



March of Dimes
California Community Grants Program

Request for Proposals

PROPOSAL DEADLINE:
November 27, 2017

Grant Proposal Informational Webinar:
October 23, 2017, 11:00am - 12:15pm

Please register at:

<https://attendee.gotowebinar.com/register/56463606585634307>

March of Dimes - California
101 Montgomery Street, Suite 300
San Francisco, CA 94104
(415) 217-6387
californiagrants@marchofdimes.org

I. MARCH OF DIMES CALIFORNIA COMMUNITY GRANTS PROGRAM

Founded in 1938, the mission of the March of Dimes is to improve the health of babies by preventing birth defects, premature birth, and infant mortality. Premature birth (before 37 weeks of pregnancy) is the leading cause of newborn death worldwide. Even babies born just a few weeks too soon can face serious health challenges and are at risk of lifelong disabilities. In 2003, the March of Dimes launched the Prematurity Campaign to address the crisis and help families have healthy, full-term babies. The campaign: funds research to find the causes of premature birth, and to identify and test promising interventions; educates health care providers and women about risk-reduction strategies; advocates to expand access to health care coverage to improve maternity care and infant health outcomes; provides information and emotional support to families affected by prematurity; and generates concern and action around the problem.

After years of steady improvement, the latest data show that the U.S preterm birth rate is [rising](#).¹ Furthermore, there is an unfair burden of premature birth among specific racial and ethnic groups as well as geographic areas. In [California](#), the preterm birth rate among black women is 47% higher than the rate among all other women.² The California Community Grants Program invests in projects using evidence-informed clinical and public health practice to achieve equity and demonstrated improvements in preterm birth.

II. 2018 AVAILABLE FUNDING AND FUNDING TIMELINE

Grant awards will be made in the **\$10,000 to \$50,000** range for a **one-year time period**. The March of Dimes MCH Committee will review and recommend proposals for funding.

Proposals due: November 27, 2017

Notification of awards via email: January 2, 2018

Signed March of Dimes Grant Agreement due: January 15, 2018

Grant period: February 1, 2018 – January 31, 2019

III. ELIGIBILITY

In order to be eligible to receive a March of Dimes California grant, the applicant must provide services in California. The applicant organization must be an incorporated not-for-profit 501(c)(3) or for profit organization or government agency. **March of Dimes does not award grants to individuals.** Applicants must disclose any conflict of interest due to representation by their organization on the March of Dimes Maternal and Child Health (MCH) Statewide Committee or the Market Board.

March of Dimes does not fund billable health care provider services. March of Dimes community grants also do not fund scientific research projects. For information about research grants funded by March of Dimes, please go to marchofdimes.org/research.

All grantees must (i) certify that they are not presently listed on the Federal Excluded Party List, debarred or suspended from the award of any federal or state contracts, or excluded from participation in any governmental medical reimbursement programs; and must (ii) attest that they/will comply with all laws and regulations (to include federal, state and local laws and regulations). Additionally, March of Dimes grantees may be screened to ensure

that they are not debarred or suspended by the Federal Government and/or local State agencies.

IV. 2018 FUNDING PRIORITY AREAS

Priority Counties and Populations in California:

- Counties with high burden/high volume of preterm births: Alameda, Fresno, Kern, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego and Santa Clara.
- Racial/ethnic populations with high disparities in preterm birth rates. Priority will be given to applications demonstrating outreach and services specifically targeted to African-American women.
- Women with a history of prior premature birth. Having a premature birth in the past is one of the strongest clinical risk factors and increases a woman's risk of having a subsequent premature birth by 1.5 to 2-fold.³

Grantee sites can be clinics, health centers, health systems, or non-clinical community-based programs or agencies, or several partners within a community that come together to simultaneously implement, for example:

- Clinics and Clinical providers: Ob/Gyn, family practice, primary care, midwifery, oral health care providers, etc
- Community-based organizations/non-clinical providers, e.g.: promotoras, WIC, home visitors, community health workers, care coordinators, etc
- One agency/clinic/site may function as the coordinator/convener for their community partners (and as the lead grant applicant). In your budget and staffing plan, consider if time to coordinate, implement and evaluate can be built into existing staff time or if coordinator time needs to be included in the grant budget (for staff/consultant not already employed full time).

