

# MARCH OF DIMES FOUNDATION

## CHAPTER GRANT AGREEMENT

(For use with March of Dimes Chapter Grants)

**Grantor (March of Dimes Chapter):** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone #:** (\_\_\_\_) \_\_\_\_\_  
**Grantee: (Organization):** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone #:** (\_\_\_\_) \_\_\_\_\_  
**Grant Award: \$** \_\_\_\_\_ **Grant Period:** \_\_\_\_\_ to \_\_\_\_\_  
**Project Name and General Description:** \_\_\_\_\_

Congratulations on your Grant Award! Below are listed specific guidelines which must be adhered to by all March of Dimes grantees. The award of grant funds for your project (the "Project") is contingent upon your agreement to comply with the grant guidelines provided below:

1. The Grantee must submit a press release announcing the receipt and purpose of the Grant Award to the March of Dimes Chapter (the "Chapter") for Chapter review and approval, and may be requested to attend a photo session for presentation of the Grant Award. The Chapter's communications staff will assist with the development of a suitable press release and will make recommendations for its distribution.
2. The March of Dimes may request the Grantee or Project representatives to participate as speakers at March of Dimes events, such as fundraisers, educational conferences, press conferences, March for Babies promotions, volunteer leadership meetings, etc. Participation is not mandatory.
3. Grantee will provide Grantor with a minimum of two (2) written progress and expenditure reports summarizing the Project's progress and expenses, and evaluating its overall success. Grantor reserves the right to request additional reports as appropriate.
4. Grantee will receive \_\_\_\_\_% of its Grant on or before \_\_\_\_\_; and the other \_\_\_\_\_% of its Grant after the Chapter's receipt and approval of the Grantee's 6-month progress report. Grantee agrees to use the Grant Award for the Project described in its proposal unless prior written approval is received from the Chapter's Program Service Committee. This Grant Agreement is subject to the availability of funding, and accordingly may be terminated or modified in the event funding is discontinued or reduced. The March of Dimes reserves the right to review or audit applicable charges to the Project. The March of Dimes reserves the right to require Grantee to refund the Grant Award in the event Grantee improperly expends this Grant or otherwise fails to fulfill mutually agreed upon Project objectives or promises made hereunder. This provision shall survive the term of this Grant Agreement.
5. Grantee agrees to provide Grantor with reasonable levels of cooperation in connection with the Project. The March of Dimes may make site visits to the Grantee. The Grantee will be contacted in advance in order to schedule visits.
6. Grantees developing public or professional education products or other materials (the "Work(s)") with support from this Grant must submit copies of the Work(s) to the Chapter for review and approval prior to their final production and distribution.
7. Any and all Work(s) developed by the Grantee with March of Dimes funds must be imprinted with the March of Dimes name and logo consistent with March of Dimes graphic standards, and a credit line which states "Funded by a Community Grant from the March of Dimes." Any use of the March of Dimes logo, name, event or program names, or any of its other trademarks or service marks, requires the prior written approval of the March of Dimes. Additionally, any and all Work(s), consisting of medical, or educational materials, developed hereunder will be imprinted with a disclaimer which will advise the user as follows: "This material is for information purposes only and does not constitute medical advice. The opinions expressed in this material are those of the author(s) and do not necessarily reflect the views of the March of Dimes."
8. All rights, title, and interest in any and all public or professional education products or other materials (the "Work(s)") created with support from this Grant shall be owned by the Grantee. Grantee hereby grants to the

March of Dimes a royalty free irrevocable world-wide license in perpetuity to reproduce, publish or otherwise use and authorize others to use any and all Work(s) developed hereunder. Any such publication(s) by Grantor will credit Grantee for its contribution to same. Grantee agrees to indemnify and hold the March of Dimes harmless from any claims, actions, damages, penalties, or costs (including reasonable attorneys' fees) that may arise in connection with the Work(s), including without limitation infringement and any other intellectual property based claims. This paragraph shall survive the term of this Grant Agreement.

