Period: 06/01/2027 – 05/31/2028.

Budget and Justification Form
Applicants must complete the Budget Form, which requires a narrative justification for each line-item expense for the period of funding outlined above.

Budget expenses must align clearly with proposed program activities and resources.

The Budget form and instructions on how to use the form are posted along with this RFA and must be downloaded from the WICWS website at https://wicws.dph.ncdhhs.gov/.

Narrative Justification for Expenses
A narrative justification must be included for every expense listed in the budget. Each justification should show how the total line-item amount was calculated, and it should be clear how the expense relates to the program. Ensure all subtotals equal the total amount entered in the amount column for that line item.

Travel Reimbursement Rates
Mileage reimbursement rates must be based on rates determined by the North Carolina Office of State Budget and Management (OSBM). Because mileage rates fluctuate with the price of fuel, the OSBM will release the "Change in IRS Mileage Rate" memorandum to be found on OSBM's website when there is a change in this rate. The current state mileage reimbursement rate is **$0.76** cents per mile.

For other travel-related expenses, please refer to the current rates for travel and lodging reimbursement, presented in the chart below. NCDHHS will only reimburse for rates authorized in North Carolina Department of Health and Human Services Travel Policy. NCDHHS utilizes GSA State/City Standard Travel Per Diems as the maximum allowable statutory rate for meals and lodging (subsistence). The following is the current NCDHHS schedule which shall be used for reporting allowable subsistence expenses incurred while traveling on official state business:

Current Rates for Travel and Lodging

Meals	**In State**	**Out of State**
Breakfast	$16.00	$16.00
Lunch	$19.00	$19.00
Dinner	$28.00	$28.00
Total Meals Per Diem Per Day	*$63.00*	*$63.00*
Lodging *(Maximum rate per person, excludes taxes and fees)*	$110.00 + taxes/fees	$110.00 + taxes fees
Total Travel Allowance Per Day	**$173.00**	**$173.00**
Mileage	$0.76 per mile/regardless of distance	

Additional Funding Restrictions
All project budgets must adhere to these requirements:

Indirect Cost
Indirect cost is the cost incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. Indirect Cost may not exceed restrictions or limits placed on it by the funding source.

Per NC Session Law 2023-65: For Grantees, including nonprofit grantees, that (i) are receiving financial assistance and do not have a federally approved indirect cost rate from a federal agency or (ii) have a previously negotiated but expired rate, the Department may allow the grantee, in accordance with 2 C.F.R. § 200.332(a)(4) or 2 C.F.R. § 200.414(f), to use the de minimis rate of modified total direct costs. Alternatively, the grantee may negotiate or waive an indirect cost rate with the Department. If State or federal law or regulations establish a limitation on the amount of funds the grantee may use for administrative purposes, then that limitation controls, in accordance with 2 C.F.R. § 200.414(c)(3).

The funding source(s) of this RFA and its subsequent awards: Federal-Maternal and Child Health Block Grant (MCHB-Health Resources and Services Administration)

Has RESTRICTIONS on Indirect/Administrative Cost

Indirect costs are allowed on the following portion of the subaward: $1,727,307 but are limited to **10% percent**.

Where the applicant has a Federal Negotiated Indirect Cost Rate (FNICR), the indirect cost rate requested may not exceed the award's **limit as defined above** regardless of the applicant's recognized rate. The total modified direct cost identified in the applicant's FNICR shall be applied. A copy of the FNICR must be included with the applicant's budget.

If the applicant does not have an FNICR, then the applicant may claim indirect cost **up to the limit as defined above** or the *de minimis* indirect cost rate of 15%, whichever is less with no additional documentation required, per the federal Uniform Guidance.

The applicant may elect to claim a lesser portion of the allowed indirect cost rate. If claiming the *de minimis* or some portion thereof, it may not exceed the limit of the modified total direct costs in the proposed budget as defined by 2 CFR 200.1 "Modified Total Direct Cost (MTDC)". Applicants must indicate in the budget narrative that they wish to use the de minimis rate, or some part thereof. Applicants who do not wish to claim any indirect cost must enter "No indirect cost requested" in the indirect cost line item of the budget narrative.