Proposed projects must improve access to care, services, or education to pregnant women/interconception women/women of childbearing age.

Projects must address one or more of the following priority areas:

1. **Encouraging women to space pregnancies at least 18 months apart:** Forty percent of all pregnancies in California occur less than 18 months after the birth of a child.⁴ Interpregnancy spacing (the time between the end of pregnancy and the beginning of the next one) of less than 18 months is associated with higher rates of premature birth and maternal complications, with very short pregnancy spacing (<6 months) carrying the highest risk. In fact, there is nearly a 4-fold increase in spontaneous early preterm births among women with very short pregnancy spacing of ≤ 6 months.⁵ Prolonging interpregnancy intervals to greater than 18 months would measurably reduce national preterm birth rates.

Funding may be used to develop and test new programs or implement established models such as:

- **One Key Question®**: This model provides primary care health teams, community health workers, and other providers with a simple program to incorporate pregnancy intention screening, “Would you like to become pregnant in the next year?” into routine care and services. Women are then offered essential preconception care and reproductive health services (or referrals) depending on their needs. One Key Question® is trademarked and a signed MOU and consultation services from the National Campaign to Prevent Teen and Unplanned Pregnancy are required before implementation to ensure fidelity of the program. For more information, please contact The National Campaign at OneKeyQuestion@TheNC.org or see the supplemental handout on marchofdimes.org/ca/grants.
- **IMPLICIT Interconception Care (ICC)**: This model incorporates maternal risk assessment and interconception care into well-child visits (ages 0-2), to improve birth outcomes. While new mothers may not go to a postpartum visit or primary care for themselves, many regularly take their infants to pediatric health care visits. IMPLICIT ICC provides a brief screening targeting four risk factors: smoking, depression, family planning and multivitamin/folic acid use. Interventions for these risk factors have a robust base of evidence for affecting birth outcomes, specifically preterm birth, in future pregnancies. The model is adaptable in a variety of settings, including family medicine, pediatric care, health departments, community health centers and public health programs. The *IMPLICIT ICC Toolkit*, developed by the Family Medicine Education Consortium, the IMPLICIT Network and March of Dimes, offers strategies, workflows and implementation guidance. To access the toolkit, go to prematurityprevention.org, create a free log-in, then click on Toolkits & Reports. Grantees may have the opportunity to participate in a learning collaborative with other grant funded sites. On-site training, grand rounds and/or technical assistance site visits may be available from the Family Medicine Education Consortium. Please contact californiagrants@marchofdimes.org for more information.

2. **Increasing use of progesterone for women with a history of prior preterm birth** through eligibility screening, identification, education, referrals, and linkage to services. Weekly injections of “17P” (17 alpha-hydroxyprogesterone caproate) for at-risk women are proven to reduce risk of preterm birth in a subsequent pregnancy, however this therapy is dramatically underutilized. Strategies may involve **clinical and/or non-clinical settings** and include, but are not limited to: enhanced tools for intake, assessment and patient/client record documentation; patient/client education; enhanced care/referral pathways, and/or expanded care or services; and clinician/staff training.
3. **Increasing use of low-dose aspirin to prevent preeclampsia**: Preeclampsia involves high blood pressure and other factors during pregnancy, which can ultimately threaten the life or health of both mother and baby and can only be cured by delivering the infant, regardless of its gestational age. The U.S. Preventive Services Task Force and the American College of Obstetricians and Gynecologists recommend all at-risk women take a daily low-dose aspirin, but few use this therapy. Strategies may involve **clinical and/or non-clinical settings** and include, but are not limited to: enhanced tools for intake, assessment and patient/client record documentation; patient/client education; enhanced care/referral pathways, and/or expanded care or services; and clinician/staff training.

References

1. March of Dimes 2016 Premature Birth Report Cards. marchofdimes.org/reportcard
2. March of Dimes 2016 California Premature Birth Report Card. marchofdimes.org/materials/premature-birth-report-card-california.pdf
3. ACOG Practice Bulletin 130: Prediction and Prevention of Preterm Birth journals.lww.com/greenjournal/Citation/2012/10000/Practice_Bulletin_No__130___Prediction_and_d.42.aspx
4. [Trends in Maternal Morbidity, California 2007 to 2009](#). Report of Statewide and County levels of preexisting maternal health conditions, pregnancy complications, severe maternal and neonatal complications. Sacramento: California Department of Public Health, Center for Family Health, Maternal, Child and Adolescent Health Division; 2016.
5. Rodrigues T, Barros H. Short interpregnancy interval and risk of spontaneous preterm delivery. *Eur J Obstet Gynecol Reprod Biol.* 2008;136(2):184-188.

