

Amended 01/19/2024 - Minnesota Partnership to Prevent Infant Mortality: Infant Health Grants

APPLICATION FOR TRIBAL GRANTS

March 15 ~~March 1~~, 2024 – June 30, 2025

Important Dates!

Dec. 8, 2023: Application released.

Feb. 19 ~~Jan. 22~~: Last day to submit applications.

Feb. 23 ~~Jan. 29~~: Applications proposals finalized.

March 1 ~~Feb. 6~~: Award letters and Grant Agreements submitted.

March 15 ~~March 1~~: Grants begin.

Minnesota Partnership to Prevent Infant Mortality: Infant Health Grants

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~~12/8/2023~~ 1/19/2024

Upon request this material will be made available in an alternative format.

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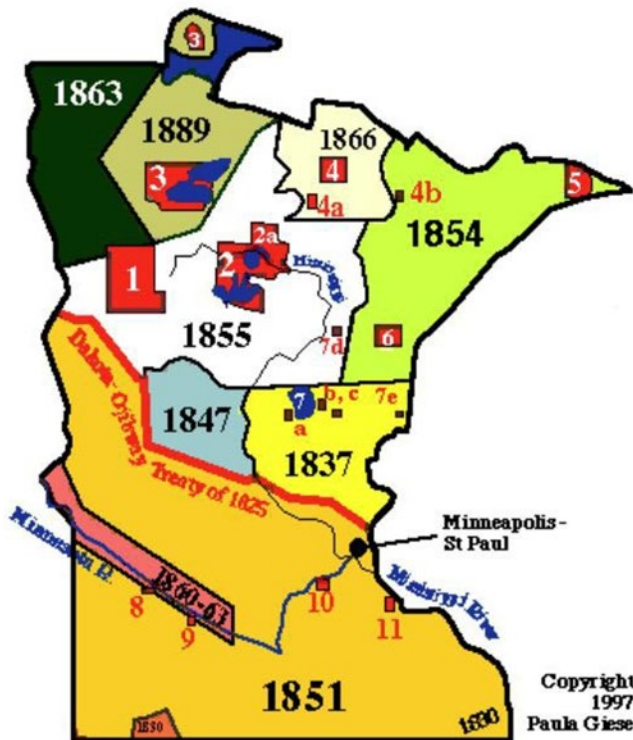
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Land Acknowledgement

Every community owes its existence and vitality to generations from around the world who contributed their hopes, dreams, and energy to making the history that led to this moment. Some were brought here against their will, some were drawn to leave their distant homes in hope of a better life, and some have lived on this land for more generations than can be counted. Truth and acknowledgment are critical to building mutual respect and connection across all barriers of heritage and difference.

We begin this effort to acknowledge what has been buried by honoring the truth. We are standing on the ancestral lands of the Dakota people. We want to acknowledge the Dakota, the Ojibwe, the Ho Chunk, and the other nations of people who also called this place home. We pay respects to their elders past and present. Please take a moment to consider the treaties made by the Tribal nations that entitle non-Native people to live and work on traditional Native lands. Consider the many legacies of violence, displacement, migration, and settlement that bring us together here today. Please join us in uncovering such truths at any and all public events.¹

Minnesota Reservations: Land Cession Treaties



¹ This is the acknowledgment given in the USDAC Honor Native Land Guide – edited to reflect this space by Shannon Geshick, MTAG, Executive Director, Minnesota Indian Affairs Council.

General Information

- **Application Title:** Infant Health Grants – Tribal Grants
- **Application Deadline:** Minnesota Department of Health (MDH)- Maternal and Child Health Section (MCH) will accept applications until 11:59 p.m. Central Daylight Time (CDT): **Monday, Feb. 19 Jan. 22.**
- **Application Location:** Applications will be accepted in Microsoft Word or PDF through submission to the MCH email: health.mch@state.mn.us.

Program Description

The Minnesota Department of Health (MDH) seeks applications from Tribal Government partners interested in implementing projects to support the improvement of infant health and the reduction of infant mortality between March 15, 2024 ~~March 1, 2024~~, and June 30, 2025. **This funding opportunity is intended to support new and on-going work in this area. This opportunity is for tribal governments that are not currently funded from the original request for non-competitive infant health grants (posted originally on 08/22/2023).**

Additional program information can be found at: Healthy Beginnings Health Families: Infant Health (<https://www.health.state.mn.us/people/womeninfants/infantmort/hbhfinfant.html>).