- 9. Notwithstanding anything to the contrary contained under this Grant Agreement, Grantor shall be free to exercise publication rights and privileges in connection with professional or academic papers or other writings it may develop in connection with the Work(s), Project activities, findings and data relative to the Grant. Any such publication(s) will credit Grantee for its contribution to same. This paragraph shall survive the term of this Grant.
- 10. Grantee shall not assign this Grant Agreement or subcontract work in connection with the Project, except as outlined in the grant proposal, without the prior written approval of the March of Dimes. Grantee agrees that any and all subcontract agreements it may enter into in connection with the Project will obligate the subcontractor to comply with the terms of this Grant Agreement and Grantee's grant proposal for the Project.
- 11. Grantee agrees to refrain from giving directive advice concerning abortion, as part of a March of Dimes funded Project.
- 12. Grantee warrants that it shall acquire insurance coverage in such amount as may be customarily obtained by a party engaged in its activities. Additionally, Grantee warrants that it shall comply with all applicable federal, state and local laws and regulations, and pay all applicable license fees and taxes which may become due by reason of its own activities. As applicable, each party hereto agrees to abide by the Health Insurance Portability and Accountability Act of 1996 and its Privacy Rules as codified under 45 C.F.R. Parts 160 and 164 (collectively, the "HIPAA Regs"); and as appropriate, comply with any and all other laws regulating patient privacy and other patient rights. The parties will provide one another with reasonable levels of cooperation in connection with compliance with said regulations.
- 13. Grantee agrees to indemnify and hold the March of Dimes harmless from and against all liability, damage or expense (including reasonable attorneys' fees) which Grantor may incur as a result of the acts or omissions of Grantee, its employees, consultants, contractors, or agents in connection with the Project or any breach by Grantee of its own covenants, representations or warranties hereunder. This indemnification provision shall survive the term of this Grant Agreement.
- 14. In addition to rights of termination provided under Paragraph 4, above, this Grant Agreement may be terminated by Grantor in the event Grantee improperly expends funds provided hereunder or otherwise fails to fulfill mutually agreed upon Project objectives or promises; or in the event of adverse changes in Grantee's business circumstances, capacity, fiscal stability, or such instance of the falsification of any Grant related applications, forms or other documentation. In event of termination, Grantee will promptly and fully return to Grantor the amount equal to any and all improperly expended funds, as well as, any unexpended funds provided hereunder.
- 15. This Grant Agreement represents the entire understanding between the parties and may be modified only by a writing executed by both Grantor and Grantee.

**READ AND AGREED TO:**

**Grantor: March of Dimes Foundation**

**Grantee (Organization):** \_\_\_\_\_

By: \_\_\_\_\_  
State Director

By: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Please Print Name and Title

\_\_\_\_\_  
Please Print Name and Title

Dated: \_\_\_\_\_, 200X

Dated: \_\_\_\_\_, 200X

Federal I.D. No.: \_\_\_\_\_

**March of Dimes  
Chapter Community Grants Program  
BUDGET FORM**



Check One: [ ] Application [ ] Progress Report  
Applicant Name:  
Project Title:

Grant Period From: mm/dd/yy To: mm/dd/yy

<b>BUDGET</b> (see application guidelines for an explanation of allowable/not allowable expenses)	<b>APPLICATION</b> Total Budget	<b>EXPENDED</b> (Progress Rpts Only)
<b>A. Salaries</b> (include name, position, and FTE) *		
<b>Sub-total A</b>	<b>\$0</b>	<b>\$0</b>
<b>B. Expendable Supplies</b>		
<b>Sub-total B</b>	<b>\$0</b>	<b>\$0</b>
<b>C. Other Expenses/Fees</b>		
<b>Sub-total C</b>	<b>\$0</b>	<b>\$0</b>
<b>D. In-Kind Donations/Revenue</b>		
<b>Sub-total D</b>	<b>\$0</b>	<b>\$0</b>
<b>GRAND TOTAL (A+B+C+D)</b>	<b>\$0</b>	<b>\$0</b>
<b>TOTAL AMOUNT REQUESTED (A+B+C)</b>	<b>\$0</b>	<b>\$0</b>

\_\_\_\_\_  
Signature - Executive Director      Date mm/dd/yy

\_\_\_\_\_  
Signature - Director of Operations      Date mm/dd/yy

***Please round figures to the nearest dollar and check budget totals.***

***\* Indication of whether staff position is new, an increase in hours, etc. is required in narrative.***

**March of Dimes**  
**2010 Chapter Community Grants Program**  
**APPLICATION COVER SHEET**



**\* ALL SECTIONS MUST BE COMPLETED for proposal to be considered \***

Applicant Organization \_\_\_\_\_

Project Title \_\_\_\_\_

Address \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone/Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Please provide a brief synopsis of your project (2 sentences are sufficient):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximately how many unduplicated individuals will be served during the grant year? \_\_\_\_\_

List the race/ethnicity of the *majority* of individuals served (if applicable): \_\_\_\_\_

