FAMILY SHADE Mini-Grant Program

The Parent Information Center of Delaware, through the Family Support and Healthcare Alliance Delaware (Family SHADE) project, is accepting applications from organizations to implement and/or develop innovative strategies to improve the Title V Maternal and Child Health Bureau's National Performance Measures for Children and Youth with Special Health Care Needs. The Family SHADE project aims to build state and local capacity and test innovative small-scale strategies to improve the overall systems of care for children and youth with special health care needs (CYSHCN) and their families.

Target Population

The target population for this application is children and youth, ages 0-17, with special health care needs. Children and Youth with Special Health Care Needs are defined as those "who have or are at increased risk for a chronic physical, developmental, behavioral or emotional condition and who also require health and related services of a type or amount beyond that required by children generally."

National Performance Measures for Children and Youth with Special Health Care Needs

Eligible applicants must address one or more of the Title V Maternal and Child Health (MCH) National Performance Measures (NPMs) for Children and Youth with Special Health Care Needs.  

The National Performance Measures are:

- **Performance Measure 6 (Developmental Screening):** Percent of children, ages 9 through 35 months, who received developmentally appropriate services in a well-coordinated early childhood system.
  
  **Goal:** Increase the percent of children who receive a developmental screening.

- **Performance Measure 11 (Access to Medical Home):** Percent of children with and without special health care needs, ages 0 through 17, who have a medical home.
  
  **Goal:** Increase the percent of children with and without special health care needs who have a medical home.

***A Medical Home is an approach to providing comprehensive primary care. A Medical Home is not a house, office, or hospital. A Medical Home is the primary care clinician and his/her team, where they work as a team with the family/patient to make sure the medical and non-medical needs of the child/youth are met.***
- **Performance Measure 12 (Transition to Adult Healthcare):** Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care.

  **Goal:** Increase the percent of adolescents with and without special health care needs who have received services to prepare for the transition to adult health care.

- **Performance Measure 15 (Adequate Insurance):** Percent of children, ages 0 through 17, who are continuously and adequately insured.

  **Goal:** Increase the percent of families who are continuously and adequately insured.

### National Standards for System of Care for Children and Youth with Special Health Care Needs

Eligible applicants must describe how their proposed program strategy aligns with one or more of the National Standards for Systems of Care for Children and Youth with Special Health Care Needs.

The Standards include: [https://amchp.org/cyshcn/](https://amchp.org/cyshcn/)

- Identification, Screening, Assessment, and Referral
- Eligibility and Enrollment in Health Coverage
- Access to Care
- Medical Home
- Community-Based Services and Supports
- Transition to Adulthood
- Health Information Technology
- Quality Assurance and Improvement

### Eligibility Criteria

To be eligible to apply, applicants must meet the following criteria:

- Community-based and/or non-profit organizations with demonstrated experience and capacity serving children and youth with special health care needs and their families.
- The organization must show proof of 501(c)3 status.
- The organization must have at least one year of experience serving children and youth with special healthcare needs.
- The organization must submit the agency's annual operating budget.

### Available Funding

Funds for the Mini-Grant program are made available from the Division of Public Health through a contract with the Parent Information Center of Delaware. Mini-grant awards will be made based on the overall quality of the application submitted and available funding. Mini-grant recipients will receive a one-time yearly mini-grant award of up to $25,000.00. A total of four awards will be made. In-person and virtual programs are encouraged in the applications. Programming and use of funding must take place throughout the entire grant period. Applications requesting funding for a one-time event will not be accepted.
FAMILY SHADE  
2023 Mini-Grant Program

**Overview of the Mini-Grant Process (Estimated Timetable)**

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
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</thead>
<tbody>
<tr>
<td>February 1, 2023, 12:00 PM &amp; 6:00 PM</td>
<td>Required Zoom Information Session for Interested Applicants*</td>
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<tr>
<td>February 24, 2023, 5:00 PM</td>
<td>Deadline for submission of application/proposal</td>
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<tr>
<td>March 7-9, 2023</td>
<td>Oral Presentations to the Selection Committee</td>
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<tr>
<td>March 17, 2023</td>
<td>Notification of Awards and MOU signed</td>
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<tr>
<td>March 23-24, 2023</td>
<td>Mandatory Orientation Conference Call for Recipients</td>
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<tr>
<td>March 27, 2023</td>
<td>Initial Payment to Recipients</td>
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<tr>
<td>August 31, 2023</td>
<td>Complete all mini-grant projects</td>
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<tr>
<td>September 15, 2023</td>
<td>Final reports (project and financial) are due</td>
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<tr>
<td>September 2023, TBD</td>
<td>Program Presentation at annual Summit</td>
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*Interested applicants are required to attend only one of the Information Sessions.

**Monitoring**

As a condition of accepting funding from the Parent Information Center's FAMILY SHADE program, recipients will be expected to document project activities. Recipients will be required to do the following:

- Participate in a *mandatory orientation conference call* on March 23 and March 24, 2023, outlining the grant requirements for recipients.
- Sign an MOU with the Parent Information Center of Delaware outlining the scope of work, activities, reporting, and funding schedule.
- Participate in monthly program calls with the FAMILY SHADE program representative.
- Engage in data collection and reporting to measure the impact of the program.
- Participate in bimonthly learning communities training (days/times to be announced).
- Include funding identification tagline on all materials (will be provided).
- Schedule a program site visit with the FAMILY SHADE program representative.
- Complete all projects by August 31, 2023.
- Present on your program at the annual Summit in September 2023. Date to be determined.
- Submit a final report of project and budget activities by September 15, 2023, including receipts and copies of all materials developed.

