

# REQUEST FOR PROPOSALS

**Perinatal Safe Zone**  
*Supporting Healthier Pregnancies  
Together*



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## Overview

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St. David's Foundation is pleased to announce the availability of funds to address timely and effective support for women in Central Texas most likely to be disproportionately impacted by poor perinatal outcomes. Healthy pregnancy outcomes require a supportive environment prior to, during and after the pregnancy itself. Early and continued investments during this perinatal period will reap health benefits that can pay dividends for years to come and span generations.

This Request for Proposals (RFP) seeks to **support the establishment of a Perinatal Safe Zone in Central Texas** by building on the Foundation's existing investments in the [Healthy Women and Girls strategic area](#). The **population of focus** for this RFP is women of reproductive age who are low-income and/or women of color due to their increased risk for lack of access to perinatal services and resulting birth inequities. The Foundation acknowledges self-determination as an important way to achieve health equity. To that end, the RFP will prioritize efforts designed by and led by the population most impacted by birth inequities.

*Projects eligible for funding under this RFP fall into the following categories:*

- **Planning grants**, for organizations exploring launch of new initiatives, projects, or programs. Planning grants will be one-time funding, for a 6-month period. Receipt of a planning grant does not guarantee additional implementation funding. Maximum award per applicant is \$25,000.
- **Implementation grants**, for the launch of new or expansion of existing initiatives, projects, or programs. Funding will be for 12 months. Maximum annual award per applicant is \$150,000.

The term "perinatal" refers to the period pre-pregnancy, prenatal and postpartum. Through this opportunity, the Foundation is interested in establishing a perinatal safe zone by **creating the community conditions to support healthy pregnancies, and health outcomes for women** that have a two-generation benefit. Proposals that focus solely on infants are outside the scope. Responses to this RFP should describe activities that would occur in the perinatal period.

Total funding for planning and implementation grants awarded in 2021 is approximately \$1 million. Additional funding will be made available in 2022 for implementation of competitive workplans originating from planning grants, and for implementation grant renewals.

## About St. David's Foundation

St. David's Foundation is one of the largest health foundations in the United States, funding \$80 million annually in a five-county area surrounding Austin, Texas. Through a unique partnership with St. David's HealthCare, the Foundation reinvests proceeds from the hospital system back into the community, with a goal of advancing health equity and improving the health and well-being of our most underserved Central Texas neighbors. St. David's Foundation also operates the largest mobile dental program providing charity care in the country and offers the largest healthcare scholarship program in Texas. Through strategic grantmaking, the Foundation seeks to center people and communities in all that we support and partner with institutions that promote health and well-being across the following areas of opportunity:

- Resilient Children
- Healthy Women and Girls
- Older Adults Age in Place
- Thriving Rural Communities
- Clinics as Community Hubs for Health

To learn more about St. David's Foundation, please visit [www.stdavidfoundation.org](http://www.stdavidfoundation.org).

## Rationale for Establishing a Perinatal Safe Zone

A **Perinatal Safe Zone** is a geographic (e.g. neighborhood, city, municipality, region) or virtual space that is judgment-free, welcoming, and offers the physical, emotional, and educational support to create the community conditions needed for healthy pregnancies. Perinatal education and support can help address maternal death and preterm or stillbirths. Fostering healthy pregnancy outcomes, however, takes more than a focus on the 40-week period of gestation. Healthy pregnancies begin with nurtured and loved bodies and minds well before conception and well after delivery. Furthermore, in the case of prematurity, miscarriage or loss of an infant, mourning is often framed as an individual experience and thus unattended to. We believe that a supporting community can play a key role in ensuring healthy pregnancies as well as healing after loss.

The perinatal safe zone is modeled after – and inspired by – the work of the [National Perinatal Task Force](#) (NPTF). The Task Force is working to spur a national movement to identify Materno-Toxic Zones and transform them into Perinatal Safe Zones. A [materno-toxic zone](#) is a virtual or physical space that is detrimental to maternal health, where a woman may feel unsafe to be pregnant, breastfeeding, or parenting. NPTF does this by inviting perinatal practitioners, organizations, and communities to become certified as Perinatal Safe Spots (PSS). PSS are independently operated sites (virtual, physical), or individuals within organizations, implementing collective perinatal health work in their community. A collection of multiple perinatal safe spots, working in tandem towards shared goals, forms a perinatal safe zone.

