



Please check **ONE** of the following as it applies to this application:

We have reviewed the Sample Contract with legal counsel and can identify no issues with executing this contract in its present form.

We have reviewed the Sample Contract with legal counsel and will request changes to the Sample Contract. (Please attach details.) We understand that exceptions to the boilerplate contract language may not be approved and may result in the rejection of this application.

Authorized signor: \_\_\_\_\_

### Application Form

*Applicants must answer all questions completely.*

1. Organization name:
  
2. Project lead (name/s):
  
3. Name of project:
  
4. Please attach a project narrative (Exhibit 2) addressing your organizational capacity and approach to implement the service deliverables below. The narrative should be limited to four (4) total pages and labeled 'Project Narrative - *Insert Project Name* Narrative'.
  - Conduct a statewide needs assessment to:
    - To understand how to best support our existing partnerships especially within communities disproportionately impacted by Sudden Unexpected Infant Death (SUID).
  - Conduct focus groups/listening sessions to better understand the challenges related to practicing safe sleep and messaging that resonates with or encourages communities disproportionately impacted by SUID to practice safe sleep.
  - Analyze qualitative data from the focus groups and create a report on themes identified.
  - Utilize the needs assessment data, focus group information, and aggregate data to develop a state safe sleep strategic plan.
  - Attend the safe sleep collaborative group for a meeting to present the findings and strategic plan.
  
5. How will your project address health disparities?

6. Describe data collection approaches, measures, and evaluation methods your organization plans to implement to monitor the project.

7. Develop a SMARTIE objective (Exhibit 1), list supporting activities, identify lead personnel and contributing partners, and initiation and completion dates for the safe sleep focus groups/listening sessions. Template below may be used for developing SMARTIE goals.

<b>SMARTIE Objective:</b>				
<b>Activities</b>	<b>Lead Personnel Assigned (Titles &amp;/or Names)</b>	<b>Contributing Partners (e.g., key contracts, consultants)</b>	<b>Initiation Date</b>	<b>Completion Date</b>

\*If additional rows are needed, please add on an additional page.

8. Please complete Attachment 3 excel budget. Include a detailed budget narrative below addressing grant funding from other sources, supplemental organization funding, and sustainability beyond the grant period.

The applicant certifies to the best of his/her knowledge and belief that the information in this application has been duly authorized by the governing body of the applicant and that the applicant will comply with the certifications and assurances required of applicants if a grant is awarded. **DO NOT SIGN THIS DOCUMENT IF YOU ARE NOT LEGALLY AUTHORIZED TO BIND THE PROPOSING ENTITY.**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Specific**

Does the objective state the outcome that you aim to accomplish? Among what population, by when, and by how much?

**Attainable**

Is the objective challenging but achievable within the capabilities of your program and the community being served? Do you have enough resources?

**Time-Based**

Is there a deadline to achieve the objective? Are there review points to assess progress?

**Equitable**

Does the objective address the unique needs and circumstances of different populations, increase quality services where needed, and seek to address cancer screening disparities?

**Measurable**

How will you track your progress and know when milestones have been reached and the objective achieved?

**Relevant**

Is the objective aligned with the priorities of your program and Notice of Funding Opportunity (NOFO) requirements? Is it meaningful to the population of focus and community being served?

**Inclusive**

Have you invited, considered, and incorporated input from the population of focus and your community partners where appropriate?



**Safe Sleep Listening Sessions and Needs Assessment (maximum of 4 pages)**

**Applicants must write a narrative addressing the topics below. When writing your narrative, please use the headings in bold in the same order they are listed below.**

- 1. Describe your organization's capacity and experience of the staff that will be involved with the project. Include information about any certifications staff hold.**
- 2. Describe your organization's experience with conducting needs assessments and what tools will be used for this project.**
- 3. Describe your organization's experience with conducting listening sessions/focus groups and what tools will be used for this project.**
- 4. Describe how your organization will recruit participants for listening sessions/focus groups and ensure representative participant recruitment.**
- 5. Describe your organization's experience with qualitative data collection and analysis and how you plan to accomplish data collection and analysis for this project.**
- 6. Describe your organization's experience creating strategic plans.**
- 7. Describe how your organization can utilize evaluation findings to improve safe sleep messaging (i.e., public service announcements, social media content, and printed materials).**