



Cuyahoga County Board of Health
Crib for Kids Mini Grant Application 2024

Cuyahoga County Board of Health (CCBH) is in search of local Community-Based Organizations to assist with the distribution of Safe Sleep Survival Kits which include pack-n-plays, Survival Kits (include: Cribette®fitted sheet, and cotton sleep sack) and safe sleep education within targeted communities of greater Cleveland/Cuyahoga County on behalf of the Cribs 4 Kids program (C4K). This mini grant will support partner organizational capacity for local outreach efforts, communications and administrative needs associated with serving more families through the safe sleep program. This will help expand the number of trusted safe sleep messengers and will support partner organizations capacity within the targeted communities. Our agency recognizes the need to identify partnerships and resources in our county to ensure we work together to improve infant vitality. The Mini Grant program is to provide needed resources that play a key role in decreasing preventable, sleep-related infant deaths in the future. This is why we need YOU! With the work carried out by Community-Based Organizations and CCBH, we will be able to address inequities and disparities among our African-American/Black and/or Hispanic/Latino residents as it relates to sleep related deaths and infant mortality.

The mini-grant funding is available for local community-based organizations, faith based, and 501(c)3 organizations. Agencies serving African-American/Black and/or Hispanic/ Latino populations are great candidates for this funding opportunity. The agency must service our target communities’/zip codes, offering events and services addressing infant mortality through providing one-on-one safe sleep education and the distribution of safe sleep kits that contain safe sleep materials and a pack-n-plays.

Through this competitive application, each applicant may apply for up to \$10,000. (minimum \$5,000)

Mini grant eligibility:

Applicants can include nonprofit community-based or 501c (3) organizations serving Black and/or Hispanic/Latino residents in the target zip codes: 44102, 44103, 44104, 44105, 44106, 44108, 44109, 44110, 44111, 44112, 44113, 44120, 44127, 44128, 44135, and 44137.

Application Details:

- **Application deadline 4pm on January 17, 2024** (*No late applications will be accepted*)
- **Notice of award will be made around the beginning of February 2024.**
- Project timeframe is **March 1, 2024 to September 28, 2024**
- Grant awards up to \$10,000 (minimum award of \$5,000) to each awarded applicant

Pre-recorded application informational webinar will be posted on the CCBH website, [\(https://ccbh.net/\)](https://ccbh.net/) webinar will review the application process and provide more information related to this funding opportunity and FAQs will also be posted on the CCBH website. It can be found under the “Business” tab under “Requests for Proposals/Requests for Quotes” [\(https://ccbh.net/rfq/\)](https://ccbh.net/rfq/).

Mini-Grant Funding

Budget and Project Period: March 1, 2024 to September 28, 2024

Funding Level: Provides grant awards of \$5,000 to \$10,000 on a competitive basis, to address barriers & contributing factors to infant mortality. Requests above \$10,000 or under \$5,000 will not be considered for funding. Award amounts will be determined by the applicant’s activities and award amount requested. Organizations who request \$5,000 will be required to distribute a minimum of 70 Safe Sleep Kits. Those who request \$10,000 will be required to distribute a minimum of 140 Safe Sleep Kits. CCBH will be in contact with all **awardees** to establish the terms of the award (budget, contract, payment schedule, reporting).

Requirements: (Upon confirmation of award)

Awardees will be required to:

- Complete a safe sleep education training provided by CCBH based on the latest American Academy of Pediatrics
- Identify qualified families to receive the Safe Sleep Kits
- Educate families on safe sleep environments and distribute Safe Sleep Kits to eligible families
- Complete required paperwork for the families and submit required paperwork by the end of each month to CCBH. All forms will be provided by CCBH.
- All awardee recipients will receive the Safe Sleep Kits (including pack-n-plays) via CCBH.

All mini grant recipients must complete/acknowledge review of:

- ODH Infant Safe Sleep Policy
- ODH Safe Sleep Policy Acknowledge-Acceptance
- CCBH C4K Distribution Partner Expectations

Eligibility criteria for distribution of the Safe Sleep Kits (including pack-n-plays):

1. Mothers who are at least 32 weeks pregnant or have an infant less than one year in age;
2. Low-income, as defined as less than 200% of the Federal Poverty Limit;
3. Parents who live in separate homes;
4. Other caregivers, including grandparents.

Unallowable activities / expenditures, however not limited to:

- Entertainment
- Additional pack-n-plays
- Food and beverages

Target population:

Work with/in identified target populations in the greater Cleveland/Cuyahoga County area to distribute Safe Sleep Kits (including pack-n-plays).

African American/Black and/or Hispanic/Latino living in a target zip code at least 70% of whom identify as Black and/or Latino. Target communities for identifying & educating families who live within the target zip codes: 44102, 44103, 44104, 44105, 44106, 44108, 44109, 44110, 44111, 44112, 44113, 44120, 44127, 44128, 44135, and 44137.