Please indicate the positive impact that the project will measure and report on:

Increase in knowledge       Behavior change       Improved birth outcomes

Other \_\_\_\_\_

Please list the **one primary** funding priority that the application addresses from the numbered funding priority areas on page 2 of the RFP:

\_\_\_\_\_

Total amount requested:      \$ \_\_\_\_\_      Cost per individual:      \$ \_\_\_\_\_

Check should be made out to: \_\_\_\_\_

Is your agency willing to accept partial funding?       Yes       No

Does the budget include funds for a consultant or other subcontract?       Yes       No

\_\_\_\_\_  
Signature - Primary Staff Person      Date      Type Name and Title

\_\_\_\_\_  
Signature - Executive Director      Date      Type Name and Title

**March of Dimes**  
**2010 Chapter Community Grants Program**  
**OBJECTIVES, METHODS/ACTIVITIES & OUTCOMES FORM**



Project Title: \_\_\_\_\_  
 Applicant: \_\_\_\_\_ Grant Amount: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 TO SUPPLEMENT (check one):     Application         6 Month Report         Year-End/Final Report  
 Page: \_\_\_\_\_

Project Objectives <i>(please number)*</i> Methods/Activities To Achieve Objectives Outcome Measures	Person/Agency Responsible	Start/End Dates	Number of Individuals Served/Reached/Educated	
			Goal	Actual
<b>OBJECTIVE # 1</b>		mm/yy - mm/yy		
Baseline:				
<b>EVALUATION METHOD:</b>				
1. Activity				
2. Activity				
3. Activity				
<b>Actual Outcomes for Objective #1</b> <i>(change in knowledge, behavior and/or birth outcomes - progress reports only):</i>				
<b>OBJECTIVE # 2</b>				
Baseline:				

\*Please limit proposal to no more than 3 objectives.

<b>EVALUATION METHOD:</b>				
1. Activity				
2. Activity				
3. Activity				
<b>Actual Outcomes for Objective #2:</b>				
<b>OBJECTIVE # 3</b>				
Baseline:				
<b>EVALUATION METHOD:</b>				
1. Activity				
2. Activity				
3. Activity				
<b>Actual Outcomes for Objective #3:</b>				

\*Please limit proposal to no more than 3 objectives.



## March of Dimes Chapter Community Grants Program

### 2010 Request for Proposals Application Guidelines

March of Dimes  
Louisiana Chapter  
12015 Justice Avenue  
Baton Rouge, LA, 70816  
Phone: (225) 295-0655  
Grant Related Email: [Krose@marchofdimes.com](mailto:Krose@marchofdimes.com)

## PURPOSE

The March of Dimes is a national voluntary health agency whose mission is to improve the health of babies by preventing birth defects, premature birth and infant mortality. Founded in 1938, the March of Dimes funds programs of research, community services, education and advocacy to save babies.

Launched in 2003, the March of Dimes Prematurity Campaign is a multiyear, multimillion-dollar research, awareness and education campaign to help families have healthier babies. The campaign includes: 1.) funding research to find the causes of premature birth, 2.) educating women about risk reduction strategies, including the signs and symptoms of premature labor, 3.) providing support to families affected by prematurity, 4.) expanding access to health care coverage so that more women can get early and adequate prenatal care, 5.) helping health care providers learn ways to help reduce the risk of early delivery, and 6.) advocating for access to insurance to improve maternity care and infant health outcomes. For information about how your organization can become more involved with this campaign, contact the Louisiana Chapter.

As part of this effort, the Louisiana Chapter community grants program is designed to invest in priority projects that further the March of Dimes mission, support national campaign objectives, and further specific strategic mission priorities. Proposals will be accepted from organizations with the capacity, competence and experience to accomplish project goals and objectives.

The applicant must provide services in the state of Louisiana. The chapter community grants fund for 2010 is approximately \$25,000. It is anticipated that one to two projects will be funded.

## ELIGIBILITY

In order to be eligible to receive a March of Dimes chapter grant, an organization must be an incorporated not-for-profit 501(c)(3) or for profit organization or government agency. **The March of Dimes does not award grants to individuals.** Applicants must disclose any conflict of interest due to representation by their organization on the chapter's Program Services Committee or the Chapter or Division Board of Directors.