## Primary Goals of the RFP

The Foundation seeks to support establishing a Perinatal Safe Zone in Central Texas by:

- Encouraging the establishment of activities that support the community conditions that lead to positive birthing outcomes (e.g. earning a [Perinatal Safe Spot designation](#)) in Central Texas,
- Supporting pre-pregnancy, prenatal, and postpartum activities likely to improve health outcomes for the populations of focus, and
- Supporting current and identify new partners to contribute to the collective goal of eliminating materno-toxic zones.

Since our previous RFP, [Focus on the Fourth](#), Foundation staff have sought to deepen and complement current investments in the Healthy Women and Girls goal area. This RFP is informed by **external experts, with both technical and lived experience and expertise**, including:

- Community stakeholders through public input sessions, [research reports produced by grant partners](#), and one-on-one conversations;
- National stakeholders through a review of reports and work by national thought leaders;
- Community consultants through a local landscape assessment produced by the Austin-based [Maternal Health Equity Collaborative](#); and
- Regional and national colleagues in philanthropy.

## Considerations When Establishing a Perinatal Safe Zone

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Establishing a Perinatal Safe Zone requires mobilization of individuals, organizations, and communities. This mobilization can take on many different approaches, and interventions at the individual, organizational, systemic, and structural levels. They can also cover a broad range of perinatal health topics. The Foundation will consider in funding selection how well projects help create the perinatal safe zone by incorporating the following **perinatal priorities**:

- **Providing comprehensive, judgment-free family planning that adapts to changing needs over time.** Typically, we think about family planning as a need prior to pregnancy, but research show the benefits of considering family planning during and post pregnancy. Women who wait 18-24 months before getting pregnant again are in better physical condition themselves and lower the baby’s risk for preterm birth, low birth weight, congenital disorders, schizophrenia, and autism<sup>1</sup>. Pregnancy spacing can also reduce household stress by spacing the mental and financial demands of raising very young children. Women and their partners should have easy access to family planning education and counseling, as well as their contraception of preference. Over half of Texas women report at least one barrier to accessing reproductive health care services<sup>2</sup>. Some women prefer to begin postnatal family planning discussions during the third trimester, and some make these decisions postpartum. Long-acting reversible contraceptives (“LARCs”) are receiving increased focus because they have higher effectiveness rates than other forms of contraception. Private and public payers, including Texas Medicaid and the Healthy Texas Women Program, have included coverage for LARCs in recent years. For uninsured women, the relatively high cost can be a barrier and increasing access to postpartum LARCs is core to supporting access to the form of contraception that women decide is right for them.
- **Addressing maternal mental health conditions to reduce complications of pregnancy and childbirth.** Untreated maternal mental health conditions can have a devastating impact on mothers and children, yet they often go minimized, undiagnosed, and untreated. Perinatal mental health conditions affect one in eight Texan women, that is about 49,816. Postpartum depression and anxiety affect one in six (17%) Texas mothers, which is slightly higher than the national average. The rate has been observed as higher among low-income urban mothers. Poor maternal mental health causes pain and suffering for women and their families. Infant care, bonding, and child development can also be affected. A child living under the care of a parent experiencing mental health conditions is at risk for experiencing adverse childhood experiences (“ACEs”). Infants and children who experience multiple ACEs are at increased risk for poor health in adulthood. Furthermore, mood and anxiety disorders are factors in maternal substance abuse and suicide, which are among the causes of maternal mortality.
- **Initiating and supporting breastfeeding.** For women, breastfeeding helps reduce uterine bleeding and lowers risk for future Type II diabetes, breast, and ovarian cancer. Breastfeeding facilitates bonding between the mother and baby while providing optimal nutrition and an infant immune system boost. Breastfed babies are at reduced risk for sudden infant death syndrome and ear infections, as well as asthma and obesity later in childhood. Many new mothers are surprised to discover that breastfeeding can be more challenging than they expected. Breastfeeding is supported by lactation education, coverage for and affordability of equipment and supplies, community/cultural norms, and systems and policies. The Centers for Disease Control and Prevention (CDC) reports that 85.9% of Texas babies are ever breastfed, however only 45.8% of Texas babies are exclusively breastfed at three months and only 23.9% are exclusively breastfed at six months. There is much to do in order for Texas to meet the national Healthy People 2020 objectives of 82%, 46%, and 26% respectively<sup>3</sup>.

