

**United Way for Southeastern Michigan  
Southeast Michigan Perinatal Quality Improvement Coalition  
2024 Advancing Healthy Births RFP**



**2024 Advancing Healthy Births RFP**

- Include Review Organization/Financial information Profile for Verification
- Include Any Standard Application Questions (Contact Info, etc.)

**A. Organizational & Financial Profile – Standard for any organization that creates an organizational profile. One must be created to access and complete a grant application in the system. Organizations that are already in the UWSEM SurveyMonkey Apply system with a profile may just need to update, but they won't need to recomplete the form. New organizations will have to complete this initial profile.**

**General Partner Information:**

1. Organization Name
2. Website Link
3. Primary Address
4. General Information Phone Number
5. Mission Statement
6. Vision Statement
7. Description of Organization/Service
8. What are the focus areas of your organization?
9. Please indicate your organization's service domain(s)
10. Please indicate the geography that your organization provides service in
11. Please indicate your organization's target population(s)
12. Does your organization have a diversity, equity, and inclusion policy?

**Agency Contact Information:**

1. CEO/Executive Director
  - a. Name
  - b. Email
  - c. Phone Number
  - d. Preferred Pronoun
  - e. Please indicate the racial and ethnic group(s) your CEO/ED identifies with
2. Chief Financial Officer/Director
  - a. Name
  - b. Email
  - c. Phone Number
  - d. Preferred Pronoun
  - e. Please indicate the racial and ethnic group(s) your CFO/FD identifies with

**Budget, Tax & Audit Information**

1. Federal Tax ID
2. How is your organization incorporated under the laws of the State of Michigan?
3. What is the end date of your organization's Fiscal Year?
4. Does your organization have an annual audit prepared by an independent Certified Public Accountant?
5. Total Operating Budget

**United Way for Southeastern Michigan  
Southeast Michigan Perinatal Quality Improvement Coalition  
2024 Advancing Healthy Births RFP**



6. Include your top three revenue sources along with amounts

Volunteerism: **(OPTIONAL and NOT REQUIRED FOR THE ADVANCING HEALTHY BIRTHS APPLICATION)**

1. Does your organization engage volunteers
2. What role(s) do volunteers serve in your organization?
3. Approximately how many volunteers do you engage annually?
4. Are you registered on United Way's Volunteer portal?

United Way Fundraising Campaign **(NOT REQUIRED FOR THE ADVANCING HEALTHY BIRTHS APPLICATION)**

1. Is your organization interested in conducting a United Way fundraising campaign?

#### Certification

Please certify that your organization's information is correct. If you need to make changes, please make the updates in the Organizational & Financial Information Program, then return to this task and check the box below.

#### **B. AHB: Contact Information**

1. If awarded, is your organization utilizing a fiduciary organization/group to receive funds?
  - a. If your organization is utilizing a fiduciary group/organization to receive funds, the information provided in the previously completed Organization & Financial Information **must reflect the fiduciary's information** NOT the implementing organization. For additional information on UWSEM's fiduciary process and requirements, please contact: [community.impact@liveunitedsem.org](mailto:community.impact@liveunitedsem.org). If you need to make edits/corrections to already provided information to include the fiduciary information, please contact: [sma@unitedwaysem.org](mailto:sma@unitedwaysem.org).
2. Are you a fiduciary organization applying on behalf of another organization?
  - a. What is the name of the organization you are applying on behalf of another organization?
  - b. Organization Name
  - c. Organization Address
  - d. CEO/Executive Director Name, Email Address, Title, Phone Number, Preferred Pronoun, Racial/Ethnic Group does your CEO/ED identify?
  - e. Grant Contact Name, Title, Email, Phone, Preferred Pronouns
  - f. Add another contact? If yes, grant contact 2

#### **C. AHB: Eligibility Questionnaire**

*Rubric: Eligibility*

1. Do you provide services in Region 10 (Wayne, Oakland and Macomb Counties)?
  - a. Yes or No
2. Please select your service/impact area(s) and select all that apply:
  - a. Wayne County
  - b. Oakland County
  - c. Macomb County
  - d. City of Detroit

**United Way for Southeastern Michigan  
Southeast Michigan Perinatal Quality Improvement Coalition  
2024 Advancing Healthy Births RFP**



3. Do you provide activities or programs that address equity/disparities in maternal and infant health? Or that address the social determinants of health?
  - a. Yes or No
  - b. If Yes, please list the activities or programs.
4. Are you currently engaged with the high-risk population or services to the population at risk for disparate birth outcomes?
  - a. Yes or No
  - b. If Yes, please identify the population or services.
5. Does your organization have the infrastructure to support the grant requirements and dollars? Infrastructure is defined as personnel (staff-such as finance, operations, programs, etc.), financial resources, and any other relevant indicators.
  - a. Yes or No
6. What is your current annual operating budget?
7. How much are you requesting to fund your program or initiative?

**D. AHB: Program Narrative**

*Rubric: Community of Focus & Approach & Capacity*

1. Please name the title of your proposed program or initiative below.
2. How much are you requesting to fund your program or initiative?
3. Identify which priority area from the State of Michigan's Advancing Healthy Births equity plan your project/effort will address:
  - a. Health Across the reproductive Span
  - b. Full Term, Healthy Weight Babies
  - c. Infants Safely Sleeping
  - d. Mental, Behavioral Health & Well-Being
  - e. Fatherhood-related Programs
  - f. Social Determinants of Health
  - g. Root Causes of Disparities
4. Overall Served: Recognizing that services and programs collect data in numerous ways, the projections below require you to identify the level at which data is collected. For example, the number of unique individuals, households, or communities served/impacted.
  - a. Select "individual" or "household" or "community" level
5. Overall Served: Consistent with the selection above, if Individual or Household Level was selected enter the number of unique/unduplicated individuals/households your organization plans to serve through this funding opportunity.
6. Overall Served: Consistent with the selection above, if Community Level was selected please identify the name(s) of the community/communities your organization plans to impact through this funding opportunity.
7. Identify the population served by this project.
8. What relationship do you currently have with the population identified above?
9. Please explain why this is a population of interest to your organization or program. This should include data, anecdotal stories, etc. to demonstrate why this is a population of focus for this project/effort. If the population of focus is in a certain area of the region (i.e., specific county or location) please include those details in this response.

*Rubric: Approach & Evaluation*

10. Describe the project/effort that would be supported by this award.

**United Way for Southeastern Michigan  
Southeast Michigan Perinatal Quality Improvement Coalition  
2024 Advancing Healthy Births RFP**



11. Custom Outcomes: Include the goals/expected outcomes of the project and the measurable outcomes that will be tracked.
  - a. Outcome
  - b. Outcome description
  - c. Measurement of Success

*Rubric: Approach & Evaluation & Capacity*

12. What barriers or adverse outcomes does this project/effort address?
13. How will this project/effort address disparate outcomes and/or improve healthy births in Region 10?
14. What existing resources or processes are in place that will ensure success in achieving the goals outlined in your proposal?
15. In the eligibility questionnaire, you answered “Yes” to whether or organization had the infrastructure to support grant funds. Please explain your response.

**E. Standard United Way Budget**

[UWSEM Budget Template](#)

[UWSEM Budget Submission Guidelines](#)