**Application Review**

Applicant proposals will be reviewed and scored by a designated committee of geographically and culturally diverse individuals based on the overall quality of the application submitted. Selected recipients will be invited to present their proposals orally to the selection committee. Notification of awards will be sent to selected recipients.

**How to Apply**

Return the completed application on or before **February 24, 2023, at 5:00 PM EST** to: Yvonne Bunch, Program Consultant, ybunch@picofdel.org or (302) 999-7394. Incomplete or late applications will not be accepted.
MINI-GRANT APPLICATION

<table>
<thead>
<tr>
<th>Organization Information</th>
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<tbody>
<tr>
<td>Name of Organization: [Click or tap here to enter text]</td>
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<tr>
<td>Federal Tax ID: [Click or tap here to enter text]</td>
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<tr>
<td>Organization Point of Contact: [Click or tap here to enter text]</td>
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<tr>
<td>Mobile Phone: [Click or tap here to enter text]</td>
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<tr>
<td>Email: [Click or tap here to enter text]</td>
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<tr>
<td>Total Amount Requested: (Max award $25,000): [Click or tap here to enter text]</td>
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<tr>
<td>Signature of Director or Authorized Representative: ______________________________</td>
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<tr>
<td>Printed Name: [Click or tap here to enter text]</td>
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Project Description/Plan (1-2 pages)
Describe the project. How will the project work? Why is this project being done? Describe the population to be served; the population's needs; the ways the population served will benefit; and how many people will be reached. Provide a detailed project plan with a timeline for the project, specific activities, and milestones.

Priority Area(s): Project Alignment with the National Performance Measures (1-2 pages)
(Must address one or more of the National Performance Measures for Children and Youth with Special Health Care Needs.)
Define your project's overall goal(s) and how your project aligns with the National Performance Measure(s) that you have identified for your project. Also, describe how your project supports the national standards for the system of care. (National Performance Measures and Standards are listed below.)

National Performance Measures for Children and Youth with Special Health Care Needs
- **Performance Measure 6 (Developmental Screening):** Percent of children, ages 9 through 35 months, who received developmentally appropriate services in a well-coordinated early childhood system.
  
  **Goal:** Increase the percent of children who receive a developmental screening.

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- **Performance Measure 12 (Transition to Adult Healthcare)**: Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care.

  **Goal:** Increase the percent of adolescents with and without special health care needs who have received services to prepare for the transition to adult health care.

- **Performance Measure 15 (Adequate Insurance)**: Percent of children, ages 0 through 17, who are continuously and adequately insured.

  **Goal:** Increase the percent of families who are continuously and adequately insured.

**National Standards for System of Care for Children and Youth with Special Health Care Needs**

The System Standards for CYSHCN include: [https://amchp.org/cyshcn/](https://amchp.org/cyshcn/)

- Identification, Screening, Assessment, and Referral
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- Access to Care
- Medical Home
- Community-Based Services and Supports
- Transition to Adulthood
- Health Information Technology
- Quality Assurance and Improvement

**Evaluation/Assessment Plan**

*List the specific goals and measurable outcomes for the proposed project. Each outcome should be time specific. How will these outcomes be measured? Who will be responsible for collecting the data and measuring the outcomes? How will progress be monitored? Survey assessments, surveys, and/or other tools may be used.*

**Proposed Project Outcomes**

**Goal 1:**

**Outcome Measure:**

**Goal 2:**

**Outcome Measure:**

**Goal 3:**

**Outcome Measure:**
Proposed Budget

Submit a project budget using the format below with complete itemized and brief narratives for all requested categories. The requested budget cannot exceed $25,000. Mini-grant program funds cannot be used for lobbying purposes, fundraising, alcohol purchases, and equipment purchases such as computers, furniture, vehicles, or audiovisual equipment.

<table>
<thead>
<tr>
<th>Direct Costs</th>
<th>Description Itemized</th>
<th>Total Costs</th>
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<tbody>
<tr>
<td>Salaries, Wages, and Benefits of Staff/Personnel</td>
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<td>Subtotal Personnel</td>
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<tr>
<td>Other Direct Costs &amp; Program Expenses</td>
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<tr>
<td>Meeting Logistics</td>
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<td>Travel</td>
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<tr>
<td>Materials and Supplies</td>
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<td>Equipment</td>
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<tr>
<td>Misc.</td>
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<tr>
<td>Subtotal Other Direct</td>
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<tr>
<td>Total Direct Costs</td>
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<tr>
<td>Overhead Costs (Capped at 10%)</td>
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<tr>
<td>Total Budget</td>
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</table>

Do you have other funding sources to support the proposed initiative? ☐ Yes ☐ No

If yes, what are other funding sources (please list source and Amount)

Application Deadline: February 24, 2023, at 5:00 PM EST

Return the completed application to: Yvonne Bunch ybunch@picofdel.org