Project Dates

March 15, 2024 ~~March 1, 2024~~ – June 30, 2025

Funding/Awards

Source of funding for awards is state funds. No match required for funds.

Each applicant can be awarded up to \$200,000 for each fiscal year (total of \$400,000 for funding period). Awards are anticipated to be up to \$200,000 per fiscal year, however MDH reserves the right to go over that amount if it's in the best interest of the infant health program and Minnesota's Tribal Communities. Additional documents such as a Conflict of Interest form and Due Diligence will be completed with applicant prior to receiving award letter.

Final funding determinations will be communicated through award letters. Applicant will enter into a grant agreement with MDH.

MDH anticipates awarding approximately \$4,000,000 over the funding period.

Eligible Applicants

MDH recognizes the sovereignty of Tribal Nations and as such MDH will only accept applications under this funding opportunity from Minnesota based Tribal Governments.

Eligible Projects

Examples of eligible projects can be found in Attachment A. This is not an exclusive list. Other project ideas will be considered as long as their contribution to the reduction of infant mortality is clearly defined and explained in the Narrative. Our philosophy is based on self-determination – that change must come from within communities and build on community strengths and social and human capital.

Eligible Expenses

MDH will reimburse eligible expenses directly related to the proposed project and in the approved budget. Please see [Financial Guidance: Family Home Visiting \(https://www.health.state.mn.us/docs/communities/fhv/fhvfinguidance.pdf\)](https://www.health.state.mn.us/docs/communities/fhv/fhvfinguidance.pdf) for detailed guidance on allowable expenses.

Ineligible Expenses

- Expenses not directly related to the approved Action Plan and not in the approved budget.
- Expenses incurred prior to receiving grant agreement.
- Any expenses that do not directly contribute to the activities in the grantee’s Action Plan.
- Any individual piece of equipment that costs more than \$5,000.
- Bad debts, late payment fees, finance charges, or contingency funds.
- Capital improvements or alterations.
- Cash assistance paid directly to individuals to meet their personal or family need.
- Fundraising.
- Lobbyists, political contributions.
- Ongoing medical care or treatment of disease(s) or disability.
- Purchase of vehicle(s) for program use.
- Taxes, except sales tax on goods and services.
- Land acquisition.
- Corporate formation (startup costs).

No Supplanting

Supplanting of funds is not allowed. Supplant means to “replace” or “take the place of.” [Minnesota Statute 145A.17 Subd. 9](#) prohibits MDH grant funds from replacing current local, state, federal, or other funding that is received for the same purpose. Existing funds for a project and its activities may not be displaced by MDH-MCH grant funds and reallocated for other organizational expenses.

Award Responsibilities

Award Agreement, Accountability and Reporting Requirements

No work on grant activities can begin until grant agreement is completed.

Project monitoring will be done twice during the grant period. A progress report will be required by September 30, 2024. From October 2024-March 2024 of the grant period a site visit will occur. The grantees final report will be submitted to MDH by June 15, 2025. The Grant Manager will stay in touch by way of phone, email, and in person/virtual check-ins throughout the life of the grant to answer questions, provide support, approve budgets, and provide technical guidance during grant period. Reporting format will be determined with the applicant and MDH during application review period.

Lack of progress on proposed activities may result in the award being reduced or terminated.

Award Payments

Funding must be tracked and maintained as an independent budget not combinable with any other grant MDH funds. An invoice template specific to this project will be provided by MDH.

Award Process

Applications will be reviewed on a rolling basis until the due date, or until all funds have been distributed, whichever comes first. Proposals will not be scored against each other as this is not a competitive award.

Tribal Governments that submit proposals that are not approved will be provided feedback and given an opportunity to resubmit.

- If your proposal needs improvement, MDH staff lead will provide feedback and a revision deadline.
- If your proposal is out of scope, it will be declined. You may submit one additional new proposal prior to the deadline.

Awards will be determined by two criteria:

1. The proposed project is in-scope related to the eligible projects section above.
2. Funds for this project are still available.

Once a proposal is determined to be in scope with an approved Action Plan and budget, an award letter and grant agreement will be provided. No expenditures may be incurred prior to executing a grant agreement.

This will be a collaborative process. We will work with you closely to ensure that the projects you are proposing are a fit and you will receive funding to do this work. We will work with you to create the Action Plan and Budget that will be part of the grant materials.

