

# March of Dimes Idaho Chapter

## 2012 Chapter Community Grant APPLICATION



### **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 and in 2003 launched a campaign to address the increasing rate of premature birth.

As part of this effort, the Idaho Chapter invites you to participate in our 2012 Community Grants Program. The goal of the community grants program is to identify and fund community-based programs in the state of Idaho focused on the following mission priority areas:

- Providing smoking cessation education and/or services to pregnant women. 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.
- Implementing community programs that aim to promote equity in birth outcomes. This may include March of Dimes programs like The Coming of the Blessing® and Becoming a Mom/Comenzando bien®. For more information, go to [www.comingoftheblessing.com](http://www.comingoftheblessing.com).
- Enhancing care through the CenteringPregnancy® model of group prenatal care. For more information, go to [www.centeringhealthcare.org](http://www.centeringhealthcare.org)

Please Note: Community Grants may not be used to support equipment or furniture, individual tuition or conference fees, dues or membership fees, employee salary or programs requiring long-term March of Dimes funding.

### **Available Funding and Eligibility**

The chapter's Community Grant fund is \$10,000. We anticipate awarding 1 grant and will accept requests for projects with budgets up to \$10,000. In order to be eligible to receive a March of Dimes community grant, an organization must be an incorporated not-for-profit 501(c)(3) or for profit organization or government agency providing services in Idaho. **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 Mission Committee or the Chapter or Division Board of Directors.

### **Application Instructions**

- Complete the attached Application Cover Sheet
- Include a two-page letter outlining the following:
  - Name of agency/organization requesting the award
  - Description of the program/project that the funds will support
  - Description of budget items requested (please detail)
  - How the program/project addresses at least 1 of the priority areas identified above.
  - Time frame in which the funds will be spent
  - How activities will be evaluated.
- Email the letter and Cover Sheet by **February 10, 2012** to: **Sara John, Associate Director of Program Services** at [sjohn@marchofdimes.com](mailto:sjohn@marchofdimes.com).
- Notification of decisions will take place by March 1, 2012.
- Feel free to contact **Sara John** by phone at **208.272.9618** or by e-mail at [sjohn@marchofdimes.com](mailto:sjohn@marchofdimes.com) if you have questions about this application process.

**Applications must be received on February 10, 2012. Late applications will not be accepted.**

**March of Dimes Idaho Chapter**  
**2012 Chapter Community Grant**  
**APPLICATION COVER SHEET**



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

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

Street Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

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

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

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

**Description:**

(Please include a brief description of how Community Grant funds would be used)

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

**Please list the one primary funding priority** that the application addresses from the priority areas on the application instructions:

\_\_\_\_\_

**Please indicate the following:**

How many unduplicated individuals will be served by your project? \_\_\_\_\_

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

Total Community Grant requested: \$ \_\_\_\_\_

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

**A Form W-9 (Request for Taxpayer Identification Number and Certification) will be sent to you upon notification that your organization is a Community Award recipient. In order to receive payment, this form will need to be completed, signed and returned.**

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

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

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