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| **DEPARTMENT OF HEALTH SERVICES**  Division of Public Health  F-02793 (04/2021) | | | | **STATE OF WISCONSIN** | | | | |
| **Request for Wisconsin Title V Maternal and Child Health Block**  **Grant Funds to support** **Project Title in 2022** | | | | | | | | |
| **INSTRUCTIONS** | | | | | | | | |
| Who should use this form:   * All non-health department agencies and individuals who are contracted by the Wisconsin Title V Program and wish to receive funding for Title V activities for the coming calendar year. * Local and Tribal agencies who would like to request project funding in addition to the annual formula funding they receive from Title V. * Other agencies and individuals who are seeking funding for maternal and child health systems building work directly related to the [2021-2025 priority needs](https://www.dhs.wisconsin.gov/mch/index.htm). | | | | | | | | |
| **How to use this form** | | | | | | | | |
| Fill out the fields in the form as completely as possible and complete the corresponding Title V Budget worksheet. A work plan may be submitted as supplementary documentation, or this form can be submitted in place of the work plan. Please work with your assigned contract monitor to complete your funding request and to resolve any questions or concerns. If you do not have an assigned contract monitor, please send questions to [DHSDPHMCH@dhs.wisconsin.gov](mailto:DHSDPHMCH@dhs.wisconsin.gov).  When complete, please email this form AND your Title V Budget worksheet to DHSDPHMCH@dhs.wisconsin.gov and copy your Maternal and Child Health (MCH) or Children and Youth with Special Health Care Needs (CYSHCN) contract administrator **by August 6, 2021**. Please keep in mind that funding is not an annual guarantee. Sustainability plans are being requested to ensure work may continue if Title V is unable to fund your work in the future, or fund your work at the fully-requested amount.  Requests received **after August 6** will not be considered until after the other budget determinations have been made and the first quarter’s funding projections are prepared. Requests made outside the timeline are more likely to be funded if they advance equity and/or are made in response to emergent events or circumstances. | | | | | | | | |
| **Funding decisions** | | | | | | | | |
| The Title V budget leadership team – which includes the Family Health Section (FHS) manager, all four FHS supervisors, grants specialist, Title V budget and policy analyst, the FHS Health Equity Coordinator and State Systems Development Initiatives Coordinator – will determine the approved funding amounts in consultation with other MCH/CYSHCN staff as appropriate. While each funding request will be considered on a case-by-case basis, the following criteria will be weighed across all requests: alignment of proposed activities with Title V priority needs for the funding cycle; probability that the proposed activities will advance health equity; agency history of meeting deliverables and demonstrating impact; agency history of spending down funds and reporting match (if applicable); contribution of proposed activities to MCH systems-building; sustainability plans.  Funding decisions will be communicated by email to the individual listed as the programmatic contact. | | | | | | | | |
| **CONTRACT INFORMATION** | | | | | | | | |
| Name of Organization | | | | | | | | |
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| Organization Address | | | City | | | State | | Zip Code |
|  | | |  | | |  | |  |
| Contract Signatory Name\* | | | | | | | | |
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| Contract Signatory Email Address | | | | Contract Signatory Phone Number | | | | |
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| \*Business official who is responsible for signing the contract for the agency. | | | | | | | | |
| **CONTACTS** | | | | | | | | |
| **Programmatic Contact Name(s)** | | **Fiscal Contact Name(s)** (if different from programmatic contact) | | | **DHS Contract Administrator Contact Name(s)** | | | |
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| Budget: Has the agency listed above completed the Title V Budget worksheet?  Yes  No | | | | | | | | |
| **\*Note:** Funding requests WILL NOT BE CONSIDERED if both this funding request form AND the Title V budget worksheet are not submitted to Wisconsin’s Title V team. | | | | | | | | |
| **DETAILS** | | | | | | | | |
| **Scope of Work Summary** | | | | | | | | |
| Provide a summary of the main goals of this project and its relevance to the Title V Block Grant priority needs and advancing equity. | | | | | | | | |
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| **Accountability** | | | | | | | | |
| How will progress be tracked and measured? How and how often will Title V collect information on project deliverables and evaluate activities? Give an overview of the evaluation approach. Specific measures are requested in the scope of work table at the end of the form. | | | | | | | | |
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| **What performance measure does this project support or align with?** | | | | | | | | |
| Percent of women ages 18–44 past year preventive medical visit  Percent of infants who are ever breastfed; percent of infants breastfed exclusively through 6 months  Percent reduction in infant mortality in babies born to non-Hispanic Black mothers  Percent of women receiving prenatal care within the first trimester; percent of women receiving a quality postpartum visit  Percent of children ages 9–35 months receiving a developmental screening using a parent-completed tool  Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10–19  Percent of children ages 6–11 who are physically active at least 60 minutes per day  Percent of adolescents with a preventive services visit in the last year  Percent of children with special health care needs ages 0–17 who have a medical home  Percent of children with special health care needs who received services necessary to make transitions to adult health care  Percent of strategies on the Wisconsin Title V State Action Plan promoting social connectivity or connection to community-based resources  Percent of performance measures with family, youth, and community engagement embedded into program and policies | | | | | | | | |