## 2010 GRANT SCHEDULE

Applications due	August 16, 2010
Notification of awards	September 1, 2010
Grant period	September 1, 2010 – August 31, 2011

**PLEASE NOTE: March of Dimes chapter community grants do not fund scientific research projects.** For information about research grants funded by the March of Dimes national office, please refer to the March of Dimes Web site at [marchofdimes.com](http://marchofdimes.com) or e-mail the Office of Research and Grants Administration at [researchgrants@marchofdimes.com](mailto:researchgrants@marchofdimes.com).

## FUNDING PERIOD

All chapter community grants are approved for one year only. Consideration of continued support in subsequent years requires resubmission of a proposal or planned activities for the next year, and is based on review of progress and expenditure reports, and the availability of funding. Grants may be renewed only twice for a total project time span of three years.

## 2010 FUNDING PRIORITY AREAS

All grant proposals must address the March of Dimes mission of improving the health of babies by preventing birth defects, premature birth and infant mortality. For 2010, a strong priority will be given to prematurity risk reduction projects that are: A) evidence-based; and B) include measurable outcomes. Projects may focus on *consumers* and/or *health care providers*. The March of Dimes does not fund billable health care provider services.

1. Providing or enhancing **preconception health and health care** education and/or services. For a list of 14 specific risk areas, go to <http://www.marchofdimes.com/professionals/19695.asp>. For more information, see the National Preconception Curriculum and Resources Guide for Clinicians at [www.mombaby.org/beforeandbeyond/](http://www.mombaby.org/beforeandbeyond/)
2. Providing or enhancing **risk reduction** education and/or services for pregnant women. Risk reduction projects include, but are not limited to:
  - **Providing smoking cessation** services. Preference should be given to prenatal health education and information/referral services that utilize the "5 A's" counseling approach. For more information, go to [www.acog.org/from\\_home/departments/smoking/smokingslides.ppt](http://www.acog.org/from_home/departments/smoking/smokingslides.ppt)
  - Increasing health education and information/referral services available to pregnant women who use **alcohol or other drugs**.
  - Focusing on preterm birth **recurrence prevention** such as *health care provider* education about "17P" (17 $\alpha$  hydroxyprogesterone caproate) treatment for women who have had a previous singleton preterm birth).
  - Enhancing care through the **CenteringPregnancy®** model of group prenatal care. For more information, go to [www.centeringhealthcare.org](http://www.centeringhealthcare.org)
  - Focusing on quality improvement programs that address **late preterm birth** through systems that ensure compliance with ACOG guidelines regarding elective labor inductions and c-sections performed prior to 39 weeks.
3. Providing education regarding **fertility treatments** and the associated risk of multiple births and prematurity, and ways to potentially reduce those risks.
4. Implementing disparity-related community programs that aim to decrease **racial and ethnic disparities** in birth outcomes. This may include March of Dimes programs like Stork's Nest®, Project Alpha and *Becoming a Mom/Comenzando bien®*.
5. Increasing pregnant women's **participation in state or local maternal child health programs** (e.g. Medicaid, SCHIP, WIC) through enhanced outreach, education and public awareness.

6. Enhancing the availability, quality and utilization of **genetics services** and/or other patient services related to preventable birth defects (i.e. outreach and education on newborn screening.)
7. Increasing education related to reducing the risk of **sudden infant death syndrome (SIDS)** in high-risk communities, consistent with the 2005 American Academy of Pediatrics Policy Statement: [www.breastfeedingtaskforla.org/SIDS/AAP-Revised-SIDS-policy-1105.pdf](http://www.breastfeedingtaskforla.org/SIDS/AAP-Revised-SIDS-policy-1105.pdf)

## **OUTCOMES**

Reporting outcomes for your grant funded project does not have to be complicated. Outcomes are benefits to clients from participation in the program. Outcomes for March of Dimes projects are usually in terms of changes in knowledge, behavior or birth outcomes. Outcomes are often mistaken with program outputs or units of services such as the number of clients who went through a program. To measure outcomes, baseline data is needed for comparison with data collected during and after project implementation. **Proposals are expected to include at least one objective that seeks to change knowledge, behavior or birth outcomes. Proposals that meet this expectation will score higher in the review process.**

Information found on this website may help you identify an outcome objective for your project: [http://www.managementhelp.org/evaluatn/fnl\\_eval.htm](http://www.managementhelp.org/evaluatn/fnl_eval.htm). Here are some sample objectives to give you ideas for content and wording. Please notice the references to baseline data.