There will be two (2) Technical Assistance (TA) sessions during the application period, during which you can participate on a WebEx Meeting for participants can join or call in, to ask questions, and get assistance in completing your application. Those will occur on:

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- **December 18, 2023, at 12:00 p.m. CT**
 - [TA Session Webinar 12/18/2023](https://minnesota.webex.com/minnesota/j.php?MTID=md706a97cb8d02b568b9f15d71f2ccce7)
(<https://minnesota.webex.com/minnesota/j.php?MTID=md706a97cb8d02b568b9f15d71f2ccce7>)
- **January 9, 2024, at 12:00 p.m. CT**
 - [TA Session Webinar 01/09/2024](https://minnesota.webex.com/minnesota/j.php?MTID=meec5ed0eca749fdb6857f5141eea284)
(<https://minnesota.webex.com/minnesota/j.php?MTID=meec5ed0eca749fdb6857f5141eea284>)

All questions and responses will be available on the [Healthy Beginnings Health Families: Infant Health](https://www.health.state.mn.us/people/womeninfants/infantmort/hbhfinfant.html) (<https://www.health.state.mn.us/people/womeninfants/infantmort/hbhfinfant.html>).

This will be updated every three business days as questions are asked. All responses will be shared publicly.

Application Deadline

MDH will accept applications until 11:59 p.m. CDT Monday, **Feb. 19, Jan. 22**.

Application Forms & Instructions

Applications will be accepted in Microsoft Word or PDF at the Maternal and Child Health email: health.mch@state.mn.us.

There is one required application file:

1. Narrative: Please describe what project(s) you have selected for your proposal. Please justify your choice by sharing what outcomes you plan to achieve and how those outcomes will help you better serve families in your community. Also note the total dollar amount you are requesting. Please limit your narrative response to 5 pages.

Attachment A: Infant Health Activities and Strategies

Possible activities/strategies for eligible applicants to convene, coordinate, and implement data-driven strategies and culturally relevant activities to improve infant health by reducing preterm births, sleep-related infant deaths, and congenital malformations and address social and environmental determinants of health. Can include but are not limited to these examples.

Pre-term Birth	<ul style="list-style-type: none">▪ Increase and expand access to culturally appropriate, sensitive prenatal care services with follow-up.▪ Provide home visiting services for all families, delivered in partnership with paraprofessionals such as doulas and community health workers who represent communities receiving services.▪ Support the expansion and implementation of quality improvement models such as the Interventions to Minimize Preterm and Low birth weight infants using Continuous Quality Improvement Techniques (IMPLICIT (https://www.fmec.net/implicit)).▪ Expand and support Perinatal Safe Spots (https://perinataltaskforce.com/safe-spots/) in communities statewide that experience the greatest burden of poor birth outcomes.▪ Develop and/or implementation of Prenatal and postpartum nutrition education programs or support groups.▪ Expand and increase access to preconception health care services for childbearing people, including screening and management of chronic conditions (e.g., diabetes, hypertension, obesity).▪ Increase access to holistic prenatal, postpartum, and general medical care for incarcerated pregnant people.▪ Expanded access to culturally appropriate mental health screenings, substance use screenings, and services to pregnant people and their partners.▪ Adopt innovative models to increase access to perinatal health services: extend health center office hours, provide telehealth abilities, warm lines and referral pathways for families that have questions during and after birth.▪ Increase access to reproductive health services including contraceptives (e.g., LARCs), to support birth spacing, and intended pregnancies, healthy perinatal outcomes, among teens and families that are lower income.▪ Leverage technology to expand access to care and community-based services during the preconception, pregnancy, intrapartum, and postpartum periods.
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	<ul style="list-style-type: none"> ▪ Optimize Antenatal Corticosteroids (ANCS) to reduce risks of serious health problems and death among preterm infants (Ohio PQC). See also the toolkit Optimizing Antenatal Use of Steroids to Improve Preterm Infants (https://www.opqc.net/antenatal-corticosteroids-ancs-project). ▪ Education or public service announcements on pre-term birth, and how to partner with community on risk factors. ▪ Implement tobacco cessation evidence-based programs such as Baby and Me, Tobacco Free and SCRIPT to help pregnant people quit smoking. ▪ Implement evidence-based programs focused on treatment, education, and prevention for sexually transmitted infections (gonorrhea, syphilis, or chlamydia). ▪ Implement evidence-based programs focused on treatment, education, and prevention for teen pregnancy.
<p>Sudden Unexpected Infant Death (SUID)</p>	<ul style="list-style-type: none"> ▪ Expand distribution of federal safety-approved cribs, portable cribs, or play yards statewide with culturally appropriate sleep safety education (e.g., for families, hospitals, homeless shelters, hotels, motels, childcare.) ▪ Create and support Cradleboard creation and education for AI/AN families, led by community. ▪ Develop of evidence based Safe sleep videos and educational materials in multiple languages and diverse media (such as videos, recordings, teach back methods) ▪ Conduct safe sleep focus groups with BIPOC populations to understand opportunities and challenges to safe sleep. ▪ Celebrate and recognize births within communities (e.g., community baby showers) ▪ Culturally appropriate and inclusive safe sleep messages, including safe sleep public campaign. ▪ Breastfeeding support and promotion, including expanding peer breastfeeding support programs. ▪ Implement Period of Purple Crying in health care systems and fund Shaken Baby Syndrome/Abusive Health Trauma prevention public campaign to prevent shaken baby syndrome. ▪ Implement programs addressing sleep related infant deaths such as: Direct On-Scene Education (D.O.S.E.) (https://www.doseprogram.com/) program.