| **What population(s) would this project serve?** | | | | | | | | |
| Women/ Maternal  Infant/ Perinatal  Children  Adolescents  Children and Youth with Special Health Care Needs  Cross-Cutting/ Systems Building | | | | | | | | |
| **Will this project be able to meet Title V’s federally required 75% match contribution?** (Non-federal dollars supporting your agency’s work, donations, and in-kind donations or volunteer time can all be counted as match)?  Yes  No\* | | | | | | | | |
| If no, explain: | | | | | | | | |
| \*The Title V Program is required to match 75% of all funds provided by the Health Resources and Services Administration. Please work with your contract monitor if you have questions. Match will be required for almost all agencies. | | | | | | | | |
| **SUSTAINABILITY** | | | | | | | | |
| Title V Funds are intended to foster innovation and systems building. The program has finite resources and is expected to respond to evolving priorities as identified in our 5-year needs assessments. Therefore, we look for opportunities to make investments that will continue to make impacts on health systems and Wisconsin families for years to come. | | | | | | | | |
| **How will this work continue to improve the health and wellbeing of Wisconsin’s families if Title V funding is not available to support this project in future years?** | | | | | | | | |
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| **Is this a one-time (short-term) request, or do you anticipate requesting funds from Title V for this project on an annual basis?** | | | | | | | | |
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| **What other funding sources have you considered to fund the proposed activities?** | | | | | | | | |
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| **How many years of Title V funding do you anticipate needing before this work is complete or becomes self-sufficient?** | | | | | | | | |
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| **Systems Building:** Explain how the proposed activities contributes to building strong MCH and CYSHCN systems that promote health equity. | | | | | | | | |
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| **PROJECT TIMELINES AND MILESTONES** | | | | | | | | |
| What is the timeline of events for this proposed project? Include due dates for deliverables and major project goals in the template table below. | | | | | | | | |
| **EXAMPLE** | | | | | | | | |
| **Project Objective 1:** | | **Funding Request Amount associated with this project:** | | | **Measure(s) of impact:** | | | |
| Convene quarterly learning community meetings for LTHDs working on the breastfeeding objective | | $50,000 | | | Increased percentage of women who breastfeed until their infant is 6 months old  Number of workplaces that are certified breastfeeding-friendly | | | |
| **Single-year project, multi-year project, or ongoing activity?** Ongoing | | | | | | | | |
| **Activities** | **Deliverables** | | | **Timeline**  *Fill in start and end date* | | | **Measure of progress (data source):** | |
| Maintain updated list of LTHD contacts working on breastfeeding | Distribution list | | | Ongoing | | | # of updates made to the distribution list | |
| Identify relevant agenda items and appropriate speakers for each of four quarterly meetings |  | | | 1 by April 15  2 by June 30  3 by September 15  4 by December 31 | | | Agenda sent one week prior to meeting (program records)  % participants saying meeting was a good use of time (post-meeting evaluation in REDCap) | |
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| **Project Objective 1:** | | **Funding Request Amount associated with this project:** | | | **Measure(s) of impact:** | | | |
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| **Single-year project, multi-year project, or ongoing activity?** | | | | | | | | |
| **Activities** | **Deliverables** | | | **Timeline**  *Fill in start and end date* | | | **Measure of progress (data source):** | |
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| **Project Objective 2:** | | **Funding Request Amount associated with this project:** | | | **Measure(s) of impact:** | | | |
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| **Single-year project, multi-year project, or ongoing activity?** | | | | | | | | |
| **Activities** | **Deliverables** | | | **Timeline**  *Fill in start and end date* | | | **Measure of progress (data source):** | |
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| **Project Objective 3:** | | **Funding Request Amount associated with this project:** | | | **Measure(s) of impact:** | | | |
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| **Single-year project, multi-year project, or ongoing activity?** | | | | | | | | |
| **Activities** | **Deliverables** | | | **Timeline**  *Fill in start and end date* | | | **Measure of progress (data source):** | |
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| **REPORTING REQUIREMENTS** | **ADDITIONAL REQUIREMENTS** |
| Progress Monitoring – *Provide data or information on progress measures at a minimum on a quarterly basis:*   * January 1 – March 31 * April 1– June 30 * July 1—September 30 * October 31—December 31 |  |
| Expenditures and match amounts reported on invoices quarterly, at a minimum, either in the Community Aid Reporting System (CARS) or in invoices sent to the contract administrator.  Only amounts of match need to be reported in CARS or on invoices; however, contracted agencies must ensure that the match dollars reported meet the criteria for federal match, document the source of match, and be able to produce documentation upon request. |  |
| Changes to the budget, scope of work or deliverables should be discussed with your DHS Contract Administrator prior to making changes. |  |