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<sup>1</sup> <http://www.mayoclinic.org/healthy-lifestyle/getting-pregnant/in-depth/family-planning/art-20044072>

<sup>2</sup> [https://liberalarts.utexas.edu/txpep/files/pdf/TxPEP-ResearchBrief\\_Barriers-to-Family-Planning-Access-in-Texas\\_May2015.pdf](https://liberalarts.utexas.edu/txpep/files/pdf/TxPEP-ResearchBrief_Barriers-to-Family-Planning-Access-in-Texas_May2015.pdf)

<sup>3</sup> <https://www.cdc.gov/breastfeeding/data/reportcard.htm>

- **Emphasizing activities that prevent maternal death.** The CDC defines maternal mortality as “the death of a woman during pregnancy or within one year of the end of pregnancy from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy<sup>4</sup>.” It has been widely publicized that Texas has the highest maternal mortality rate in the United States and, by extension, the developed world<sup>5</sup>. There was a 79% rate increase between 2010 and 2014, putting the state rate at 34 deaths per 100,000 for 2014<sup>6</sup>. Black families are disproportionately impacted. Black women represent 29% of maternal deaths,<sup>7</sup> despite accounting for only 11% of births. In 2014, while the number of maternal mortalities counted in Central Texas were small, the rates in Bastrop, Hays, and Travis counties were higher than the state rate<sup>8</sup>. The maternal mortality rate in Williamson County mirrored that of the state. Among the identified causes are heart disease, hypertension, and hemorrhage. Contributing factors include lack of health care access before, during, and after pregnancy and the growing opioid epidemic. The issue, however, is not fully understood and is under ongoing study. While very rare and not a leading cause of death for women, the dramatic increase in maternal mortality signals that something is wrong and likely affecting other women’s health issues.
- **Addressing the health insurance churn by informing policymakers.** In Texas, more than half of babies born are covered by Medicaid or the Children’s Health Insurance Program (CHIP) perinatal program<sup>9</sup>. Medicaid coverage for mothers expires 60 days postpartum and the CHIP perinatal program ends after two postnatal visits, leaving some low-income women uninsured and some with coverage program options that are much less comprehensive; under enrollment and underutilization are common<sup>10</sup>. Texas ranks 50<sup>th</sup> in the nation for the uninsured rate for non-elderly adult women with one out of every five (23.2%) uninsured<sup>11</sup>. Among women of reproductive age, one in four (25%) lack health insurance with even higher rates among women of color<sup>12</sup>. While low-income Texas women can temporarily obtain coverage during pregnancy, the care focuses on obstetrics with limited time and capacity to focus on longer-range women’s health. In 2020, during the span of the COVID-19 pandemic, a temporary extension of Medicaid beyond 60 days postpartum was granted. This may be the opportunity to document and note the positive impact on women’s health of a temporary policy decision that can be made permanent.
- **Understanding that our health is influenced by the past, and what we do today will shape health tomorrow.** When considering the perinatal health of a woman, or the services they need, *life course approaches* recognize that the health status of today is the result of past conditions, exposures or behaviors, and that the interventions of today set us up for better health outcomes tomorrow. By expanding our focus to include not only prenatal, but also pre-pregnancy, and postpartum periods, we can prevent avoidable morbidity and mortality. More information on Life Course Approaches can be found in the [report](#) by the World Health Organization<sup>13</sup>.

<sup>4</sup> <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-relatedmortality.htm>

<sup>5</sup> <https://www.ncbi.nlm.nih.gov/pubmed/27500333>

<sup>6</sup> [https://www.dshs.texas.gov/mch/maternal\\_mortality\\_and\\_morbidity.shtm](https://www.dshs.texas.gov/mch/maternal_mortality_and_morbidity.shtm)

<sup>7</sup> Ibid

<sup>8</sup> <https://www.dshs.texas.gov/chs/vstat/annrpts.shtm>

<sup>9</sup> <http://www.kff.org/medicaid/state-indicator/births-financed-by-medicaid/>

<sup>10</sup> <https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2017/medicaid-chip-perspective-11th-edition/11th-edition-chapter3.pdf>