<p>Training and Education</p>	<ul style="list-style-type: none"> ▪ Integration of community health workers, doulas, family home visitors and midwives in more birthing spaces. Increase access to training for these specialties with equitable reimbursement rates. ▪ Create systems to aid families in connection to community health workers and doulas, to increase care coordination and decrease coordination burden on the family. ▪ Implement Grief and Loss support training for providers working with grieving families, including home visitors, social workers, childcare providers, doulas, community health workers, etc. ▪ Create extension of grief and loss support systems through the state, to address mental health after loss for families and communities, to be translated. ▪ Support various training for death scene investigators around infant loss. ▪ Offer and/or support CPR training for families and providers in various settings. ▪ Invest in and Support Cultural Connections Including Cultural Doulas and Birth Workers, Fathers, Family, and Other Supports* ▪ Adopt and Invest in Cultural Traditions and Community Supports—create options for and fund births outside of hospitals at home or in cultural birthing centers w/ cultural practices* ▪ Increase opportunities for mentorship, funding, and training of a diverse healthcare team specifically in infant health, maternal health, and mental health spaces. and increase the number of mental health care providers. ▪ Training on preterm birth risks, healthcare team screening and interventions.
<p>Congenital malformations</p>	<ul style="list-style-type: none"> ▪ Education, screening, and assistance in providing multivitamins and folic acid in preconception and pregnancy. Folic Acid: The Best Tool to Prevent Neural Tube Defects (https://www.cdc.gov/ncbddd/folicacid/features/folic-acid-helps-prevent-some-birth-defects.html) ▪ Increase awareness of congenital anomalies/birth defects and fund prevention efforts. Risk factors for the most common birth defects in Minnesota are diabetes, obesity, smoking, hypertension, substance misuse, intrauterine infections, chemical exposures, and maternal stress. ▪ Increase programming support to address birth defects, birth defects to consider can be found on the MDH Birth Defects Information System (https://www.health.state.mn.us/people/childrenyouth/birthdefects/bdis.html). ▪ Create a supportive program/network for families of birthing people or infants diagnosed with a certain congenital condition.

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Social and environmental	<ul style="list-style-type: none"> ▪ Create free/low cost, reliable transportation for eligible expectant people and expand Med-cab access and same day rides to needed services (e.g., WIC and prenatal care)
determinants of health	<ul style="list-style-type: none"> ▪ Increase families access to safe, stable, and affordable housing through providing accessible housing or helping families find safe sustainable housing. ▪ Support programs that create a career pathway for students (starting in middle school) for students of color interested in health care or allied professions. ▪ Support programs that aim to increase the high school graduation rates of Black/African American and American Indian students and close the education achievement gap. ▪ Provide funds for programs that address boys and men’s health or engage/involve fathers in the pregnancy and birthing process. ▪ Create awareness and programs focused on reduction of maternal and infant exposures to environmental stressors that may impact perinatal health and health inequities in Minnesota. This includes chemical stressors (e.g., use of skin lightening products that contain mercury, exposure to air pollutants), land stressors, and climate stressors (e.g., floods, extreme heat). ▪ Create and/or support education programs for family nutrition, parenting, or life skills. This can include educational programs that have components about building life skills such as: budgeting, cooking, apartment searching, relationship building.

*Collective Action Lab-: Birth Justice [Collaborative \(https://www.collectiveactionlab.com/maternal-health\)](https://www.collectiveactionlab.com/maternal-health)