5. Indirect Cost Rate Approval Letter (if applicable)

6. SubContractor/SubGrantee Information

In accordance with 09 N.C. Administrative Code 03M.0703, Required Contract Provisions, the Applicant must provide the required information for every subcontractor and subgrantee included in the Project Budget. If the Applicant has no subcontractor and subgrantee, indicate that in the first line under "Name." If the Applicant plans to have subcontractors or subgrantees but they are unknown at this time, that must be indicated in the first line under "Name" for as many as are planned. When they are known, this information shall be submitted to the Division for review prior to the Applicant contracting with the entity. Attach additional pages as necessary.

NOTE: If awarded federal pass-through funds, subgrantees must certify to the Applicant whenever applying for funds, requesting payment, and submitting financial reports:

> "I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812."

SubContractor/SubGrantee Name:
Position Title (if applicable):
EIN or Tax ID:
Street Address or PO Box:
City, State and ZIP Code:
Contact Name:
Contact Email:
Contact Telephone:
Fiscal Year End Date (for organizations):
Is this organization functioning as a pass-through entity "SubGrantee" of the Applicant?
Is this organization functioning as a vendor "SubContractor" of the Applicant?

SubContractor/SubGrantee Name:
Position Title (if applicable):
EIN or Tax ID:
Street Address or PO Box:
City, State and ZIP Code:
Contact Name:
Contact Email:
Contact Telephone:
Fiscal Year End Date (for organizations):
Is this organization functioning as a pass-through entity "SubGrantee" of the Applicant?
Is this organization functioning as a vendor "SubContractor" of the Applicant?

7. Attachment A and B

Attachment A: Letter of Commitment/Memorandum of Agreement

This attachment includes:

- A Letter of Commitment (LOC) is required from a non-profit/community-based organization that the applicant will be in partnership (unfunded) with provide support and/or services for a selected evidence-based strategy. The LOC must outline the specific roles and responsibilities for each party.
- A Memorandum of Agreement (MOA) is required from a non-profit/community-based organization that the applicant will subcontract with (funded partnership) to implement services for a selected evidence-based strategy. The MOA must outline the specific roles and responsibilities for each party.

Attachment B: Agency Information

This attachment includes:

- Organizational chart of the applying agency.
- Job descriptions for all staff positions that are necessary to implement the selected evidence-based strategies.
- Resumes for all staff currently in place that are necessary to implement the selected evidence-based strategies.

8. IRS Letter

Public Agencies:
Provide a copy of a letter from the IRS which documents your organization's tax identification number. The organization's name and address in the letter must match your current organization's name and address.

Appendix A: Program Surveys

Doula Services Birth Satisfaction Survey

Participant: _____ Date: _____
Baby's Date of Birth: _____

1. In partnership with your doula, did you prepare a birth plan/wish list to share with your doctor or midwife and nurse?	□ YES □ NO
2. Did you feel that you were involved in the decision-making process and felt listened to during your labor and birth - a. By your doctor/midwife? b. By your nurse?	□ NEVER □ SOMETIMES □ ALWAYS □ NEVER □ SOMETIMES □ ALWAYS
3. What comfort measures and coping techniques did you find to be the **<u>most helpful</u>** while you labored at home and in the hospital? *(Check all that apply)*	□ Birth ball □ Breathing techniques □ Massage □ Music □ Position changes □ Shower □ Tub □ Walking □ Other (please specify) _____
4. What comfort measures or coping techniques were **<u>not helpful</u>** to you in labor? *(Check all that apply)*	□ Birth ball □ Breathing techniques □ Massage □ Music □ Position changes □ Shower □ Tub □ Walking □ Other (please specify) _____
5. a. Did you use any of these pain medications during your labor? b. Did the medication work as you expected?	□ Epidural □ Nitrous oxide □ IV medication □ None □ YES □ NO
6. Please describe what happened after your baby was born. a. Did you hold your baby directly on your chest (skin-to-skin) for at least 1 hour immediately after birth? b. Did you start nursing your baby within the first hour?	□ YES □ NO □ If no, please explain _____ □ YES □ NO □ If no, please explain _____
8. What did you feed your baby while in the hospital?	□ Only their breastmilk □ A mix of their breastmilk and formula □ Only formula □ Other (please specify)_____
9. What are you currently feeding your baby?	□ Only their breastmilk □ A mix of their breastmilk and formula □ Only formula □ Other (please specify)_____
10. If you are feeding your baby breastmilk, what has been the most helpful to get you started and/or to continue breastfeeding? *(Check all that apply)*	□ In-hospital support (nurse/lactation consultant) □ Professional support (lactation consultant/counselor) □ Local Health Department support (WIC Breastfeeding Peer Counselor) □ Community support (support groups) □ Family/Friends □ Other (please specify) _____
11. Please describe your birth experience in 2-3 descriptive words.	