Resources

- CDC Grand Rounds: Public Health Strategies to Prevent Preterm Birth cdc.gov/mmwr/volumes/65/wr/mm6532a4.htm

Pregnancy Spacing/Reproductive Life Planning

- One Key Question: onekeyquestion.org
- ACOG Committee Opinion 654, Reproductive Life Planning to Reduce Unintended Pregnancy: acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Reproductive-Life-Planning-to-Reduce-Unintended-Pregnancy
- March of Dimes Birth Spacing – Patient Education: marchofdimes.org/birthspacing
- IMPLICIT ICC Toolkit: prematurityprevention.org. To access, create a free account log-in, then click on Toolkits & Reports.
- IMPLICIT Network, a FMEC Collaborative: fmec.net/implicit

Progesterone/17P

- Progesterone and preterm birth prevention: translating clinical trials data into clinical practice: smfm.org/publications/87-progesterone-and-preterm-birth-prevention-translating-clinical-trials-data-into-clinical-practice
- Massachusetts Perinatal Quality Collaborative Progesterone Toolkit: www.massafp.org/cmsAdmin/uploads/17p-toolkit-mpqc.pdf
- Ohio Perinatal Quality Collaborative Progesterone Supplementation Change Package: opqc.net/sites/bmidrupalpopqc.chmcres.cchmc.org/files/Progesterone/Progesterone%20Change%20Package-FINAL.pdf
- Indiana Perinatal Quality Improvement Collaborative – Recommendations to Increase the Use of Progesterone to Prevent Prematurity: www.in.gov/laboroflove/files/Progesterone_to_Prevent_Prematurity.pdf

Low Dose Aspirin:

- U.S. Preventive Services Task Force Recommendation for Low-Dose Aspirin Use for the Prevention of Morbidity and Mortality From Preeclampsia - Preventive Medication: uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/low-dose-aspirin-use-for-the-prevention-of-morbidity-and-mortality-from-preeclampsia-preventive-medication
- ACOG Practice Advisory on Low-Dose Aspirin and Prevention of Preeclampsia - Updated Recommendations: acog.org/About-ACOG/News-Room/Practice-Advisories/Practice-Advisory-Low-Dose-Aspirin-and-Prevention-of-Preeclampsia-Updated-Recommendations

V. GRANTEE REQUIREMENTS

Upon notification of grant award, grantees must sign and return the March of Dimes grant agreement by January 15, 2018. A sample grant review is included in **Appendix C**.

Applicants should review the grant agreement prior to submitting the proposal to ensure the grant agreement deadline can be achieved. **Grantees unable to submit a signed March of Dimes Grant Agreement by January 15, 2018 will not be awarded funding – no exceptions.**

In addition:

- Grantees may be asked to participate in a learning collaborative of March of Dimes grant-funded projects to receive technical assistance, exchange best practices, and refine evaluation measures.
- Grantees are required to report on project progress and results six months into the grant agreement and at project end.
- Grantees must also get written approval from March of Dimes for any changes in project design or implementation, variance from the submitted budget, or changes in staff overseeing the project.

VI. PROPOSAL WRITING INSTRUCTIONS

Proposals must:

- Be no longer than 15 pages (excluding optional supplemental materials and W9 form); proposals that exceed 15 pages will not be reviewed
- Use Arial font
- Have a font size of 11 point or greater
- Use 1.5 line spacing
- Have margins of at least 1 inch on all four sides
- Adhere to the Proposal Template, available as a separate Microsoft Word document in **Appendix D**. Applicants should answer all questions and include all components in proposals. Submitted proposal with incomplete information will not be reviewed.
 - Project Overview (2 pages)
 - Project Narrative (6-8 pages)
 - Project Objectives/Activities/Evaluation Methods/Outcomes Form (3 pages)
 - Budget (2 pages)
 - Optional Supplemental Information
 - Completed W-9 Form

VII. PROPOSAL SUBMISSION INSTRUCTIONS

1. Email your proposal to californiagrants@marchofdimes.org by 5:00pm on November 27, 2017. The electronic copy should be one complete file, either a PDF document (recommended) or a Microsoft Word document.
2. Mail one original proposal (with original signatures in appropriate places) and a completed W-9 form to the address below. **The hard copy must be postmarked or shipped by November 27, 2017.** Please send the hard copy to:
Maura Georges
March of Dimes California
101 Montgomery St, Suite 300
San Francisco, CA 94104

Late applications will not be accepted. You will receive an email confirming that your application has been received. If you do not receive this email, please call the staff listed below to verify that your application was received.

