

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

RFA Questions and Answers

RFA # A427, RFA Title: Reducing Infant Mortality in Communities
Addendum Number: 1

If applicable, Bidder’s Conference(s) Date): 9/24/2026
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Contracts Team Leader Approval:	Signed by: Rebecca Miller Signature	10/15/26 8:01 AM EDT
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If Yes, Contracts Manager Approval:	DocuSigned by: Jensen Precioso Signature	10/14/26 1:50 PM EDT
		Date

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

1. Question: Is the \$200,000 the cap for annual funding?

Answer: Yes. In order to allocate funding equitably to more local health departments, the annual funding range is \$150,000-\$200,000 for the next three-year grant period. Applicants cannot apply for more than \$200,000 annually.
2. Question: We cannot execute/process a Memorandum of Agreement (MOA) unless the funding source is confirmed. We must tie the MOA with an approved funding source. Would a letter of agreement with our funded community-based organization (CBO) stating their agreement to serve as a funded partner suffice in lieu of an MOA?

Answer: Yes. You can submit a letter of agreement in lieu of an MOA. The letter of agreement must include the roles and responsibilities of the CBO and the local health department.
3. Question: For the Breastfeeding Support Services strategy, is an LHD required to have a formal partnership with an IBCLC or other lactation consultant, or can the requirement be met through our existing WIC Breastfeeding Peer Counselor and breastfeeding support infrastructure, with referral to an IBCLC when a higher level of lactation support is needed?

Answer: A partnership with a lactation consultant is required to support the RIMC's Breastfeeding Peer Counselor (BFPC) when needed. The WIC program may not allow the lactation consultant working under WIC to support the RIMC's BFPC.

4. Question: Are the 2024 data disaggregated by race/ethnicity available at the county level?

Answer: Yes, the required data is disaggregated by race and ethnicity at the county level and can be found online at the N.C. Maternal and Infant Health Data Dashboard (<https://www.dph.ncdhhs.gov/programs/title-v-maternal-and-child-health-block-grant/nc-maternal-and-infant-health-data-dashboard>).

5. Question: How many RIMC applicants that were not among the top 25 counties for infant mortality or disparity have received funding? We are trying to better understand how competitive an application can be when an applicant does not receive the additional demonstrated-need points.

Answer: Previously, only LHDs in the top 25 for infant mortality rates and infant mortality disparity ratios were eligible to apply for funding. All LHDs are eligible to apply for funding for this RFA. Applications submitted that do not receive demonstrated-need points are equally competitive.

6. If a portion of the lactation consultant position is supported with local funds, would that make the position, or the locally funded portion of it, allowable to support the RIMC program since the position is housed within WIC but is not 100% WIC-funded?

Answer: The lactation consultant under WIC can be utilized to support the RIMC BFPC if allowed by the LHD's WIC program.

7. For the Doula Services strategy, can the four community members already be trained doulas, or is it a requirement that they complete an approved doula training after the award period has begun?

Answer: You can recruit doulas that have already been trained as long as they have been trained by one of the approved Doula Organizations listed in Appendix C in the RFA document.

8. For the funded or unfunded partnerships, do we need to have different community-based organizations (CBOs) for each evidence-based strategy (EBS), or can you have a funded or unfunded partnership with the same CBO for both EBSs?

Answer: You can have a funded or unfunded partnership with the same CBO for both EBSs.

9. If we choose more than two evidence-based strategies (EBSs), will that make our application more competitive?

Answer: Choosing more than two EBSs will not make an application more competitive. Applicants must consider the budget needed to successfully implement each EBS and meet each EBSs' program requirements.

10. Are all LHDs invited to apply this cycle because there is more funding available?

Answer: No, the amount of funding available has not changed. We have just opened it up to allow all LHDs to apply for funding.

11. Question: For the Group Prenatal Care (GPC) EBS, will we be billing a patient's Medicaid for those services, or is the group prenatal care "paid for" out of this RFA?

Answer: The RIMC funds are used to support the program: program staff salaries and fringe benefits, training expenses, participant incentives, meeting space, etc. RIMCS funds are not paying for the patient's prenatal care services. You can bill a third-party payer, this includes Medicaid.

12. Question: Is an International Board-Certified Lactation Consultant (IBCLC) or Certified Lactation Consultant (CLC) required for a referral source under the breastfeeding support services EBS? This is not included in the RFA document.

Answer: No, an IBCLC or CLC is not required as a referral source under the breastfeeding support services EBS. However, a lactation consultant must be included as a referral source for the Breastfeeding Support Services EBS.

RFA A-427, Section III. Scope of Services, Paragraph A. Community Engagement Components, Item 3. Evidence-Based Strategies, Item A. Breastfeeding Support Services, Paragraph i. Program Requirements (on page 11) is hereby amended to include:

e. If a client requires a referral for additional lactation support beyond the BFPC's scope of expertise, a partnership with a lactation consultant is required as a referral source. If the BFPC is a lactation consultant, no additional partnership is required.

13. Question: There is a discrepancy in the attachment labels. The application checklist on page 26 and the questions on pages 37 and 39 identify

Attachment A for Agency Information and Attachment B for Letters of Commitment and Memoranda of Agreement, but page 44 reverses those labels, please clarify.

Answer: Please follow the Application Checklist (page 26) and Agency Section guidance:

Attachment A - Agency information

Attachment B - LOCs and MOAs

14. Question: If we choose Group Prenatal Care, could a group meet without a clinical provider and patients see their own clinical provider?

Answer: No, under the Group Prenatal Care evidence-based strategy, pregnant women receive prenatal care by a clinical provider during the group sessions.

15. Question: Can you apply for this RFA as a region (for all counties served by a district) or only specific counties listed in the top quartile for infant mortality rates or disparity ratios?

Answer: LHDs would apply to serve all the counties in their district.

16. Question: Under the Breastfeeding Support Services strategy, is everything listed as “shall” considered a required activity? Specifically, are we required to provide small grant opportunities to assist with creating breastfeeding friendly spaces, or is that an optional activity?

Answer: Yes, everything listed under the program requirements for each evidence-based strategy are required activities.

17. Question: Do we need to have a Memorandum of Agreement with WIC (the funded partner), and the Letter of Commitment can be used for the non-funded organization, or can they both be Letters of Commitment?

Answer: You would not obtain a Letter of Commitment or a Memorandum of Agreement with WIC. WIC is a program within the health department and does not qualify as a partnership (funded or unfunded) with a community-based organization (CBO). A Letter of Commitment is required with a CBO for an unfunded partnership, and a Memorandum of Agreement is required with a CBO for a funded partnership. You could obtain a letter of support from WIC to recognize them as a referral source, but that is not required.

18. Question: Do we need to have a funded partnership with a community-based organization (CBO) or can they be unfunded?

Answer: No, it is not required to have a funded partnership.

19. Question: In Attachment A: Agency Information, do we need to submit current resumés and job descriptions for program staff already hired?

Answer: Yes, for currently hired program staff you must include both job descriptions and resumes.

20. Question: We have created the participant satisfaction surveys for the infant safe sleep and Ready Set Baby classes and the Breastfeeding Peer Counselor program. Do you want us to attach those surveys in the application?

Answer: No, you are not required to include the participant satisfaction surveys created for the evidence-based strategies in the application.