<sup>11</sup> <http://www.kff.org/other/state-indicator/nonelderly-adult-women/>

<sup>12</sup> <https://www.census.gov/programs-surveys/acs/>

<sup>13</sup> World Health Organization. (2000). [https://www.who.int/ageing/publications/lifecourse/alc\\_lifecourse\\_training\\_en.pdf](https://www.who.int/ageing/publications/lifecourse/alc_lifecourse_training_en.pdf)

- **Recognizing that health is influenced by relationships, communities, and the society in which we live.** Direct services and programs focused on the individual are helpful but alone fail to make more permanent and comprehensive changes at the system and structural levels. *Socio-ecological approaches* recognize this and consider how community conditions can have a profound effect on both mothers and babies and seek to address issues not only at the individual or interpersonal level, but also by identifying the root cause of a problem and intervening at the system or structural levels. More information on socio-ecological approaches can be found in this [book](#) published by the CDC.<sup>14</sup>
- **Considering compassionate clinical and community wide efforts.** While we know that a well-resourced community is better equipped to address disparities, resources are necessary but not sufficient. Better health is achieved when we use *whole person approaches* that provide for physical, mental, and spiritual health. Caring for mind, body and soul includes working from an antiracist stance noting systems that oppress, lead to weathering of our bodies<sup>15</sup>, and ultimately result in poor maternal health outcomes for women of color in general and Black women in particular. More information on whole person approaches can be found in this [report](#) by John Snow, Inc. with the California Association of Public Hospitals & Health Systems and the California Health Care Safety Net Institute.<sup>16</sup>

## Funding Opportunity

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This request for proposals is open to 501(c)(3) nonprofit organizations and public entities serving Central Texas. The Foundation plans to award about 10 individual awards of various amounts totaling \$1,000,000 for up to a 12-month funding period, with possibility of renewal for an additional 12 months. Individual awards will likely range between \$20,000 to \$150,000. The funding is available for planning, projects, initiatives, programs, and collaborations involving multiple organizations. Funding is not intended exclusively for ongoing administrative operations.

All proposals must address or propose planning activities for one or more of the following:

- **Family planning:** Increase perinatal family planning education and contraception access.
- **Maternal mental health:** Increase identification and intervention for perinatal depression/anxiety or other maternal mental health conditions.
- **Breastfeeding:** Increase breastfeeding initiation and improve breastfeeding outcomes.
- **Maternal mortality:** Advance understanding of and solutions to maternal mortality.
- **Health insurance:** Increase opportunities for women to access perinatal care (from primary, to obstetrical and back to primary care); or increase enrollment and utilization in existing coverage programs.
- **Life course approaches:** Consideration of pre-pregnancy, prenatal and postpartum continuum.
- **Socio-ecological approaches:** Engage women and communities in creating local conditions that support perinatal health.
- **Whole person approaches:** Consideration of physical, mental, and spiritual health.

Competitive proposals will benefit the **population of focus** for this RFP: women of reproductive age who are low-income and/or women of color due to their increased risk for lack of access to perinatal services and resulting birth inequities. Because women are not monolithic and resources are not unlimited, applicants are encouraged to define who they will serve in detail.

<sup>14</sup> Principles of Community Engagement, Second Edition, Center for Disease Control, NIH Publication No. 11-7782, June 25, 2015

<sup>15</sup> Claudia Holzman, Janet Eyster, Mary Kleyn, Lynne C. Messer, Jay S. Kaufman, Barbara A. Laraia, Patricia O'Campo, Jessica G. Burke, Jennifer Culhane, and Irma T. Elo, 2009: Maternal Weathering and Risk of Preterm Delivery. *American Journal of Public Health* 99, 1864\_1871, <https://doi.org/10.2105/AJPH.2008.151589>

<sup>16</sup> JSI. (2014, March). *Publications.JSI.com*.

[https://publications.jsi.com/JSIInternet/Inc/Common/download\\_pub.cfm?id=14261&lid=3](https://publications.jsi.com/JSIInternet/Inc/Common/download_pub.cfm?id=14261&lid=3)

*Applicants can request funds for:*

1. **Planning grants**, which are designed for organizations that need support and planning prior to implementing a new initiative. Funding will be one-time funding, for a 6-month planning period. Receipt of a planning grant does not guarantee future implementation funding but may result in an invitation to submit an implementation grant proposal.
2. **Implementation grants**, which are designed for organizations that have already completed the necessary planning activities and are ready to launch a new or expand an existing initiative, project, or program. Funding will be for 12 months, with the possibility of renewal. Applicants seeking implementation grants that, in the reviewer's opinion, have not completed the necessary planning may be offered planning assistance in lieu of implementation funding.