Questions? Please contact the local March of Dimes staff listed below:

Northern California

Maura Georges, MCH Director

Tel: (415) 217-6387

Email: mgeorges@marchofdimes.org

Fresno/Central Valley:

Shantay Davies, MCH Director

Tel: (559) 490-2442

Email: sdavies@marchofdimes.org

Southern California:

Marta Bills, MCH Director

Tel: (951) 892-7924

Email: mbills@marchofdimes.org

Application Checklist

Refer to the following checklist to ensure that your proposal is complete before submitting. Incomplete proposals will not be reviewed.

- Project Overview (2 pages)
 - Completely filled out
 - Signed by appropriate persons
- Project Narrative (6-8 pages)
 - Addresses all items listed in that section
 - Includes at least two outcome objectives that seek to change knowledge, behavior, health indicators or birth outcome
- Project Objectives/Activities/Evaluation Methods/Outcomes Template (3 pages)
 - Completely filled out
 - Includes at least two outcome objectives that seek to change knowledge, behavior, health indicators or birth outcome
- Budget (2 pages)
 - Budget form is completely filled out and signed by appropriate person
 - Grant amount requested falls within the allowable range, and requested line items fall within allowable cost items
 - Budget totals have been checked for accuracy
 - 1 page written justification is included
- Optional supplemental information (not included in overall 15 page maximum)
- Completed W-9 form from your organization/entity that will sign grant agreement/accept grant, if funding awarded
- Application is no longer than 15 pages (excluding W9 and optional supplemental information)
- Font size is at least 11 points, using Arial font and 1.5 line spacing
- Margins are at least 1 inch on all four sides

Appendix A: Additional Information about Project Objectives and Outcomes

Outcomes are benefits to clients from participation in the program, yet are often mistaken with program outputs or units of services such as the number of clients who went through a program. Outcomes for March of Dimes projects are usually in terms of changes in knowledge, behavior, health indicators, or birth/health outcomes. To measure outcomes, baseline data is needed for comparison with data collected during and after project implementation. If you do not already have baseline data, the application can include an activity related to collecting baseline data.

The examples below may provide ideas for structuring your objectives. **Project objectives should be very specific and measurable.** Please note the references to baseline data.

- Knowledge Change - By MM/YY, 60% of program participants will demonstrate an increase in the knowledge test as measured by pre/post-tests. (Baseline will come from pre-test results.)
- Intent to Change Behavior - By MM/YY, 80% of participants will agree to make at least one positive behavior change as a result of attending the prenatal classes as measured by client interviews. (Baseline will come from intake interviews.)
- Behavior Change - By MM/YY, the number of women accessing adequate perinatal care (at least 13 prenatal visits beginning in the first trimester of pregnancy) at XYZ Health Center will increase from 125/year (baseline) to 150/year through the services of a Patient Navigator as measured by a review of client records.
- Behavior Change - By MM/YY, increase the percentage of pregnant women enrolled in the project who have a prenatal visit in the first trimester of pregnancy from 40% (baseline) to 50%, as measured by medical records review.
- Change in Birth Outcome - By MM/YY, decrease the percentage of preterm births among women enrolled in the project from 18% (baseline) to 16.5%, as measured medical records review.
- Health Indicator Change - By MM/YY, 50% of program participants will achieve optimal blood glucose levels, as measured by clinical assessment and medical records review.