- *Intent to Change Behavior* - By December 2010, 80% of participants will agree to make at least one positive behavior change as a result of attending the prenatal classes as measured by client interviews. (Baseline will come from intake interviews.)
- *Behavior Change* - By December 2010, at least 50% of participants enrolled in the program will have improved eating habits by reporting increased intake of fruits/vegetables and water consumption as measured by client surveys. (Baseline will come from intake interviews.)
- *Behavior Change* - By December 2010, the number of women accessing adequate perinatal care (at least 13 prenatal visits beginning in the first trimester of pregnancy) at XYZ Health Center will increase from 125/year (baseline) to 150/year through the services of a Patient Navigator as measured by a review of client records.
- *Change in Birth Outcome* - By December 2010, decrease the percentage of preterm births among women enrolled in the project from 18% (baseline) to 16.5% as measured medical records review.
- *Behavior Change* - By December 2010, increase the percentage of pregnant women enrolled in the project who have a prenatal visit in the first trimester of pregnancy from 40% (baseline) to 50% as measured by medical records review.
- *Behavior Change* - By December 2010, 50% of program participants will demonstrate a decrease in stress as measured by pre/post-tests. (Baseline will come from pre-test results.)
- *Knowledge Change* - By December 2010, 60% of program participants will demonstrate an increase in the perinatal knowledge test as measured by pre/post-tests. (Baseline will come from pre-test results.)

## **APPLICATION INSTRUCTIONS**

Organizations interested in submitting an application that meets at least one of the listed funding priorities may apply for a grant between \$3,000 and \$25,000. Funds may be applied to support new or existing projects.

- Applications must be no longer than 12 double-spaced pages (excluding forms and attachments).
- Font size must be at least 12 point and margins must be at least 1 inch.
- All applications must include a Cover Sheet, Narrative (including Abstract), Budget Form and Objectives/Activities/Outcomes Form. The Narrative section must include the six required components, addressing each bullet listed. Application forms can be found at [www.marchofdimes.com/Louisiana](http://www.marchofdimes.com/Louisiana).
- Attachments may be included; however, all information requested under each of the required components must be provided within the proposal narrative, observing page limitations.
- An application and 3 copies (four in total) must be received by the deadline date.
- Applications may not be faxed.
- Applications that exceed the maximum page limitation will not be reviewed.

**Applications must be *received* by 4:00PM on August 16, 2010. Late applications will not be accepted. Proposals should be sent to:**

Knesha Rose, State Director of Program Services  
March of Dimes Louisiana Chapter  
12015 Justice Avenue  
Baton Rouge, LA, 70816  
Phone: (225) 295-0655  
Email: [Krose@marchofdimes.com](mailto:Krose@marchofdimes.com)

If you have questions regarding the March of Dimes Louisiana Chapter community grants application or need additional application forms, please contact Knesha Rose, State Director of Program Services, at the address above.

### **Review and Announcement Information**

The Chapter's multi-disciplinary Program Services Committee will review the applications, and applicants will be notified in writing of their application's status in September, 2010.

## **GRANTEE REQUIREMENTS**

In order to receive grant funds, all grantees must sign the March of Dimes chapter grant agreement, which can be reviewed at found at [www.marchofdimes.com/Louisiana](http://www.marchofdimes.com/Louisiana). The provision of this agreement is non-binding, and intended only to highlight for potential grantees the basic terms and conditions under which they will be expected to operate should they be awarded a grant. Responsibilities include submission of two written progress and expenditure reports to the March of Dimes Louisiana Chapter office. Grantees must also get written approval for any changes in project design or implementation, variance from the submitted budget or changes in staff overseeing the project.

## **APPLICATION FORMAT**

### **I. COVER SHEET**

Completely fill out attached Cover Sheet

### **II. PROJECT NARRATIVE - Not to exceed 10 double-spaced pages total**

#### **A. Project Abstract - one (1) page**

Provide a one-page summary of the project

#### **B. Description - suggested length 2-3 pages**

Please include the following information/address the following questions in your description:

Which of the funding priorities is the project addressing? *Do not alter wording of the priority area.*

Of the target population in your area, what needs are you addressing in this initiative? How will the project have an impact on these needs?

What is the capacity of the applicant to carry out the project (include agency's mission, key staff, clientele, and experience working with the target population group)? What planning activities will take place before project startup?

What are the staff responsibilities? What is the role of collaborating organizations (if applicable)?

#### **C. Project Objectives, Activities & Outcomes**

Please completely fill out the Methods, Activities & Outcomes form including information on baseline data, evaluation method and staff responsible.

For continuation funding, note progress made towards meeting objectives.

