OVERSIGHT AND ADVISORY COMMITTEE
REQUEST FOR PARTNERSHIPS (RfP)
STRENGTHENING COMMUNITY SOLUTIONS TO IMPROVE WISCONSIN’S MATERNAL AND INFANT HEALTH

APRIL 2022

The Wisconsin Partnership Program (WPP) at the UW School of Medicine and Public Health is committed to improving health, health care and health equity in Wisconsin through investments in community partnerships, education and research. It was established at the UW School of Medicine and Public Health through a gift from Blue Cross Blue Shield United of Wisconsin as a result of its conversion to a stock insurance corporation and the distribution of the proceeds from the sale of the company to the two Wisconsin medical schools. Consequently, WPP has a significant endowment to carry out its work for the benefit of the people of Wisconsin by addressing the health challenges facing the state.

The Wisconsin Partnership Program’s Oversight and Advisory Committee (OAC) advances health and health equity through a commitment to supporting community-based organizations, led by community members who best understand factors that determine their community’s health and well-being. The Partnership Program also believes that bridging the expertise and resources of the university with the lived experiences and expertise of communities strengthens its ability to successfully address and influence health and advance health equity together.

STEADFAST COMMITMENT TO WISCONSIN WOMEN, MOTHERS AND INFANTS

The Wisconsin Partnership Program (WPP) is committed to improving health and advancing health equity in Wisconsin and continues to be deeply invested in supporting the health of Wisconsin’s under resourced and marginalized communities including addressing the significant disparities in maternal and infant health outcomes. The Wisconsin Partnership Program is providing this new funding opportunity to expand the reach of its Maternal and Child Health Grant Program.
Background

The research is clear. Maternal health is inextricably linked to infant health. It is never too soon to be supporting women’s health. In fact, strong preconception health is key to reducing risks in pregnancy to both infant and mother.\(^1\) While there have been huge advancements in medicine and a greater understanding of pregnancy, the United States is experiencing an alarming trend of increasing maternal mortality.\(^2\) Here in Wisconsin, we have a trend of increasing disparities within the state’s racial and ethnic communities for maternal death and pregnancy complications.\(^3\) Knowing the strong connection, it is not surprising that our state experiences poor birth outcomes as well. In Wisconsin, each year approximately 400 infants die before their first birthday.\(^4\) When examining Wisconsin’s infant mortality rates, infant death disproportionately affects Black, American Indian, Asian, Hispanic and multiracial communities and upon reviewing Wisconsin’s most recent data, the disparity has increased over the last decade.\(^5\)

The burden of poor maternal and infant health outcomes has been experienced by Wisconsin’s communities of color and low-income families for a long time. The COVID-19 pandemic, now in its third year, has exacerbated the problem. The increased pressure upon pregnant women and young families due to limited health care access, potential health risks, and economic uncertainties has been great. Moreover, experts note that pregnant people who are already burdened by health disparities are at higher risk for complications due to COVID-19.\(^6\)

WPP recognizes the significant challenges facing families and communities, compounded by the years long pandemic, and seeks to support efforts in place that will result in immediate impact. Research shows that strengthening community supports and resources can relieve some of the challenges, including the toxic stress that mothers and families are managing, to allow for improved health outcomes for both mother and infant.

GOAL OF THIS GRANT PROGRAM

To address this complex and ongoing health challenge, the Oversight and Advisory Committee of the Wisconsin Partnership Program will allocate up to $2 million over two years to organizations to expand and strengthen successful strategies and approaches for improving maternal and infant health. Efforts led by trusted community-based organizations and strong community models of care are essential to solving this problem. This RFP focuses on the important and vital work already occurring in communities to improve health outcomes for mothers and infants. WPP also recognizes that due to the pandemic’s urgent needs, communities may have needed to limit or end crucial maternal infant health supports. This grant may reengage what was effective but may have ended due to shifting priorities or funding constraints.

Priority will be given to those organizations that are tackling the increasing disparity in communities of color and low-income communities. WPP recognizes the power of interconnected programming and collaboration focused on the whole family and will give consideration to organizations connecting to
both the adult (mother/father/partner/caregiver) and infant, a two-generation approach (2-Gen). Promising 2-Gen practices build family well-being by intentionally meeting the needs of young children and the adults in their lives together.

**FUNDING SCOPE AND DURATION**

Each award will be for a maximum of $150,000 for up to two years. This funding seeks to support work to reduce maternal and child health disparities throughout Wisconsin, with a focus on underserved and marginalized communities including but not limited to American Indian, Black, Hispanic, Asian and rural communities. Please note that those organizations funded by our June 2021 Maternal and Infant Health RfP are not eligible for consideration.