Organizations wishing to work together may submit independent complementary proposals for consideration as collaboration. Each of these opportunities is described in more detail below.

## Planning Grants

Organizations that serve the population of focus for this RFP but do not focus on perinatal health may still be part of creating the community conditions needed for perinatal health. Planning grants are intended to provide the support necessary for applicants to plan, research, and design a successful program implementation. Planning grants are open to organizations at the beginning stages of planning as well as organizations well into planning, but who still have some elements of their planning to complete before they are ready to implement. Budget requests should be commensurate with the level of activity required. Grant awardees will be expected to submit a final report to the Foundation describing findings and decisions made as a result of the planning process. Reports will be due by the close of the grant term. Report findings will be used by the Foundation to assess the value of inviting the submission of an implementation grant request.

**Planning Grant Maximum Award:** Up to \$25,000.

**Grant Term:** Six months. The Foundation anticipates that the funding period for planning grants will run from September 1, 2021 to March 31, 2022.

**Eligible Activities/Expenses** (see budget worksheet):

- Staff expenses dedicated to planning activities and final report preparation
- Consultant costs to support planning activities
- Travel and related costs as necessary to bring staff and key community stakeholders to sites to observe a particular perinatal program in action (e.g. field trips)
- Administrative costs
- Meeting expenses

**Ineligible Activities under planning grants:** Any activities not directly tied to planning for activities that support establishing a perinatal safe zone in Central Texas.



## Implementation Grants

Implementation grants are intended to support organizations working on perinatal health (e.g. pre-pregnancy, prenatal, postpartum, bereavement). Designed for sites that have already completed the necessary planning activities and are ready to implement a new project or expand an existing one. Readiness for implementation will be determined by the organization's responses to the application questions. If all the questions within the proposal narrative have not been fully explored and answered, the organization will not be considered eligible for implementation grant funding. Applicants seeking implementation grants that, in the Foundation's opinion, have not completed the necessary planning may be offered planning assistance in lieu of implementation funding. Applicants proposing a pilot or demonstration project must include external evaluation as part of the proposal.

**Implementation Grant Maximum Annual Award:** Up to \$150,000.

**Grant Term:** Implementation grants will have a 12-month term, with the possibility of renewals. The Foundation anticipates funding will begin September 1, 2021 to August 31, 2022.

**Eligible Activities/Expenses** (see budget worksheet):

- Direct costs specifically and easily identified with the proposed activities, initiative, service, program, project, collaboration, or evaluation (e.g., salaries, wages, fringe, materials/supplies, equipment, travel, consulting, marketing, publications)
- Allowable indirect rate may not exceed 15% for costs incurred for an organization's common objectives that cannot be specifically and easily identified with the proposed project (e.g., facilities, administrative support, audit, utilities).
- Collaboration and outreach expenses are allowed, but optional, and include covers expenses to ensure the activities proposed are effectively connected to other perinatal health collaborations and referral sources (e.g. salaries, wages, fringe, outreach activities, meeting expenses, food, supplies, and travel to community meeting and referral sources).
- Applicants are encouraged to budget to participate in at least one local or national maternal health conference relevant to the project.

**Ineligible activities under implementation grants:**

- Services to individuals outside of the five-county area
- Any activities not related to perinatal health project or program start-up or expansion
- Services for which there is available public funding
- New staff may not be hired under this grant unless there is an articulated sustainability pathway after funding ends or clear articulation that it is a term-limited grant funded position
- Lobbying or activities to influence the outcome of elections
- Capital projects
- Endowed chairs
- Grants to individuals

## Collaborations

Collaborations where 2 or more of the applicant organizations work on independent but complementary projects that share the same set of goals and objectives will be prioritized under planning or implementation grants. Applicants who are submitting proposals as part of a collaboration **will be asked to identify their collaborators and answer a question about shared goals**. The response to the question about shared goals should be consistent (the same) across applications from organizations in a collaboration

