

North Carolina Department of Health and Human Services Division of Public Health

Section/Branch: Women, Infant and Community Wellness Section/Infant and Community Health Branch

RFA Questions and Answers

RFA #A430

RFA Title: Improving Community Outcomes for Maternal and Child Health

Addendum Number: 1

If applicable, Bidder's Conference(s) Date(s): October 9, 2026 10am

Questions Received Until (date): October 14, 2026

Summary of Questions and Answers Release Date: October 21, 2026

DPH Internal Use Only	
Contracts Team Leader Approval:	Signed by: <i>Rebecca Miller</i> Signature 10/21/26 2:38 PM EDT Date
Questions regarding T&C? Yes / No : No	
If Yes, Contracts Manager Approval:	Signed by: <i>Jensen Precioso</i> Signature 10/21/26 1:44 PM EDT Date

Questions and Answers *(list all questions and answers in numerical order)*

- 1. If we choose enhanced Local Health Department (LHD) preconception services instead of Preconception Peer Education (PPE), could we implement One Key Question in our clinics as our reproductive life planning assessment? Would we be able to report the number of patients who receive that assessment, or would additional services be required?**

Answer: Yes, you can implement One Key Question as an assessment tool. However, you will need to incorporate and implement at least one additional activity listed under Appendix A, Program Aim 1, Improve Birth Outcomes, 2., Preconception and Interconception Health, A. Scope of Services.

In addition to selecting to implement either the LHD preconception services or PPE program, you must also choose to implement one of the following: a community-based health education and outreach program, the Mothers and Babies Program, or use of social media/media campaign to increase public awareness of preconception/interconception health.

- 2. Will we be able to receive this PowerPoint or will the webinar be recorded?**

Answer: The PowerPoint will not be distributed, and the webinar was not recorded. However, all the information shared is in the RFA.

- 3. Under Aim 1, are we required to complete all three activities listed—education and outreach, Mothers & Babies, and social media—and then choose either PPE or enhanced LHD preconception services? Or can we select just one of those three activities along with one of the two options?**

Answer: No, you are not required to implement all Evidence-Based Strategies (EBS) under Aim 1. However, in addition to selecting to implement either the LHD preconception services or PPE program, you must also choose to implement one of the

following: a community-based health education and outreach program, the Mothers and Babies Program, or use of social media/media campaign to increase public awareness of preconception/interconception health..

4. For Aim 2, are we required to implement all the breastfeeding activities listed in the Scope of Services and then select one of the five additional strategies? Or can we choose which activities to implement?

Answer: No, you are not required to implement all breastfeeding activities under Aim 2. LHDs are required to select one activity under those listed in Appendix A, Program Aim 2: Reduce Infant Mortality, 1., Ten Steps for Successful Breastfeeding, A. Scope of Services.

5. Can you provide a link to the eligibility screening tool?

Answer: The link for the screening tool is <https://wicws.dph.ncdhhs.gov>. It is also located on page 5 in the RFA.

6. Will there be a specific documentation system that will need to be utilized, or would we use the EHR the LHD uses?

Answer: LHDs will be required to use the web-based database called RedCap. Newly funded applicant agencies will receive training on the RedCap reporting system. Also, there are additional reporting requirements that must be satisfied depending on the evidence-based strategy that the LHD selects.

7. I understand that we can divide the aims between counties, but can we still support each other's work? For example, could the county primarily focused on preconception health still provide breastfeeding education or social media outreach, and vice versa? Would those activities count toward the grant deliverables, and how should they be reported?

Answer: LHDs that plan to collaborate with another can agree to split the implementation of strategies across counties as long as all three(3) aims and the required evidence-based strategy(ies) per aim are carried out. Also, collaborating LHDs must report on all EBS being implemented according to the program plan outlined in the RFA.

8. For the Family Connects Newborn Home Visiting program, is the 1.0 FTE for every 200 births requirement per month or over a longer time range?

Answer: The staffing requirement is 1.0 FTE for every 200 births annually.

9. For Preconception Peer Educator (PPE) Program, is the requirement to have an memorandum of agreement (MOU) with 1 school/organization or 2? It says two in performance measure and 1 in the scope.

Answer: The scope states, "Establish a partnership with local community colleges, four-year universities or agencies..." LHDs that select this evidence-based strategy will be required to partner with at least 2 of the listed entities. This could be two of the same kind of entity or a combination. E.g., one community college and one community-based organization, or two four-year colleges.