Proposals must address at least one of the four priority areas:

1. Supporting women’s health before a possible pregnancy by programs, such as:
   - Providing health and wellness education, including stress reduction through traditional and cultural practices, self-care, mindfulness and exercise
   - Providing information about maternal and prenatal health, including options for mental health needs, smoking cessation and alcohol/drug reduction and recovery programs

2. Expanding community-based models of care to be responsive to the desires/needs of pregnant women, such as:
   - Midwives, doulas, perinatal community health workers and other birth care providers
   - Peer support groups such as Centering Pregnancy or other models
   - Education to empower mothers of their ideal birth options
   - Creating a pipeline into culturally responsive education and apprenticeship to become a doula, midwife, and other supporting birthing professions

3. Strengthening access to post-partum maternal care and infant needs, such as:
   - Breastfeeding assistance and education through lactation consultants or support providers
   - Maternal depression screening and post-partum mental and behavioral health programming and support, and providing the option for one year after birth
   - Safe sleep efforts and resources
   - Comprehensive home visitation programs, focused on the challenges of being a parent, whether it is the first time or not, and the dynamic growth and brain development of the infant

4. Prioritizing the needs of the infant and the family adults together, such as:
   - Programming to build family life routines (e.g., daily reading, singing, playing) to foster strong adult-child bonds and early learning
   - Collaboration with early learning centers (e.g., Early Head Start) and adult education and job readiness
   - Engaging expectant fathers and current fathers through positive support initiatives
   - Reaching the student parent and supporting both the young child and the needs of a parent in training or school
**ELIGIBILITY**

A Community Lead Organization is required and must be a Wisconsin-based, nonprofit, IRS tax exempt, 501(c)(3) organization, or a tribal or local government entity. The Community Lead Organization is responsible and accountable for leading and advancing the project as specified in the Memorandum of Understanding.

By applying for a Wisconsin Partnership Program grant, applicants agree to the Partnership Program’s terms and conditions.

**KEY DATES AND DEADLINES**

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**HOW TO APPLY**

**Step 1: Letter of Intent. Due May 9, 2022 by 11:59 PM.**

The Letter of Intent is available in Fluxx: [https://wpp.fluxx.io/](https://wpp.fluxx.io/). New users must register by completing the “Community Organization Registration Form” under “Create your Profile.” Once reviewed by our team, new users will receive an email with their username and temporary password with instructions to reset their password. Email wpp@hslc.wisc.edu with questions regarding Fluxx.

In addition to providing general information about the project, the Letter of Intent includes the following components.

- **Letter of Intent:** Maximum of three single-spaced pages (11-point font, 1-inch margins) providing the following information in the order listed below. Upload as PDF.
  - Organizational mission and description of existing capacity and experience in supporting maternal and infant health through a culturally competent lens.
Population served, which may include a racial and ethnic focus (include specific geographic areas where you focus your work).

Describe how your organization is led or informed by those who best understand the challenges of poverty, racism, and the complex work of improving maternal and infant health outcomes.

Describe the major activities you propose under this grant and time frame for each activity.

Provide a bulleted list of established partners and provide their role in your current work and in the proposed effort (e.g., childcare centers, schools, hospitals, health systems, government, private sector, philanthropy, nonprofits, faith-based organizations, etc.).

Share your connections to maternal and child health and early childhood policy, advocacy, and systems change efforts at all levels, local, state, and federal. Please do include connections through membership associations, a collective impact table, etc.

- **IRS determination letter (501c3):** Upload as a PDF the IRS determination letter of tax-exempt status or other relevant documentation for the Community Lead Organization.

- **Financial Statements:** Upload a recent audit report or IRS Form 990 issued for the Community Lead Organization less than 15 months prior to the application date. If the Community Lead Organization does not have an audit or IRS Form 990, provide a balance sheet and income statement for the most recent closed accounting period.

**Letter of Intent Review Criteria**

Letters of Intent will be reviewed based on the following criteria.

- Does the letter meet eligibility requirements and illustrate an alignment with the goals of this funding program?
- Does the applicant have expertise in maternal and child health?
- Has the applicant shown evidence of successfully connecting with and providing activities that are responsive and culturally specific to the needs of women, mothers, and infants?
- Has the applicant shared established partners to support the proposed effort?
- Due to the effects of the pandemic, does this organization show evidence that the proposed work can be implemented and adapted to meet the needs of mothers and infants? How has the organization adapted to the challenges of the continuing pandemic?