#### **D. Evaluation Plan - suggested length 1-2 pages**

Please consider the following questions when describing your evaluation plan:

What is the measurable objective(s) the proposed project aims to achieve?

For example:

*One measurable objective of this project is to increase the percentage of pregnant women enrolled who have a prenatal visit in the first trimester of pregnancy from 40% (baseline) to 50% as measured by medical records review, or*

*One measurable objective of this project is to decrease the percentage of preterm births among women enrolled in the project from 18% (baseline) to 16.5% as measured medical records review.*

How will you measure whether this objective was achieved?

What data or information will be needed to measure this?

How will this information be gathered? What tools will be used?

Who will be responsible for gathering this data?

Please include any evaluation tools (i.e. surveys, attendance sheets, summary health information) you will use to capture participant information, evaluate progress, etc.

Who will design and carry out the project evaluation? (If at all possible, have someone other than the program managers determine evaluation results.)

**E. Project Impact, Visibility and Sustainability** - suggested length < 1 page  
Please consider the following questions when describing your plan:

Beyond the required press release, how will the project be announced to the community? In what ways will March of Dimes be visible?

In addition to scheduled progress reports, how will project results be shared? In addition to the March of Dimes, *with whom* and *how* will project impact be shared?

Describe the potential for sustainability beyond the funding period through alternate sources of funding or a change in organizational systems or procedures that will sustain the project's impact.

#### **F. Budget**

Please complete the attached budget form, and provide a one-page written budget justification to detail each item on the budget form. Please include the calculation(s) used to estimate costs. The attached budget form is not acceptable without a written budget justification.

#### **Allowable Costs Include:**

- Salary - grant funds may be used to cover salaries for project-related employees, but **cannot be used** to pay salary costs for employees who are **already** employed full time. Exceptions may be made in circumstances where a specified position is supported primarily by grant funds and the applicant can demonstrate that the requested funds would replace existing grant funds.
- Consultant fees
- Materials and supplies (e.g. office supplies, health-related materials, refreshments)
- Printing and travel that are reasonable and necessary for project implementation. March of Dimes funds will not pay for first class travel.

#### **Not Allowable Costs Include:**

These items should not be included in the grant budget request:

- Salary costs for staff who are already employed full-time by their organization (see exceptions above)
- Construction, alteration, maintenance of buildings or building space
- Dues for organizational membership in professional societies
- Tuition, conference fees or awards for individuals
- Billable services provided by physicians or other providers

- Permanent equipment (e.g. computers, video monitors, software printers, furniture) unless **essential** to project implementation and not available from other sources
- Educational materials from non-March of Dimes sources if comparable materials are available from the March of Dimes
- Indirect costs.
- Advertising materials and purchase of media time/space: Budget costs relating to these items may not be allowable depending on project specifics. Please consult with the chapter contact listed in this application regarding whether proposed items are allowable.

Please see the March of Dimes Policy on Child Care (February 2007) for recommendations regarding the provision of child care services for participants at trainings and/or workshops funded by chapter community grants.

### **III. ATTACHMENTS - No Page Limit**

1. Letters of Support from any collaborating organizations.
2. Evidence of Institutional Review Board (IRB) submission as deemed appropriate.
3. Optional attachments may also be submitted, such as additional Letters of Support and/or other supporting materials relevant to the proposed project.

## **APPLICATION SUBMISSION CHECKLIST**

Please refer to the following checklist to ensure that your application submission is complete.

- Application is not longer than 10 double-spaced pages (excluding forms and attachments).
- Font size is at least 12 point and margins are at least 1 inch.
- Project narrative (including one page abstract) includes all required components and addresses all questions.
- Priority area is clearly marked on the Cover Sheet and project objectives and activities are tightly focused on the selected priority area.
- Proposal includes at least one outcome objective that seeks to change knowledge, behavior or birth outcome.
- Grant amount requested falls within the allowable range, and requested line items fall within allowable cost items.
- Budget totals have been checked for accuracy.
- Application includes all required attachments
  - Completed and signed Cover Sheet (indicate one primary priority area)
  - Completed and signed Budget Form
  - Completed Objectives, Activities & Outcomes Form
  - Documentation of IRB submission as deemed appropriate
- Application includes optional attachments as deemed relevant to the application.
- Submission includes 3 copies (plus an original) and has been sent to:  
Knesha Rose, Director of Program Services  
March of Dimes Louisiana Chapter  
12015 Justice Avenue  
Baton Rouge, LA, 70816

**Applications must be received by 4:00PM on August 16, 2010.  
Late applications will not be accepted.**