10. I understand that we select 1 EBS per aim, but to clarify, we DO need to do all 3 aims, correct?

Answer: Yes, all LHDs must address all three (3) aims and implement the required evidence-based strategy(ies) for each aim.

11. Is the qualifier for the disparity ratio 2.0 as stated in the RFA or 2.9 as indicated on the excel spreadsheet made available?

Answer: The ICO4MCH eligibility qualifier for the infant mortality disparity ratio is 2.9. Section I, 1. Eligibility is hereby deleted and replaced with the following:

1. Eligibility

Only Local Health Departments and Districts are eligible to apply to this RFA if they meet the criteria outlined below. Given the amount of funding available, this RFA process will be competitive. DPH encourages and will accept applications from single or multi-county local health departments (LHDs) that meet eligibility criteria. For a multi-county application that includes different local health departments/districts, one county must take the lead in submitting the application and be responsible for ensuring completion and compliance with all required deliverables and reporting requirements outlined under this RFA.

Eligibility criteria are:

1,000 or more births in 2024 in the county or counties that the single or multi-county local health departments will implement the selected evidence-based strategies (EBS) in

AND

1. At least **ONE** of the following:

- Combined 2022-2024 infant mortality rate must be 10.1 or higher per 1,000 live births and 20 or more infant deaths
- Combined 2022-2024 infant mortality disparity ratio must be 2.9 or higher
- Percent of children <5 years of age living in poverty must be 28.4% or higher (ACS 2020-2024 data) or
- Percent of children <19 years of age who are uninsured must be 8.0% or higher (2023 SAHIE)

12. For the needs assessment, there is a list of indicators to include. Is this list required or illustrative? Can we include that is related to the context and strategies selected? Some of the data isn't available past 2020 without newer PRAMS data.

Answer: Please use and include the most recent data available in your needs assessment. Data sources should be cited appropriately.

13. To clarify, for scope of services for each selected EBS we do not need to do all items, just specify which we are doing?

Answer: No, you do not have to complete all activities under the evidence-based strategy listed. LHDs must address all three aims and implement the required evidence-based strategy(ies) for each aim.

14. This is a competitive RFA between existing programs and new funding. Is there a number of accepted applications for new funding specifically or it is 100% competitive between both?

Answer: All currently funded LHDs and those LHDs who are interested in this funding opportunity must apply to be considered for future funding.

15. For the Parents As Teachers (PAT) program, does the FTE supervisor and home visitors all have to be paid by the grant or can we include LHD staff?

Answer: No, the FTE supervisor and home visitors do not have to be paid solely through ICO4MCH funding. If staff are funded across programs, their salary and fringe must be prorated accordingly.

16. On the application face sheet, it asks for the address to which checks are made. I asked my budget department, and they stated that we do electronic funds transfer (EFT) and don't have an address. What do I put in the box for our mailing address?

Answer: If your LHDs receives payment via EFT, you may enter the LHD's physical address.

17. Is there a limit for the number of letters of agreement (LOA) to be included with the application? Do we need a LOA from local hospitals for Doula Services?

Answer: There is no limit on the number of Letters of Agreement (LOAs) that an applicant agency can submit with their application. Also, if you are currently or plan to implement the Doula Services EBS, it is recommended that to obtain a LOA from the hospital(s) in your local community that you plan to collaborate with specific to Doula Services.

18. Do I need a Letter of Commitment from every Community Action Team (CAT) member?

Answer: Yes, a Letter of Commitment is needed from each CAT member.

19. You mentioned that we have to do at least one EBS. So, could do 2 EBS from one aim? Sorry if this has already been asked.

Answer: Yes, you can implement more than one evidence-based strategy under each aim.

20. For the Parents as Teachers (PAT) program, can we split responsibilities between LHD and grant staff? Or does everything have to be completed by grant staff

Answer: Yes, you can split the responsibilities across all LHD staff-those whose salary is funded by ICO4MCH and those staff who are funded by other sources. Salary and fringe must be prorated accordingly across those programs.

21. For reference for 5-3 and 5-4: 5-3. Use the chart below to identify the CAT members currently collaborating with the LHD. Identify their name, role, and how long they have been involved with the CAT. Roles include community members, content experts, health care providers, local health department staff, impacted groups, community leaders, or advocates. Provide a letter of commitment (LOC) from each member in Attachment B. (3 points). 5-4. If the agency does not have a CAT or similar team, use the chart below to identify potential stakeholders from the county/community and what their role will be in implementation of the EBSs. Include LOC in Attachment B. (3 points) In section 5, 5-3 and 5-4 are the same question but listed separately. Is this a misprint or should the same LOC chart be listed for both questions?