**Applicants invited to submit full proposals will be notified by May 27th.**

**Step 2: Full Application - By Invitation Only. Due by 11:59PM June 24, 2022.**

Only applicants invited by the OAC may submit a full application. The Community Lead Organization will receive a link to the full application in the invitation. In addition to providing general information about the project, the full application includes the following components.
**Narrative (Upload PDF 5-pages maximum, 11-point font, 1-inch margins)**

**Executive Summary (one page maximum, 11-point font, 1-inch margins)**

The summary is a succinct and accurate description of the proposed work when separated from other application materials. Your summary should include (a) a description of need for this specific approach to strengthening capacity for maternal and infant health, (b) an overview of the proposed grant activities and desired outcomes, (c) the partnerships involved, and (d) the contextual factors that will support or hinder progress toward realization of outcomes.

**Activities and Evidence Base (three pages maximum, 11-point font, 1-inch margins)**

- What are the proposed primary activities that will be completed within the timeline of the initiative and what are the specific goals for each activity?
- What is the existing evidence supporting the proposed approach? If you are piloting an approach that will contribute to the evidence-base, please explain why you are taking the proposed approach.
- What are the preconditions that must be in place to bring about the long-term goal (e.g., Medicaid funding, continuation of partnerships, etc.)?
- What is being considered to sustain the work to improve the health outcomes for mothers and infants and are there efforts to expand and scale the work?
- Have you reached an audience to share the story of the work that is already underway for maternal and infant health? Please share any links or connections to media and awareness building.

**Reach, Evaluation and Learning (one page maximum, 11-point font, 1-inch margins)**

Evaluation is critical to better understanding what approaches are proving effective. Understanding the full scope of a program’s outcomes provides invaluable knowledge to guide further investment and possible expansion plans. Grantees funded through this grant program will collaborate with the Partnership Program’s evaluator to document and evaluate outcomes and lessons learned.

In your reach and evaluation narrative, please address the following:

- How many persons are expected to be impacted by this project (i.e., women served, newborns and infants served, homes visited, parents trained, etc.)?
- Are you connected to larger efforts to change policy or innovate systems to better meet the needs of mothers and infants/children?
- How do you plan to evaluate this project?
  - How will you collect data (surveys, interviews, observations, etc.)?
  - When will data be collected?
  - What types of questions do you hope to answer through evaluation?
  - What kinds of data will you collect to answer these questions?
- Will you be able to provide impact touch points (i.e., a mother served, a home visitor on staff, a father engaged) for the grant managers to communicate the services and support provided?
- How will you incorporate your participants’ feedback or voice for project improvement?
Letters of Commitment from Project Partners and Past Recipients of Service (no page limit)

Letters of commitment provide a crucial piece of an overall application. Letters from each named partner from the Letter of Intent stage must provide a letter of commitment. Letters from community members, individual mothers or family members and others who have received support from your work are also welcome and encouraged. There is no page limit for letters of commitment. Letters can be handwritten. Template-based letters are strongly discouraged.

Budget (using budget template provided)

Please note that the Wisconsin Partnership Program operates under a quarterly cost reimbursement model. This means that the Community Lead Organization must incur expenses and request reimbursement. Funds are not distributed at the onset of the award.

Project Budget

Using the required budget template, the project budget should clearly indicate how the grant funds will be spent. Expenditures must:

- be fully justified, reasonable and clearly related to the project’s goals
- reflect the activities listed in the proposal
- explain the sources and amounts of any cash-match or cost-sharing funds

Requests should be made by expense type (salary and fringe benefits, services, travel, supplies, etc.) and should provide sufficient detail for individuals unfamiliar with the project.

Budget Justification (upload as a PDF, 1-inch margin, 11-point font)

A budget justification is required for purposes of describing in detail the major budget line items: salary and fringe benefits, travel, services, and supplies and other expenses. The justification should provide specific information about why an expense is necessary to achieve the project’s goals and objectives.

Use of Funds

Guidelines for allowable/unallowable expenses are available for review on the Wisconsin Partnership Program website.