12. Describe how your doula contributed to your birth experience in 1-2 ways.	_____ _____
13. Would you recommend that other women use a doula during their birth?	□ YES Please tell us why?_____ □ NO Please tell us why?_____ □ OTHER Please specify _____
14. What information do you wish you had known prior to giving birth?	_____ _____
15. Did you receive your postpartum care checkup with your clinical provider?	□ YES □ NO If No, please explain why _____
16. Where did you learn about what to expect during labor and birth? *(Check all that apply)*	□ Centering Pregnancy Group □ Childbirth Education Class □ Your Doula □ Prenatal Care Provider □ Did not know what to expect □ Other (please specify) _____

Activity 165 – RIMC
Infant Safe Sleep Education
3-Month Follow-Up Survey

Participant Name: _____ Date Survey Conducted: _____
Date Education Received: _____Date of Baby's Birth: _____

1. **How often do you place your baby down to sleep on his/her back?**
    a. Always
    b. Often
    c. Sometimes
    d. Rarely
    e. Never

2. **How often does your baby sleep in the same bed with you or anyone else?**
    a. Always
    b. Often
    c. Sometimes
    d. Rarely
    e. Never

3. **Have you smoked cigarettes in the last two years?**
    a. Yes
    b. No – **Skip to Question #7**

4. **In the <u>three months before</u> you got pregnant, how many cigarettes did you smoke on an average day?** (*20 cigarettes in a pack)*
    a. I didn't smoke then
    b. Less than 1 cigarette
    c. 1 to 5 cigarettes
    d. 6 to 10 cigarettes
    e. 11-20 cigarettes
    f. 21 or more cigarettes

5. **In the <u>last three months</u> of your pregnancy, how many cigarettes did you smoke on an average day?**
    a. I didn't smoke then
    b. Less than 1 cigarette
    c. 1 to 5 cigarettes
    d. 6 to 10 cigarettes
    e. 11-20 cigarettes
    f. 21 or more cigarettes

6. **How many cigarettes do you smoke on an average day now?**

a. I don't smoke now
b. Less than 1 cigarette
c. 1 to 5 cigarettes
d. 6 to 10 cigarettes
e. 11-20 cigarettes
f. 21 or more cigarettes

7. **Which of the following statements best describes the rules about smoking inside your home, even if no one who lives in your home is a smoker?**
   a. No one is allowed to smoke anywhere inside my home
   b. Smoking is allowed in some rooms or at some times inside my home
   c. Smoking is allowed anywhere inside my home

8. **Have you used e-cigarettes or other electronic nicotine products in the past two years?** *(battery-powered devices that produce a vapor instead of smoke - vape pens, juul, e-hookahs, hookah pens, e-cigars, e-pens)*
   a. Yes
   b. No – **Skip to Question #12**

9. **In the <u>three months before</u> you got pregnant, on average, how often did you use e-cigarettes or other electronic nicotine products?**
   a. I did not use e-cigarettes or other electronic nicotine products then
   b. 1 day a week or less
   c. 2 to 6 days a week
   d. Once a day
   e. More than once a day

10. **In the <u>last three months</u> of your pregnancy, on average, how often did you use e-cigarettes or other electronic nicotine products?**
   a. I did not use e-cigarettes or other electronic nicotine products then
   b. 1 day a week or less
   c. 2 to 6 days a week
   d. Once a day
   e. More than once a day