Web resource for help writing objectives: managementhelp.org/evaluatn/fnl_eval.htm

Appendix B: Allowable and Non-allowable Costs

Allowable Costs:

- Salary - grant funds may be used to cover salaries for project-related employees, but cannot be used to pay salary costs for employees who are already employed full-time. Exceptions may be made in circumstances where a specified position is supported primarily by grant funds and the applicant can demonstrate that the requested funds would replace existing grant funds.
- Consultant fees.
- Materials and supplies (e.g. office supplies, health-related materials, refreshments) necessary to accomplish the specific objectives of the proposal that are usually "used up" in the course of the project.
- Incentives items used to enable or ensure participants are able to take advantage of services provided by grantees. A general guidelines is that funding for incentives should be no more than 10% of your total budget.
- Printing and travel that are reasonable and necessary for project implementation. March of Dimes funds may NOT be used to pay for first class travel.
- Facilities - rental costs associated with using a physical location for an activity necessary to accomplish the specific objectives of the proposal are permitted.
- Indirect costs are allowable for grants of \$25,000 or more only and **cannot exceed** 10% of total costs.

Non-Allowable Costs:

- Salary costs for staff who are already employed full-time by their organization (see exceptions under salary above)
- Staff that are employed by the March of Dimes
- Construction, alteration, maintenance of buildings or building space
- Dues for organizational membership in professional societies
- Tuition, conference fees, awards
- Cash stipends for individuals
- Child care services
- Billable services provided by physicians or other providers
- Permanent equipment (e.g. computers, video monitors, software printers, furniture) unless essential to project implementation and not available from other sources
- Educational materials from non-March of Dimes sources if comparable materials are available from the March of Dimes
- Nicotine patches
- Indirect costs for grants under \$25,000
- Advertising materials and purchase of media time/space: Budget costs relating to these items may not be allowable depending on project specifics. Please consult with the March of Dimes contact listed in this application regarding whether proposed items are allowable.

Appendix C: Sample March of Dimes Grant Agreement

Please review prior to proposal submission. The signed agreement will be due to March of Dimes on January 15, 2018.

MARCH OF DIMES FOUNDATION GRANT AGREEMENT

Grantor (March of Dimes): _____ **Contact Person:** _____
Address: _____ **Phone #:** (____) _____
Grantee (Organization): _____ **Contact Person:** _____
Address: _____ **Phone #:** (____) _____
Grant Award: \$ _____ **Grant Period:** _____ to _____
Project Name and General Description: _____

Congratulations on your Grant Award! We have listed below specific guidelines all March of Dimes Grant Award recipients must follow. The award of grant funds for your project (the "Project") is contingent upon your agreement to comply with these guidelines:

- 1. Grant Announcement and Publicity.** Grantee (or "you") must submit a press release announcing the receipt and purpose of the Grant Award (the "Grant") to the March of Dimes (MOD, "we" or "us") for our review and approval. Our communications staff will assist you in developing a suitable press release and will make recommendations to you for its distribution. You may be requested to attend a photo session for presentation of the Grant Award. We may request you or representatives of the Project to participate as speakers at March of Dimes events, such as fundraisers, educational conferences, press conferences, March for Babies promotions, volunteer leadership meetings, etc. Participation is not mandatory.
- 2. Grant Application.** The Grant Application and supporting documentation that you submitted to the March of Dimes is the basis for your Grant and is incorporated by reference into this Grant Agreement.
- 3. Payment and Audit.** You will receive _____% of your Grant on or before _____; and the other _____% of your Grant after our approval of your 6-month progress report. You agree to use the Grant for the Project described in the Grant Application unless prior written approval is received from our Program Service Committee. We may review or audit any charges to the Project related to the Grant and may require you to refund the Grant if you improperly expend any portion of the Grant. Also, we may require you to refund the Grant if you fail to fulfill mutually agreed upon Project objectives or promises you have made in this Agreement.
- 4. Reporting.** You will give us at least two written progress and expenditure reports summarizing the Project's progress and expenses, and evaluating its overall success. You will give us additional reports that we reasonably request. You agree to cooperate with us in connection with the Project. We may make visits to your site, but you will be contacted in advance to schedule visits.
- 5. Materials Development, Ownership and Licensing.** All rights, title and interest in materials ("Work(s)") developed under this Grant shall be owned by the Grantee. The Grantee hereby grants to the March of Dimes a royalty free irrevocable worldwide license in perpetuity to reproduce, publish or otherwise use and authorize others to use the Work(s) created under this Grant. Grantees developing public or professional education products or other materials with support from this Grant must submit copies of those Work(s) to the March of Dimes for review and approval prior to their final production and distribution. Grantee will provide Grantor with a credit on any and all Work(s) developed under this Grant; such credit to state "Funded by a Community Grant from the March of Dimes". Additionally, any and all Work(s), consisting of medical, or educational materials, developed under the Grant must be imprinted with a disclaimer which will advise the user as follows: "This material is for information purposes only and does not constitute medical advice. The opinions expressed in this material are those of the author(s) and do not necessarily reflect the views of the March of Dimes". As applicable, Grantee shall fulfill any promises it may make in connection with publication of Project results achieved hereunder; and shall provide Grantor with its full cooperation with any and all Grantor proposed publication(s) related to the Project. This paragraph shall survive the term of this Grant.