Funds must be used for project-related costs, examples include:

- Personnel expenses, i.e., salaries and benefits
- Salary support for academic partners (if applicable)
- Consultant and contract services (e.g., training)
- Travel
- Office supplies and participant incentives directly related to the scope of work
- Services that are not otherwise available or reimbursable

Funds may not be used for:

- Patient care with the sole purpose of providing clinical services related to treatment or follow-up for specific health conditions, such as funded or reimbursable clinical services.
• General overhead expenses, i.e., general administrative support, office space and cost-allocations for expenses not directly related to the project
• Lobbying
• Pre-award or proposal costs
• Capital expenditures costing $5,000 or more with a useful life of two (2) years or more; exceptions may be made for capital expenditures if such equipment is crucial to the primary objectives of the project; Wisconsin Partnership Program pre-approval is required.
• Projects outside the state of Wisconsin
• Supplanting

Additional documentation
• Non-supplanting Questionnaire (provided online). Complete the non-supplanting questionnaire by responding to the questions and providing explanations as necessary. See page 9 for more information on supplanting.
• Human Subjects Compliance (if applicable): All approved projects involving human subjects in research at the University of Wisconsin-Madison must be reviewed and approved or deemed exempt by a University of Wisconsin-Madison IRB before the research project begins.
• Designation of Confidential and Proprietary Information: The Wisconsin Partnership Program is required to operate in accordance with Wisconsin’s public records and open meetings laws. Indicate whether the full application includes proprietary and/or confidential information, and using the form provided, identify and request confidentiality for any trade secrets or proprietary information.

The Oversight and Advisory Committee will use the following criteria and scoring rubric to make funding decisions.

Criteria for review of full applications:

• The proposal provides a clear and convincing summary of the work and gives reviewers confidence that the organization and proposed approach can have a positive impact on maternal and infant health. 25 points
• The proposal illustrates a strong and qualified lead applicant and has illustrated trust-based relationships with women and children who will be supported by this work. 25 points
• Letters of Commitment are specific to the work, commitment, and involvement of the individual or group submitting the letter. A significant level of engagement can be discerned. Template letters will not be considered positively. 20 points
• The proposal considers sustainability of the work and future opportunities for scalability and reach. 15 points
• The proposal includes an avenue for evaluation, participant feedback, and continuous improvement. 15 points

All proposals are due no later than 11:59 PM on June 24, 2022.
REVIEW PROCESS AND FUNDING DECISIONS

Letter of Intent

• **Technical review:** Wisconsin Partnership Program staff will review each Letter of Intent to ensure that all requirements are met. Letters of Intent that do not comply with the submission requirements will not be reviewed and the applicant organization will be notified.

• **Content review:** Wisconsin Partnership Program staff and content expert(s) will review the content of each Letter of Intent to determine if it warrants further development as a full application. This review is based on the criteria on page 5 and alignment with the goals of this grant program.

• **OAC review:** The results of the content review will be presented to the Oversight and Advisory Committee for a final decision on the invitations for full applications.

The Community Lead Organization will be notified by May 27, 2022 whether the organization is being invited to submit a full application.

Full Application

• **Technical review:** Wisconsin Partnership Program staff will review each full application to ensure that all requirements are met. Applications that do not comply with the submission requirements will not be reviewed and the applicant organization will be notified.

• **Content review:** A panel of academic and community representatives with relevant expertise will review the full applications based on the review criteria on page 8 and alignment with the goals of this grant program. Each full application will be reviewed by at least two reviewers. The review panel will discuss the applications and provide a ranked list to the OAC along with a written critique of each proposal. All applicants will receive the de-identified reviewer critiques.

• **OAC review:** Typically, two OAC members will lead a committee-wide discussion of each full application. OAC is provided the ranking of the full applications by the review panel, the full applications and the reviewer critiques. Following discussion of the proposals by OAC, the committee will make a final determination on the awards. The committee’s decisions are final and cannot be appealed.

• **Supplanting review:** Supplanting means to replace, to take the place of, or to supersede. The Wisconsin Partnership Program prohibits any funds from being awarded that will supplant funds or resources otherwise available to applicants from other sources for the proposed project.

OAC’s award decisions are conditional on a final review of nonsupplanting by the Wisconsin Partnership Program Finance Associate Director in consultation with the UW School of Medicine and Public Health Senior Associate Dean for Finance and the Wisconsin Partnership Program Executive Director. If a determination is made that supplanting will occur, the Community Lead Organization and the OAC will be notified. OAC will take action in compliance with WPP’s nonsupplanting policy. The Committee’s decisions are final and cannot be appealed.
Applicants (Community Lead Organizations) will be informed of the Oversight and Advisory Committee’s funding decision no later than September 9, 2022. Decisions made by the OAC are final and not subject to appeal.

Earliest start date is November 1, 2022.

TERMS AND CONDITIONS

By applying for a Wisconsin Partnership Program grant, applicants agree to the Partnership Program’s terms and conditions. The Wisconsin Partnership Program has authority to establish additional terms and conditions unique to a funded project and will notify the Community Lead Organization.

For more information or assistance, please contact:

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