11. **How often do you use e-cigarettes or other electronic nicotine products now?**
   a. I do not use e-cigarettes or other electronic nicotine products now
   b. 1 day a week or less
   c. 2 to 6 days a week
   d. Once a day
   e. More than once a day

12. **Which of the following statements best describes the rules about using e-cigarettes or other electronic nicotine products inside your home?**
    a. No one is allowed to use e-cigarettes or other electronic nicotine products anywhere inside my home
    b. Use of E-cigarettes or other electronic nicotine products is allowed in some rooms or at some times inside my home
    c. Use of E-cigarettes or other electronic nicotine products is allowed anywhere inside my home

13. **Are you currently breastfeeding or feeding pumped breastmilk to your baby?**
    a. Yes
    b. No - **Skip to Question #15**

14. **How many weeks have you been breastfeeding or feeding pumped breastmilk to your baby?**
    a. _____ weeks – **Skip to Question #17**

15. **Did you ever breastfeed or pump breastmilk to feed your baby even for a short period of time?**
    a. Yes
    b. No – **Skip to Question #17**

16. **How many days or weeks did you breastfeed or pump breastmilk to feed your baby?**
    a. 1 to 3 days
    b. 4 to 7 days
    c. _____ weeks

17. **Do you offer your baby a pacifier during sleep time?**
    a. Yes
    b. No

18. **Has your baby received all recommended immunizations (given at birth, 1-month and 2-month well-child visits)?**
    a. Yes
    b. No
    c. Not sure

Date Survey Responses entered into Survey Monkey: _____

Appendix B: Data Resources

2025 County Health Data Book – Birth Indicator Tables by State and County - 2023 Data source by race and ethnicity for: preterm births, low birth weight births, trimester prenatal care began, smoking during pregnancy, infant breastfed at discharge, and method of delivery. https://schs.dph.ncdhhs.gov/data/databook/

2024 Infant Mortality Statistics – Data source for infant mortality rates. https://schs.dph.ncdhhs.gov/data/vital/ims/2024/

N.C. Maternal and Infant Health Data Dashboard – provides data showing trends, racial/ethnic inequities, maternal age, maternal education, and geographical differences for a variety of important health indicators describing maternal risk factors and characteristics and birth outcomes. https://www.dph.ncdhhs.gov/programs/title-v-maternal-and-child-health-block-grant/nc-maternal-and-infant-health-data-dashboard

Appendix C: Doula Organizations

Below is a list of established doula organizations that provide online and in-person training and certification options. Inclusion on this list does not constitute an endorsement by the Women, Infant, and Community Wellness Section. This list is intended to help agencies select options and determine the best fit for their community.

Doula Organization	Website	Training (T) / Certification Offered (C)	Type / Scope
Ancient Song	https://www.ancientsongdoulaservices.com	T/C	Full spectrum doula training
Birth Arts International	https://www.birtharts.com	T /C	Online birth and postpartum doula certification programs
CAPPA	https://www.cappa.net	T /C	International certification organization- labor doula, postpartum doula,
Childbirth International (CBI)	https://childbirthinternational.com	T /C	International online doula, childbirth, and lactation training
Childbirth Professionals International (CPI)	https://birthprofession.com	T /C	Online birth/postpartum doula certification organization
DONA International	https://www.dona.org	T /C	International birth and postpartum doula
Doula Trainings International (DTI)	https://wearedti.com	T /C	Full-spectrum doula training organization

HealthConnect One	www.healthconnectone.org	T/C	Community-Based Doula training
ICEA	https://icea.org	T /C	International childbirth educator and doula certification
International Doula Institute (IDI)	https://internationaldoulainstitute.com	T /C	Online doula certification
National Black Doulas Association (NBDA)	https://www.blackdoulas.org	T /C	Black/BIPOC-centered directory, training, certification
National Doula Certification Board (NDCB)	https://www.doulaboard.org	T /C	Independent personnel-certification board for individual doulas
ProDoula	https://www.prodoula.com	T /C	Labor and postpartum doula training/certification organization
ToLabor	https://tolabor.com	T /C	Birth doula training/certification
New Beginnings Doula Training	https://www.trainingdoulas.com	T /C	Online birth/postpartum doula certification

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