## Eligibility Criteria

Organizations applying for either planning and implementation grants must meet the following eligibility criteria:

- Be a tax exempt 501(c)(3) organization or a public entity (e.g. a municipality, health department, or university/school).
- Unincorporated organizations submitting a proposal must identify a 501(c)(3) organization that has agreed to function as its fiscal sponsor.
- Provide services to people living in at least one of the following Central Texas counties: Bastrop, Caldwell, Hays, Travis, or Williamson. *Note: applicants may have business or headquarter offices located outside of Central Texas.*
- Statewide and national organizations able to demonstrate meaningful partnerships with local organizations and communities. The work must clearly benefit Central Texas residents.
- Demonstrate strong fiscal management, which at a minimum requires: program operations for at least 3 years; 2 consecutive years of a clean audit; and the ability to access working capital or line of credit that could cover at least 2 months of organizational expenses.
- Organizations with existing St. David's Foundation funding may apply.
- Collaborations among multiple organizations are eligible to apply for either planning or implementation grants. Each organization must serve as the lead entity for their own, independent but complementary application that references the collaborative aspects of the work.
- Organizations that exclude participants or job applicants on the basis of race/ethnicity, religion, or sexual orientation are not eligible for funding.

## Selection Criteria

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Grants will be reviewed on a competitive basis by a panel composed of Foundation staff and external public health, equity, and women's health subject matter experts. Successful proposals will demonstrate:

1. Alignment with the Foundation's goal to foster a Perinatal Safe Zone in Central Texas,
2. Strong strategy with a compelling, data-informed rationale for the proposed approach,
3. A clear picture about what will be accomplished during the grant period,
4. An approach that is informed by and tangibly benefits low-income women or women of color,
5. Potential for scale and sustainability of impact,
6. Organizational capacity for success.

In making final decisions, St. David's Foundation may consider additional factors such as geographic distribution of awards within its five-county funding area, which includes Bastrop, Caldwell, Hays, Travis, and Williamson County.

Additional selection criteria specific to the type of grant requested are described below:

### Planning Grants

- Proposed approach to planning is generally well thought out and logical,
- There is a clear organizational commitment to creating the community conditions that support perinatal health (inclusive of bereavement, if applicable), and
- The planning process effectively involves key stakeholders, including representatives from the priority population.

## Implementation Grants

- Proposed approach aligns with desired outcomes, population of focus, community priorities and organizational capacity.
- The characteristics of the population served are well understood.
- Readiness is evident in the organization's capacity to implement the plan.
- The implementation plan incorporates relevant lessons learned from previous work by the organization.
- The likelihood of sustainability of project activities.

For collaborative grants, applications will also be reviewed based on how:

- Proposed approach aligns with desired outcomes, population of focus, and history of collaboration across organizations.
- The role of each organization in meeting needs of the population served are clearly described.
- The implementation plan incorporates relevant lessons learned from previous formal or informal collaborations among the organizations in the cluster.
- The likelihood of sustainability of collaborative activities.

## Awardee Expectations

- Awardees may be convened by the Foundation up to twice a year as a learning community.
- The Foundation may strongly encourage awardees to accept third party capacity building or technical assistance.
- Awardees will be required to work with the Foundation's Evaluation and Strategic Learning team to define and report on both process and outcomes measures.
- Progress reports will be required every six months.

## Information Session

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The Foundation will host a virtual information session to assist applicants in understanding the goals of this funding opportunity, the connection to national work to establish perinatal safe spots and zones, and how to prepare their responses. The session will include a review of the main components of the RFP and will provide an opportunity to ask questions. A recording of the session and answers to questions posed will be posted on the Foundation's website approximately two weeks after the information session.

The information session is also intended to help foster linkages among organizations interested in collaborating. To that end, a list of organizations who indicate an interest in attending the session will be shared to allow for and encourage collaboration where possible.

This information session is voluntary – applicants do not need to attend to apply. Date, time, and location of the information session is listed below.

### **May 11, 2021**

11:00 a.m. – 12:00 p.m. Central Time

Register [via this link here](#)

*Organizations wishing to attend should RSVP via the link above by May 10, 2021.*

## Timeline

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RFP Issue Date: May 3, 2021: [Apply Online Here](#)

RFP Information Session: May 11, 2021, 11:00 a.m. – 12:00 p.m. Central Time.

