

Attachment E

Project Application

Application Instructions

Read and follow all instructions in their entirety. Failure to do so may result in disqualification.

1. Applications must be prepared in a manner that is easy to read and find the documents and information requested.
2. This completed Project Application form should not be more than 10 pages, not counting this instruction page.
3. Typed responses should be in 12-point Open Sans font. Responses shall be single-spaced with double-spacing between paragraphs.
4. Refer to this document and the attached scope of work for information about the questions below.

1. Briefly describe your agency. Include any experiences and expertise your agency has with assisting pregnant women or women who may become pregnant to choose childbirth, whether they intend to parent or select adoption for that child.

2. Describe how your agency plans to provide at least four of the following pregnancy support services. Be specific. Why were the services selected, how will they be implemented in the workflow of your organization, and how many people do you expect to serve?

Pregnancy support services are defined as services that encourage childbirth instead of voluntary termination of pregnancy and assist a pregnant woman or women who may become pregnant to choose childbirth, whether they intend to parent or select adoption for the child. To be considered for this funding, an agency shall provide two or more pregnancy support services,

(a) Medical care and information, including pregnancy tests, sexually transmitted infection tests, pregnancy-related health screenings, ultrasound services, prenatal care, or birth planning and classes

(b) Nutritional services and education

(c) Housing, education, and employment assistance during pregnancy and up to one year following a birth

(d) Adoption education, planning and services

(e) Child care assistance, if necessary, for the client to receive pregnancy support services

(f) Parenting education and support services for up to one year following a birth

(g) Material items that are supportive of pregnancy and childbirth, including cribs, car seats, clothing, formula, and other safety devices

Information regarding health care benefits, including Medicaid coverage for the client for pregnancy care that provides health coverage for the client's child upon birth.

3. Provide at least one specific and measurable objective for each pregnancy support service you will be providing. Describe the objective for which you are requesting funding, not your agency's objectives. (Provide at least one objective per proposed pregnancy support service.)

Example:

Pregnancy Support Service #1: *Material items that are supportive of pregnancy and childbirth, including cribs, car seats, clothing, formula, and other safety devices*

Objective #1: By June 30, 2026, we will have provided new car seats to 25 qualifying women or families.

Pregnancy Support Service #2: *Parenting education and support services for up to one year following a birth*

Objective #2: By June 30, 2025, 75% or more of the clients we have served will indicate that they were satisfied or very satisfied with the services offered. This will be done through a satisfaction survey of the women who were provided services.

Pregnancy Support Service #1:

Objective #1:

Pregnancy Support Service #2:

Objective #2:

Pregnancy Support Service #3:

Objective #3:

Pregnancy Support Service #4:

Objective #4:

4. Describe your organization's evaluation plan for its project objectives. For example, your agency's evaluation may examine topics such as patient satisfaction, quality of care, number and type of referrals, numbers served, percent of clients that receive referrals/services funded through this application.

