**NORTH DAKOTA DEPARTMENT OF HEALTH AND HUMAN SERVICES TITLE V/MATERNAL AND CHILD HEALTH**

**COMPETITIVE GRANT APPLICATION GUIDANCE**

**July 1, 2025 – June 30, 2027**

*Focus: Family Support*

**GENERAL INFORMATION:**

**INTRODUCTION**

The North Dakota Department of Health and Human Services (ND DHHS) is responsible for carrying out Title V/Maternal and Child Health (MCH) Block Grant activities. Title V funding is a key source of support for promoting and improving the health and well-being of the nation’s mothers, children, including children with special needs, and their families. To receive these grant funds, North Dakota is required to complete a statewide needs assessment every five years and develop a plan to address state MCH priorities. As a result of this process, MCH priorities for 2025-2030 have been determined - *See Supporting Document 1.*

Special Health Services (SHS) has identified the following three areas for funding during the 2025-2027 biennium: 1) multidisciplinary clinics, 2) Children with Special Health Care Needs (CSHCN) system development and medical home projects, and 3) family-led health information, education, consultation, and support programs.

Family-led organizations applying under this heading must be able to provide health information, training/education, consultation, and emotional support for a broad array of children and youth with special health care needs and their families. Program staff must be knowledgeable about pediatric health care, including issues affecting access, quality service delivery, and health care financing systems. Programs providing these services must demonstrate a commitment to collaborative work activities, including state level consultative support, to improve systems of care for children and youth with special health care needs and their families.

**This grant application will fund the MCH priorities selected below:**

Increase A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth and B) Percent of women who attended a postpartum checkup and received recommended care components

Increase A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding D) Percent of infants room-sharing with an adult

Increase percent of children, ages 0 through 11, whose households were food sufficient in the past year **OR** Percent of children with and without special health care needs, ages 0 through 17, who receive needed care coordination

Increase percent of adolescents, ages 12 through 17, who receive needed mental health treatment and counseling

Increase the number of children with special healthcare needs engaged in medical home

☐ Vision Zero: Reduce motor vehicle incidents (crashes, injuries, fatalities) among the pediatric/adolescent/young adult populations

☐ Increase awareness and the utilization of statewide services or resources

☐ Implement all North Dakota state mandates delegated to the ND DHHS Title V/Maternal and Child Health Programs

**ELIGIBLE APPLICANTS**

Organizations eligible to apply for the grant funding include:

Family-led organizations in North Dakota with health expertise that provide information, education, consultation, and support on behalf of children with special health care needs and their families.

*For any questions on eligibility to apply, please contact Kimberly Hruby. Contact information can be found at the end of this document.*

**FUNDING**

This is a competitive grant application process. Grant applications will be accepted for up to **$90,000** in federal and/or state funds.

Match is not required for this grant, but a three-dollar match for every four federal dollars is encouraged.

**FUNDING PERIOD**

The funding period for selected applicants will be 7/1/2025 through 6/30/2027 with successful completion of grant objectives and availability of federal and/or state funding.

**REPORTING REQUIREMENTS:**

The successful applicant (Grantee) will be required to submit monthly/quarterly reimbursement requests, semi-annual and annual progress reports, and an annual Measurement Tool Assessing Family-Led Consultation Work Activities through the ND DHHS Program Reporting System (PRS). Templates will be provided for all reporting requirements. Please see *Attachment C*, *Attachment D*, and *Attachment E* for examples. Due dates will be provided in the Notice of Grant Award contract issued to the Grantee. Additional requirements may be necessary based upon updated federal guidance.

**STATEMENT OF INTEREST**

A statement of interest is recommended and can be submitted via email to the contact listed below under “Application Due Date.” The statement of interest should include the following information:

* Name and address of the applicant organization
* Brief (one paragraph) overview of proposed project

**APPLICATION DUE DATE**

**Applications are due by 4/17/2025.** Applications not received by the due date will be considered non-responsive and not be reviewed. Applications may be submitted by email to:

North Dakota Department of Health and Human Services

Special Health Services Unit

Attention: Kimberly Hruby

E-mail: krhruby@nd.gov

**TECHNICAL ASSISTANCE**

Technical assistance conference calls have been scheduled for the following dates/times via Microsoft Teams:

* April 3, 2025: 10:00am-11:00am CT
* April 8, 2025: 2:00pm-3:00pm CT

**TO JOIN THE TECHNICAL ASSISTANCE CALLS:**

**April 3, 2025:**

Microsoft Teams [Need help?](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2FJoinTeamsMeeting%3Fomkt%3Den-US&data=05%7C02%7Cdwhoff%40nd.gov%7Cb72e1e0fc6ea494ec5bd08dd5cd7cec7%7C2dea0464da514a88bae2b3db94bc0c54%7C0%7C0%7C638768804303620132%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=HYeBncG3jofmiSXYWcxHIR58E5r94xJoN6iqT8zEAdE%3D&reserved=0)

[**Join the meeting now**](https://gcc02.safelinks.protection.outlook.com/ap/t-59584e83/?url=https%3A%2F%2Fteams.microsoft.com%2Fl%2Fmeetup-join%2F19%253ameeting_ZGU2NjY3NTEtNzAwMi00N2IyLTljMmEtOWFhMWUyMzE2YmZm%2540thread.v2%2F0%3Fcontext%3D%257b%2522Tid%2522%253a%25222dea0464-da51-4a88-bae2-b3db94bc0c54%2522%252c%2522Oid%2522%253a%2522252164f2-7619-4f2f-96bd-4b5d620ad09d%2522%257d&data=05%7C02%7Cdwhoff%40nd.gov%7Cb72e1e0fc6ea494ec5bd08dd5cd7cec7%7C2dea0464da514a88bae2b3db94bc0c54%7C0%7C0%7C638768804303642380%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=%2BuiWZKKWIuuDFGBQB420%2FZsDMnVxYwTtvTeeYW%2FJ3Ss%3D&reserved=0)

Meeting ID: 284 293 049 514

Passcode: Ze6UY9m6

**Dial in by phone**

[+1 701-328-0950,,655348803#](tel:+17013280950,,655348803) United States, Bismarck

[Find a local number](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdialin.teams.microsoft.com%2Fb55e1684-2d28-41f4-ba9d-69c288a879dd%3Fid%3D655348803&data=05%7C02%7Cdwhoff%40nd.gov%7Cb72e1e0fc6ea494ec5bd08dd5cd7cec7%7C2dea0464da514a88bae2b3db94bc0c54%7C0%7C0%7C638768804303659368%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=tvPcl5DeTkZGafN4Za2alSRSgHA5Qz3c7p0IQ8hTNaI%3D&reserved=0)

Phone conference ID: 655 348 803#

**Join on a video conferencing device**

Tenant key: [teams@join.nd.gov](mailto:teams@join.nd.gov)

Video ID: 119 058 585 0

**April 8, 2025:**

Microsoft Teams [Need help?](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2FJoinTeamsMeeting%3Fomkt%3Den-US&data=05%7C02%7Cdwhoff%40nd.gov%7Cab81fa7c26744599233d08dd5cd81e9b%7C2dea0464da514a88bae2b3db94bc0c54%7C0%7C0%7C638768805469667023%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=khMqUqABINMOvosLx0Dn%2FMrMqLLd2BzaBW1i0rhlzaM%3D&reserved=0)

[**Join the meeting now**](https://gcc02.safelinks.protection.outlook.com/ap/t-59584e83/?url=https%3A%2F%2Fteams.microsoft.com%2Fl%2Fmeetup-join%2F19%253ameeting_MTM3YjQ0OGMtNWY4My00MzYxLWI1ZGItMzdkYWFmNjBjNzlm%2540thread.v2%2F0%3Fcontext%3D%257b%2522Tid%2522%253a%25222dea0464-da51-4a88-bae2-b3db94bc0c54%2522%252c%2522Oid%2522%253a%2522252164f2-7619-4f2f-96bd-4b5d620ad09d%2522%257d&data=05%7C02%7Cdwhoff%40nd.gov%7Cab81fa7c26744599233d08dd5cd81e9b%7C2dea0464da514a88bae2b3db94bc0c54%7C0%7C0%7C638768805469690897%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=DV1nzTevF7kAuz6YthTRJN5WABeXQ4IxJgfTnp8LjHg%3D&reserved=0)

Meeting ID: 239 626 447 199

Passcode: aM7EA2Qc

**Dial in by phone**

[+1 701-328-0950,,781801144#](tel:+17013280950,,781801144) United States, Bismarck