Attendance optional. Session will be recorded and available to anyone registered. Register [via this link here](#).

RFP Response Date (by electronic submission): June 21, 2021 by 5 p.m. Central Time.

The Senior Program Officer reserves the right to accept late applications.

Review and Negotiations: July 2021

Notice of Decision: Late August 2021

Grant Period: September 2021

- Spans up to 6 months for planning grants
- Spans up to 12 months for implementation grants

## Questions & Contacts

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**Programmatic and General RFP Questions:** Questions regarding the intent of this RFP, applicant eligibility or technical questions/issues may be directed to the RFP information inbox, please email: [RFP@stdavidsfoundation.org](mailto:RFP@stdavidsfoundation.org)

## How to Apply

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Proposals must be submitted online by 5 p.m. Central Time on June 21, 2021. The Senior Program Officer reserves the right to accept late applications. Contact [RFP@stdavidsfoundation.org](mailto:RFP@stdavidsfoundation.org) with any technical issues.

### [Application Link](#)

### Application Questions for Reference

Required proposal information:

- 1) **Applicant organizational information:**
  - a) Lead organization name
  - b) Executive director/CEO name and contact information
  - c) Project director name and contact information
  - d) Mission
- 2) **Request:**
  - a) Project title
  - b) Requested amount
  - c) Geographic focus
  - d) Perinatal priorities alignment
  - e) Other St. David's Foundation focus area alignment
  - f) Proposal type

- 3) **Summary statement (200 words):** Summarize the perinatal priority/priorities, the approach (if applicable), the proposed project, and, if successful, the impact at the end of the grant.
- 4) **Perinatal priority (400 words):** Describe the perinatal health priority/priorities you propose to work on as you see, understand, or experience it. Likewise, describe the access barriers that get in the way. Why is working on this issue a fit for your organization and how is your organization positioned to be effective in making a difference?
- 5) **Priority populations (500 words):** For the purpose of this RFP, the **population of focus** is women of reproductive age who are low income and/or women of color due to their increased risk for lack of access to perinatal services and birth inequities. Describe the population(s) that will ultimately benefit from the work (quantify and qualify with specificity: who are they, where are they, how many?). Why have you prioritized this population and how will they benefit? Please articulate how the women and communities affected by the issues you have identified will inform: 1) your work and 2) how you would incorporate equity, diversity, and inclusion. If the proposal involves direct services or engagement, how will you reach them?
- 6) **What you propose to do (750 words):** Clearly describe your planning activities, proposed initiative, project, or program model. Provide a rationale, including data and evidence, to support why your approach is likely to impact the perinatal priority/priorities you identified with the populations you identified in the Central Texas ecosystem. **If part of a collaboration**, indicate your contribution to the work of the shared goals. Is the work or collaboration new or established?
- 7) **Collaboration (200 words):** **If the project is part of a collaborative effort**, list the collaborating entities and their roles in the project. Do these organizations have a history of collaborating with each other? If so, what outcomes have been achieved? **This section should be uniform across all the organizations participating in the same collaboration**, please coordinate with your collaborators in advance of submission. **If not part of a collaboration**, please indicate *Not Applicable* in this section.
- 8) **Measuring effectiveness (150 words):** What will be different at the end of the grant? What are your proposed process and outcome indicators? If applying for a pilot or demonstration project, describe your evaluation framework.
- 9) **To complete the metrics goals, please download, complete, and attach the following form:** [Women's Health Perinatal Safe Zone Metrics](#)
- 10) **Incorporating equity (500 words):** Building a perinatal safe zone relies on convincing and equipping trusted ambassadors to disseminate culturally and linguistically appropriate messages to the population of focus. Describe how you are seeking input from people who represent the population of focus – including partnerships with community-based organizations, community leaders and people with lived experience – to inform the proposed work?
- 11) **Funding (75 words):** Who are the other funders and/or sources of revenue for this project, if any? (Please note amounts in the budget template.)
- 12) **Sustainability (200 words):** How do you plan to advance next steps or unfinished business after St. David's Foundation funding ends? How will you sustain impact?