- 6. Academic and Professional Publication Rights and Credits.** Each of us may exercise publication rights and privileges in connection with professional or academic papers or other writings it may develop in connection with the Works, project activities, findings and data relating to this Grant. The one of us who publishes will give the other a credit for the other's contribution on any such publication.
- 7. Trademarks.** Except as provided under Paragraphs 5 and 6 above, neither of us may use the other's name, logo, project (or program name), or any of its other trademarks (or service marks) without first obtaining the other's written approval.
- 8. Directive Advice.** You agree not to give directive advice concerning abortion, as part of a March of Dimes funded Project.
- 9. Insurance and Compliance.** You promise to maintain insurance coverage in an amount that is not less than the coverage customarily maintained by someone engaged your activities. You also promise to comply with all laws and regulations that apply to you and the project, and pay all of your own license fees and taxes. Each of us agrees to comply with the Health Insurance Portability and Accountability Act of 1996 and its privacy rules and all other laws regulating patient privacy and other patient rights. We will cooperate with each other in complying with these rules and regulations.
- 10. Indemnification.** To the maximum extent permitted by law, you agree to indemnify and hold us and all of our officers, directors, employees, and [Trustees] harmless from and against all liability, damage or expense (including reasonable attorneys' fees) which we may incur as a result of your acts or omissions, or those of any of your employees, consultants, contractors or agents, in connection with the Project or any breach by you of this Agreement.
- 11. Assignment.** Except as expressly permitted under the Grant Application, you shall not assign this Grant Agreement or subcontract work in connection with the Project without our prior written approval. All permitted subcontract agreements entered into between you and any subcontractor in connection with this Grant must obligate the subcontractor to comply with the terms of the Grant Agreement and act in a manner consistent with the Grant Application.
- 12. Defunding, Termination and Survival.** Your Grant is subject to the availability of funding and we may terminate or modify your Grant if funding is discontinued or reduced. This Grant Agreement also may be terminated by us if you improperly expend funds that you are provided under this Grant Agreement or you fail to fulfill mutually agreed upon Project objectives or promises. We also may terminate this Grant Agreement if there are adverse changes in your business circumstances, capacity, fiscal stability, or if any Grant related applications, forms or other documentation have been falsified. If this Grant Agreement is terminated, you will promptly return to us a total amount equal to all unexpended funds, all improperly expended funds plus any and all court costs and reasonable legal fees incurred by us in connection with your organization. Paragraphs 3, 5, 6 and 10 shall survive the term of this Grant Agreement.
- 13. Certification.** Grantee certifies that is not presently listed on the Federal Excluded Party List or on the Federal Watch List. Additionally, Grantee certifies that it is not debarred, suspended, proposed for debarment, declared ineligible for the award of contracts by any federal or state agency or excluded from participation in Medicaid, Medicare or any other government medical reimbursement programs; and has not been convicted of a criminal offense related to the provision of health care items or services. Grantee will provide MOD with prompt written notice if it learns that its certification was erroneous when submitted or is erroneous by reason of a change in circumstances or change in Grantee's status. In the event of erroneous certification, the March of Dimes Foundation may terminate this Grant Agreement immediately.
- 14. Headings.** The headings used in this Grant Agreement are for convenience only and are not intended to have any legal effect.
- 15. Entire Agreement.** This Grant Agreement is the entire agreement between us and may be modified only in a written document that has been signed by both of us.

Grantor: March of Dimes Foundation

READ AND AGREED TO:

Grantee (Organization): _____

By: _____
Regional Director of MCH Program Impact

By: _____
Signature

Please Print Name and Title
Dated: _____, 20XX

Please Print Name and Title
Dated: _____, 20XX