[Find a local number](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdialin.teams.microsoft.com%2Fb55e1684-2d28-41f4-ba9d-69c288a879dd%3Fid%3D781801144&data=05%7C02%7Cdwhoff%40nd.gov%7Cab81fa7c26744599233d08dd5cd81e9b%7C2dea0464da514a88bae2b3db94bc0c54%7C0%7C0%7C638768805469709424%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=JE4%2FPwVyFACJ7Mw0quc7rw5mqXz0jT0iv%2FCR3MZObSk%3D&reserved=0)

Phone conference ID: 781 801 144#

**Join on a video conferencing device**

Tenant key: [teams@join.nd.gov](mailto:teams@join.nd.gov)

Video ID: 118 118 280 9

**APPLICATION REQUIREMENTS:**

**SUMMARY PROPOSAL**

Complete the *Summary Proposal form – Appendix A.*

**ACTION PLAN**

Complete the *Action Plan form – Appendix B.*

The Action Plan Objectives, Strategies and Activities must be linked to evidence-based, evidence-informed and/or promising practices. Below are examples of evidence-based, evidence-informed and/or promising practice documents/websites related to the MCH priority area. Please note that this is not an exhaustive list.

|  |  |
| --- | --- |
| Medical Home/Care Coordination | * National Resource Center for Patient/Family-Centered Medical Home   <https://medicalhomeinfo.aap.org/>   * Patient-Centered Medical Home Checklist <https://www.metrocarephysicians.com/images/Resources/PCMHChecklist.pdf> * MCH Evidence Tools <https://www.mchevidence.org/tools/measures/medical-home-overall.php> * Maternal Child Health Bureau (MCHB)-funded Pediatric Care Coordination Curriculum (PCCC) through Boston Children’s Hospital   <http://www.childrenshospital.org/integrated-care-program/care-coordination-curriculum> |
| Family Engagement | * National Center for Family Professional Partnerships <https://familyvoices.org/familyprofessionalpartnerships/> * Supporting Patient and Family Engagement: Best Practices for Hospital Leaders <https://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/howtogetstarted/index.html> * Association of Maternal & Child Health Programs <http://www.amchp.org/programsandtopics/family-engagement/Pages/default.aspx> |
| Other Standards or Guidelines for Best Practice You May Be Using (i.e., cleft lip and palate, critical congenital heart defect) | * Standards for cleft palate and craniofacial teams through the American Cleft Palate-Craniofacial Association <http://www.acpa-cpf.org/team_care/standards/> * AAP Newborn Screening for Critical Congenital Heart Defect <https://www.aap.org/en/patient-care/congenital-heart-defects/newborn-screening-for-critical-congenital-heart-defect-cchd/> |

A website has recently been developed by the National Center for Education in Maternal and Child Health (NCEMCH), the Association of Maternal and Child Health Programs (AMCHP), the National Maternal and Child Health Workforce Development Center (WDC), CityMatCH, and the Georgetown University Center for Child and Human Development (GUCCHD) to support the development of strategies to promote the health and well-being of maternal and child health populations. *Strengthen the Evidence for Maternal and Child Health Programs*: <https://www.mchevidence.org/>

**PROGRAM/PROJECT NARRATIVE**

Complete the *Program/Project Narrative form – Appendix C*.

The program/project narrative provides additional detail to the action plan and should address the following areas in a 1–2-page summary:

* Describe the need for the proposed program/project using current and relevant data.
* Define the geographic area and the target population to be served, including the projected number of individuals that will be reached.
* Describe how this program/project will enhance collaboration with relevant partners.

*A sample program/project narrative is provided in Supporting Document 2.*

**PROGRAM BUDGET**

Complete the *Program Budget form – Appendix D*.

Grant applications will be accepted for up to **$90,000** in federal and/or state funds. Grant awards will be based upon the number of applications received. Applications exceeding this amount in state and/or federal funds will not be reviewed.

Administrative costs are allowable but are limited to **10 percent for MCH contracts.**

If you **are** applying for a predetermined MCH amount, Administrative Costs can be calculated utilizing the formula below:

* Predetermined MCH Amount - (Predetermined MCH Amount / (1+ Administrative Cost %)) = Administrative Costs.
* Example: if the predetermined MCH amount is $10,000 and the Administrative Cost % is 10%, the calculation is: $10,000 - ($10,000 / (1+.10)) = $909 in Administrative Costs.