Ideas for Activities/ Events/ Partnerships:

We want you to think outside the box and **create unique activities and/or events** that will promote support the decrease of infant mortality. These funds can be used to increase capacity of an agency to support the distribution of safe sleep education and safe sleep kits to families in need. Below is a list of suggested types of activities funds may support.

This is not intended to be an exhaustive list, only examples; please feel free to include activities that will engage your intended audience.

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- Host maternal child health events – ie. baby showers or crawls with the targeted population
- Conducting community outreach/educational campaigns
- Hosting listening sessions/town halls/ Q&A Sessions to engage the community around maternal child health/infant mortality/SDOH
- Facilitating communication activities with CCBH (radio/local news/social media)
- Partner with others in the MCH field to offer a community-based event where Safe Sleep kits can be distributed and (churches, mosques, salons, barbershops).
- Offer gift cards as incentives for getting educational information/resources
- Educational session/event in Congregate Settings for targeted community:
 - Daycares/Before-Afterschool settings
 - Substance use treatment facilities
 - Homeless/ domestic violence shelters
 - Transitional housing/ halfway homes
 - Health Fair - Community-based event that provides multiple agencies, community organization to promote and share
 - Concerts/Musical Event
 - Sports Event -Provide MCH information/pack-n-play distribution at a sporting event (3-point shootout, dunk contest).
- Host a Wellness Activity with Community Partners
 - Partner with local barbers and hairstylists for safe sleep education and kit distribution
 - Host trainings for moms, dad and family caregivers on basic infant mortality
- Host a Family/community/congregational Game Night (Jeopardy or Family Feud - on Infant vitality)
 - Dispelling myths educational sessions - “Sleeping on your back vs. Not on your tummy”
 - Hot Cards/Palm cards/Flyers
- Provide information at pre-existing neighborhood-specific events

**** For this Mini grant we encourage collaborations with community based organizations, civic organization and local agencies services those in the targeted communities.*

Application Scoring

All applications that are complete and comply with the **mini-grant requirements** will be reviewed and scored by an objective review committee. **A total possible score of 50 points** for applications will be used to **evaluate each proposal** as follows:

- Organization Information 5 points
- Background and Justification 10 points
- Target Population and Zip Code 10 points
- Project Overview 10 points
- Project Timeline 5 points
- Project Budget 5 points
- Evaluation 5 points

To Submit an Application:

Send complete applications via email to Angela Henderson at ahenderson@ccbh.net. The signature of the project lead or administrator with authority over the project is required on the commitment page. Electronic signatures are accepted. Applicants without email access can either fax, hand deliver, or mail their applications to the attention of Angela Henderson no later than **4:00 p.m. on January 17, 2024**. If you have any questions, please contact Angela Henderson at 216-201-2001 x 1206 (office) or send questions via email to ahenderson@ccbh.net.

Applications to the Attention of:

Angela Henderson, Grant Program Manager
Cuyahoga County Board of Health: 5550 Venture Drive, Parma, Ohio, 44130
Fax #: (216) 676-1325
ahenderson@ccbh.net

APPLICATIONS MUST BE RECEIVED BY 4:00 PM ON JANUARY 17, 2024

No late applications will be accepted.

Mini-Grant Application

ORGANIZATION INFORMATION

Name of Organization:

Address:

City:

State:

Zip code:

Project Lead Name and Title:

Phone Number:

Fax Number:

Email Address:

Total Amount Requested:

Brief Project Description:

Please respond to each question below. Responses should be no more than 500 words for each section.

1) Background and Justification

This section should clearly identify the problem to be addressed.

2) Target Population and Zip Code

Indicate the target population (Black and/or Hispanic/Latino) and the target zip codes from the list provided **on page 5**. Briefly describe your experience with the proposed target population(s).

3) Project Overview

- a. Outline your plans to implement the mini-grant. List specific goals and objectives (bulleted list is acceptable).
- b. List the names and organizations, as well as the roles of any additional individuals who will be involved in implementing this Cribs for Kids sponsored project.

4) Project Activities and Timeline

Provide a timetable listing specific key detailed activities and completion dates from project beginning to end including estimated # of distributed safe sleep kits.

5) Project Budget

Provide a detailed budget including dollar amounts and descriptions for how each line item will be used.

6) Evaluation

How do you plan to track and evaluate your progress of the Safe Sleep Kits and impact on the community? Discuss how you plan to measure your impact with the families who receive the safe sleep education and kits.

Signatures

I/We have reviewed this mini-grant application and to the best of my knowledge the information in this application is true and correct and I am legally authorized to sign and submit this application on behalf of this organization.

Project Lead

Date

Administrator

Date

** If this is an electronic signature, it shall bear the same legal binding as physically signing your name on a paper document.*