Answer: Section 5-5.3 asks applicant agencies to list current Community Action Team (CAT) members that are collaborating with the LHD and include (attach) a letter of support. Section 5.4 says that if an applicant agency does not have a CAT, then the chart should be used to list potential stakeholders that could become CAT members and indicate what their role should be.

22. For the Parents As Teachers (PAT) Program, can LHD staff be paid from county funds and not the grant?

Answer: Yes, LHD staff who work on PAT efforts under the ICO4MCH program can be paid for from county or ICO4MCH funds, or a combination.

23. Can we collaborate with an existing Community Health Worker (CHW) program?

Answer: Yes, you can work with existing CHW programs to meet ICO4MCH program requirements.

24. Where will the answers to these questions be posted for review?

Answer: The questions and answers will be posted on the NC Division of Public Health-Women, Infant and Community Wellness Section website (<https://wicws.dph.ncdhhs.gov>) under the RFA A430 heading.

25. When uploading the attachments, would you like all the LOC's in 1 attachment or upload a file that includes all LOC's? For example, file will state Attachment B, inside includes all LOCs.

Answer: Yes, please submit one attachment with all LOC's enclosed in it.

26. Will you provide a notification of the Letter of Intent?

Answer: Yes, we will respond to each letter of intent via email.

27. Can we propose 2 strategies? The heading "Select one (1) of the following Scope of Services to implement in addition to the above listed activities" and report on the outcomes in REDCap?

Answer: Yes, you can propose to implement more than one EBS per aim.

28. In the BF Aim selection of Scope of Services, would implementing the Breastfeeding Family Friendly Communities 10 steps be accepted as part of the Breastfeeding Friendly City Program? Are they the same?

Answer: The Ten Steps for Successful Breastfeeding is the name of the overall initiative. The Breastfeeding Friendly City Program is one evidence-based strategy under the initiative.

29. Could we use data from our Family Planning and Primary Care clinics on increasing the percent of LHDs providing a pre-pregnancy visit for women and men of reproductive age?

Answer: Yes, you can use the data from your Family Planning and Primary Care Clinics. Data is needed to justify your choice of evidence-based strategy, and it validates the need for the EBS.

30. Could funding be used for strategic marketing campaigns that drive men/women of reproductive age to FP and Primary Care for pre-pregnancy education? If we use current numbers as a baseline then measure again after the marketing campaigns to assess an increase in numbers served?

Answer: Your plan needs to link back to Aim #1 and the selected EBS you plan to implement. Employing a campaign to increase the number of women and men of reproductive age into FP and primary care clinics is one thing, but what EBS will be employed once patients come to the LHD? Clarification on the specific EBS to be employed should be outlined in your response.

31. Can counties contract with sites to implement Triple P directly with families of children ages 0-5 and the staff from those CBOs be our FTE and our ICO4MCH Coordinators

overseeing their implementation? And if so: For #9 of the Triple P Scope of Services, what does the following mean?: Create a practitioner/child-serving agency support plan, including the use of parent support materials, refresher and attrition training, Peer Assisted Supervision and Support (PASS), Triple P integration into the child-serving agency, and practitioner service delivery plan.

Answer: If you are contracting with a Community Based Organization (CBO), the Triple P implementors would not be Guilford County staff and the CBO would be considered a subrecipient of the LHD. The ICO4MCH Coordinator would be responsible for overseeing and monitoring the subcontract. Also, if you are contracting with a CBO, the Triple P implementors would not have to be Guilford County staff. The ICO4MCH Coordinator would be responsible for overseeing and monitoring the subcontract and the above noted items are Triple P specific tools that trained practitioners will have to complete. If your LHD selects Triple P and are awarded funds, the DPH Contact would connect you to the Triple P State Coordinator to arrange for training (note-there's a cost associated with training). If you plan to subcontract with a CBO that has staff trained in Triple P, completion of all components may not be required. Please explore this with the potential CBO partner and confirm which components they have in place. See also the requirements for Subcontracting in RFA Section IV.12.

32. Am I reading this correctly by saying: Each CBO we partner with should create the agency's Triple P support plan that includes Triple P support materials used, trainings they implement on an ongoing basis, PASS opportunities utilized, how Triple P is integrated in their programming, and the delivery plan?

Answer: Yes, that is correct.