If you are **not** applying for a predetermined MCH amount, then sum all MCH costs before calculating the MCH Administrative Costs and multiple by the Administrative Cost %:

* Total MCH Costs before calculating the MCH Administrative Costs x Administrative Cost % = Administrative Costs. Total MCH Costs before calculating the Administrative Costs + MCH Administrative Costs = Total MCH Costs (i.e. Total MCH Federal Award).
* Example: if MCH Federal Costs are $10,000 before calculating the Administrative Costs and the Administrative Cost % is 10%, the calculation is: $10,000 x .10 = $1,000 in Administrative Costs. $10,000 + $1,000 = $11,000 MCH Federal Award.

Applicants are encouraged to provide a three-dollar match for every four federal dollars allocated.

The purpose of matching/cost sharing funds is to enhance the amount of resources available to the project from grant funds. The cost of activities documented for the match/cost share requirement must be directly related to the project goals and objectives. Cash or in-kind services may be used as match/cost share. Federal funds from other sources may not be used to match/cost share.

To qualify for matching/cost sharing, the cash or in-kind expenditures must meet *all* of the following criteria:

* Are verifiable from the recipient’s records
* Are not included as match or cost sharing for any other federally assisted program
* Are necessary and reasonable for proper and efficient accomplishment of program objectives
* Are allowable under the applicable cost principles of the Office of Management and Budget Uniform Grant Guidance
* Are not paid by the Federal Government under another award, except where authorized by Federal Statute to be used for cost sharing or matching
* Are provided for in the approved application

Volunteer services donated by professional and technical personnel, consultants and other skilled or unskilled labor may be counted as matching/cost sharing if the service is an integral and necessary part of the approved program. Rates for volunteer services shall be consistent with those paid for similar work in the agency’s organization (i.e., if you have a nurse volunteer to stuff envelopes, you would only be able to record the amount that the agency would pay for secretarial services). Supporting records for volunteer services must be documented by the same methods used by the agency for its own employees (i.e. time sheets). The basis for determining the value of in-kind contributions must be documented in writing.

Program income may be used to meet the match/cost share requirement of the grant. Program income is defined as gross income received that is directly generated by the federally funded project during the grant period. Revenue generated from Title XIX (Medicaid) cannot be used for match/cost sharing.

**Funds may not be used for** (1) inpatient services other than those provided to children with special health care needs or to high-risk pregnant women and infants and such other inpatient services; (2) cash payments to intended recipients for health services; (3) purchase and improvement of land, construction or permanent improvement of buildings or purchase of major medical equipment; (4) matching other federal grants; or (5) providing funds for research or training to any entity other than a public or private non-profit entity. For a complete list of unallowable costs, please visit: <https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200?toc=1>

**Additional unallowable costs include:**

* Alcoholic beverages
* Bad debt
* Contingencies or reserves
* Contributions or donations to others
* Entertainment costs
* Fines and penalties resulting from violations of, or failure to comply with Federal, State and local laws and regulations
* Food costs (other than per diem expenses)
* Fundraising
* Interest charges and late fees
* Lobbying or memberships in organizations substantially engaged in lobbying

Title V/MCH prohibits exclusion from participation, denial of benefits, or discrimination in any program or activity funded in whole or in part with Title V/MCH monies on the basis of race, color or national origin, sex, age, religion or handicapping conditions.

Any charges imposed upon individuals receiving services through projects funded by Title V/MCH must be pursuant to a published schedule of charges and adjusted to reflect the income, resources, and family size of recipients. No charges may be imposed for low-income mothers or children. The official poverty guideline, as revised annually by HHS, shall be used to determine whether an individual is considered low-income for this purpose. The poverty guidelines are issued each year in the Federal Register. HHS maintains a page on the Internet that provides the poverty guidelines: <http://aspe.hhs.gov/poverty/>.

*A sample budget is provided in Supporting Document 3.*

**APPLICANT/GRANTEE SELECTION**

Grant applications will be reviewed and scored by an evaluation committee – *See Supporting Document 4.*

**QUESTIONS**

Please contact:

|  |  |
| --- | --- |
| Special Health Services Unit  North Dakota Department of Health and Human Services  Phone: 701-328-2436 (ask for Kimberly Hruby or Heather Kapella)  Email: dohcshsadm@nd.gov |  |