### 13) Attachments:

- a) Project budget (use template provided; include subcontract budget if applicable)
- b) Metrics Goals Template
- c) Current profit & loss and balance sheet for lead organization
- d) Lead organization's Agency budget
- e) Most recent audit or financial review of lead organization
- f) Board list for lead organization
- g) Key staff list for this project (from lead and collaborating organizations as applicable)
- h) List of all collaborating entities, if applicable (use template provided)
- i) Organizational diversity chart (use template provided)
- j) 501(c)(3) Certificate
- k) Form 990
- l) A letter from an authorized government official or an IRS government affirmation letter (if a public entity)

## Approaches to Work and Sample Projects

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The Foundation welcomes proposals that recognize the inherent power in communities to solve collective problems, when equipped with the resources needed to do so. We acknowledge [funding disparities](#) to community-led organizations specifically serving Black, Indigenous, People of Color (BIPOC) populations. We also believe that incorporating and recognizing the expertise of lived experiences of BIPOC populations should be a major consideration in funding decisions. With this RFP we seek to focus on strengths-based approaches that reflect these beliefs. Below are some examples of projects that may be considered for funding under this RFP. This is not an exhaustive list and it is offered to reflect the stance with which we approach our work.

- Projects that are responsive, flexible and/or based on the needs of the population of focus.
- Collaborative work that creates opportunities for multiple entry points to perinatal services, with shared assessments and communication bridges between people served and the institutions/organizations that serve them.
- Programs in which clients are educated and able to drive care.
- Projects informed by reproductive justice models of care, including voices from the community and BIPOC people.
- Projects that support a continuum of perinatal health workers, including doulas, birth workers, midwives, and other community-based workers.
- Projects that offer mental, emotional, and spiritual care alongside physical care using a whole-person approach.
- Antiracism training and follow up – for healthcare providers and nonprofit organizations – to address policies or practices that create a materno-toxic zone.
- Work necessary to obtain a [Perinatal Safe Spot designation](#).

### Definitions

1. **Initiative:** An initiative is a new plan or action to improve something or solve a problem.
2. **Materno-toxic areas:** places (virtual or physical) that are detrimental to maternal health. A Materno-toxic Area is any geographic area, place of employment, or virtual space (e.g. social network) where a person may feel unsafe to be pregnant, breastfeeding, or parenting. For example, data about a particular zip code or neighborhood may show poorer birth outcomes than adjacent zip codes (e.g. disparities in health) due to concentrated poverty, lack of access to affordable healthy food or other social determinants of health. Pregnant families living in materno-toxic areas, are most likely to have an increased chance of the baby being born prematurely, low birth weight or dying before age one and at an increased chance that the mom could die or become seriously ill in pregnancy, during birth or postpartum because of where she lives. The toxicity could also be due to implicit and explicit biases, racism, classism and sexism created wherever a pregnant woman of color may be, or at the workplace.
3. **Perinatal Safe Zone:** is a geographic (e.g. neighborhood, city, municipality, region) or virtual space that is judgment-free, welcoming, and offers the physical, emotional, and educational support to create the community conditions needed for healthy pregnancies.
4. **Population of focus:** a defined group with shared characteristics. For this RFP it is women of reproductive age who are low-income and/or women of color due to their increased risk for lack of access to perinatal services and resulting birth inequities.
5. **Program:** A program refers to multiple projects managed and delivered as a single body of work.
6. **Project:** A project refers to a specific, singular endeavor to deliver a tangible output.
7. **Public entity:** Any State or local government, department (e.g. a public health or health department), agency, municipality, a public university, or school.
8. **Structural interventions:** activities that locate the root cause of public health problems “in contextual or environmental factors that influence risk behavior, or other determinants of infection or morbidity, rather than in characteristics of individuals who engage in risk behaviors. For example, a structural approach to preventing heart disease might emphasize the expense of health foods relative to the low cost of fast food and other high-fat foods and suggest either subsidization of healthy foods to make them more affordable or taxation of unhealthy foods to make them less so, in order to influence individual consumption. A structural approach might focus on regulations or support of technologies for lowering or removing fat from these foods so that changes in individual behaviors would not be necessary.”<sup>17</sup>
9. **Systemic interventions:** activities that consider the big picture (the system) when addressing a complex problem. It requires taking considering multiple perspectives, the roles of multiple stakeholders, and their relationship to each other in the system.

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<sup>17</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1473169/>