



Minnesota Breastfeeding Coalition Request for Proposal Beginning Baby-Friendly

Grant Period	October 23, 2015 – October 22, 2016
Proposal due	September 1, 2015
Announcement date	October 23, 2015
Award amount	<ol style="list-style-type: none">1. For one hospital with 500 births or more per year: \$3,600 (the cost of the “Development” phase of the 4-D Pathway as of May 15, 2015)2. For one birth center or hospital with fewer than 500 births per year: \$2,800 (the cost of the “Development” phase of the 4-D Pathway as of May 15, 2015)

This grant is made possible in part by funding from the Minnesota Chapter of the March of Dimes.

Purpose of the Beginning Baby-Friendly RFP:

This grant is intended to assist hospitals or birth centers in Minnesota in beginning the process towards Baby-Friendly Hospital designation. The Baby-Friendly Hospital Initiative is a proven method of increasing breastfeeding initiation and duration through the implementation of the World Health Organization’s Ten Steps to Successful Breastfeeding. This grant will provide funding for the fee associated with initiating the second phase of the 4D Pathway (phase 1 of the initiative does not require a fee). Hospitals may apply if they have either not begun the Baby-Friendly designation process or are currently on the first phase of the 4D Pathway (Discovery).

Visit: www.babyfriendlyusa.org for more information on the Baby-Friendly initiative.

Minnesota Breastfeeding Coalition (MBC):

Our mission is to work collaboratively to create an environment in Minnesota where breastfeeding is the norm and is recognized and supported as vital to the health and development of children and families. We support the goals of the United States Breastfeeding Committee, which are as follows:

- Assure access to comprehensive, current, and culturally appropriate lactation care and services for all women, children, and families

- Ensure that all federal, state, and local laws relating to child welfare and family law recognize and support the importance and practice of breastfeeding.
- Increase protection, promotion, and support for breastfeeding mothers in the workforce.

For more information, visit: <http://mnbreastfeedingcoalition.org>.

Application Requirements:

1. Attend the 3rd Annual Perinatal Hospital Leadership Summit: Achieving Excellence in Mother-Baby Care.
2. Complete this application.
3. Provide a copy of facility's signed Baby-Friendly CEO letter of support.

Apply for this grant by emailing this application form and your Baby-Friendly letter of support by September 1, 2015 to: mnbreastfeedingcoalition@gmail.com. Applications may be no longer than three pages with 12-point font, single-spaced (NOT including letter of support). The grantees chosen for Beginning Baby-Friendly will be announced to the public at the Minnesota Breastfeeding Coalition's 7th Annual Statewide Meeting on October 23, 2015.

Grant Requirements:

1. Complete Phase 1 of the 4D Pathway (Discovery) and transition to Phase 2 (Development) during the grant period.
2. Complete a progress report six months into the grant period detailing the progress made by the facility thus far, the barriers confronted, and how facility is addressing these barriers.
3. Complete a final report at the end of the 12 month grant period detailing facility's progress, where facility is on the 4D Pathway, barriers facility confronted in the last six months of the grant, how facility overcame barriers, and how facility will maintain momentum moving forward on the 4D pathway.
4. Provide an oral presentation on experiences during the grant period at one of the following: the MBC's annual meeting in the fall of 2016, the MBC's third Perinatal Hospital Leadership Summit in the spring of 2016, or another community event in which the MBC is involved.

Grantees will receive half of their award upon acceptance and the remaining upon completion of their six-month progress report.

BEGINNING BABY-FRIENDLY GRANT APPLICATION

Facility Contact Information

Legal Name of Facility:

Address:

County:

Telephone:

Website:

Name of Project Director:

Title:

Telephone:

E-mail:

Name of Financial Officer:

Title:

Telephone:

E-mail:

Name of person authorized to sign contracts:

Title:

Telephone:

E-mail:

Checks to be made payable and mailed to:

Payee:

Address:

Facility Information

1. How many births at this facility last year?
2. How has this facility demonstrated its commitment to breastfeeding in the past?
3. Has this facility started the Baby-Friendly Hospital Initiative's 4D Pathway? If so, please detail the progress made thus far.
4. What would this grant mean for this facility's Baby-Friendly journey?