



FAMILY SHADE 2024 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 (CYSHCNs) 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.

<https://dethrives.com/providers-and-community-partners/title-v-block-grant#national-performance-measures-for-title-v>

National Performance Measures relevant to this mini-grant initiative follow (others can be proposed by applicant):

- **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 for health care.
Goal: Increase the percent of families who are continuously and adequately insured.

National Standards for System of Care for Children/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/>

- 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.

Previous grantees are eligible to apply, but they need to demonstrate how the new proposed work will extend upon their earlier grant work.

Available Funding

Funds for the Mini-Grant program is 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. Each Mini-grant recipient will receive a one-time yearly mini-grant award of up to \$25,000.00. A total of four awards will be made for 2024. 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.

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Overview Timeline of the 2024 Mini-Grant Process (Estimated Timetable)

December 14, 2023, 12:00 PM	Zoom Information Session for Interested Applicants**
January 23 & January 30, 2024, 12:00 PM	Zoom Information Session for Interested Applicants**
February 23, 2024, 5:00 PM EST	Deadline for submission of application/proposal
March 12-14, 2024	Oral Presentations to the Selection Committee
March 20, 2024	Notification of Awards and provide draft MOU
March 26-27, 2024	<u>Mandatory</u> Orientation Conference Call with Awardees; Finalize and sign MOU.
April 1-5, 2024	Initial Payment to Recipients & Contract work can begin
April-November 2024, 5 th day of month	Report activities using DATA Form in MOU Monthly expenditures report as called for in MOU
November 30, 2024	Complete all mini-grant direct activities
December 15, 2024	Final Reports (project and financial) are due
Oct.-Nov. 2024, TBD	Program Presentation at Annual Summit

**Interested applicants are required to attend only 1 of the 4 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 with PIC Program Consultant March 26-27, 2024, outlining the grant requirements for Awardees and clarifying MOU terms.
- Sign an MOU with the Parent Information Center of Delaware outlining the scope of work, activities, reporting, and funding schedule.
- Engage in monthly data collection and reporting to measure the activities and impact of the program and report using the attached monthly summary form.***
- Make available and assist the SHADE evaluators in collecting additional data about your project that will be used to measure its impact and effectiveness.
- Provide a monthly report of financial expenditures.
- Participate in monthly program calls with the FAMILY SHADE Program Consultant.
- Participate in bimonthly learning communities training (days/times to be announced).
- Include the FAMILY SHADE/PIC funding identification tagline on all distributed program materials (wording will be provided).
- Schedule at least one program site visit with the FAMILY SHADE Program Consultant.
- Complete all activities with clients by November 30, 2024.
- Present on your program at the annual Summit in October or November 2024. Date to be determined.
- Submit a final project and budget activities report by December 15, 2024, including all receipts and copies of any program materials developed.

*** The monthly reporting form is attached to this application package

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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. Finalists 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 by email attachment on or before **February 23, 2024, 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.

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MINI-GRANT APPLICATION

Organization Information

Name of Organization: [Click or tap here to enter text.](#) Federal Tax ID: [Click or tap here to enter text.](#)

Organization Point of Contact: [Click or tap here to enter text.](#)

Mobile Phone: [Click or tap here to enter text.](#)

Email: [Click or tap here to enter text.](#)

Total amount Requested: (Max award \$25,000): [Click or tap here to enter text.](#)

Signature of Director or Authorized Representative: _____
Printed Name: [Click or tap here to enter text.](#)

Brief Description of Organization Resources and Experience (1 page maximum)

Attach Project Description/Plan (2 pages maximum)

Describe the mini-grant project you propose. What are the project goals and objectives? 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 9-month project (March-November) detailing specific activities proposed, and interim milestones.

Priority Area(s): Project Alignment with the National Performance Measures (1-2 pages)

(You must address one or more of the National Performance Measures (NPMs) for Children and Youth with Special Health Care Needs.)

Show how your project's overall goal(s), as described above, align 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.)

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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.

- **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.*

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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/>

- Identification, Screening, Assessment, and Referral
- Eligibility and Enrollment in Health Coverage
- Access to Care
- Medical Home
- Community-Based Services and Supports
- Transition to Adulthood
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In your application, please report on your plans for the number and demographic characteristics of the clients to be served (these are your expectations) and on the National Performance Measures you plan to address using the format below. Final expectations to be included in your MOU will be decided in the final contract negotiation.

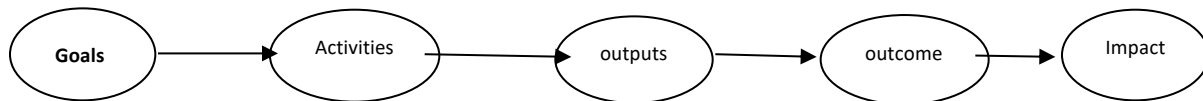
How many families is your mini-grant proposing to serve?		
What is the number of CYSHCN within the family that are impacted by the mini-grantee's project serving them?		
What Zip Code Area(s)/geographical area is the mini-grantee serving?		
# of Siblings in the Household and their age 0-5 years of age 6-11 years of age 12-17 years of age	#of Siblings	Age
# of CYSHCN in Household & age	#Of CYSHCN	Age
White (Not Hispanic)		
White (Hispanic)		
White (Ethnicity Unknown)		
Black or African American (Not Hispanic)		
Black or African American (Hispanic)		
Black or African American (Ethnicity Unknown)		
Asian		
"Native Hawaiian, Pacific Islander, American Indian or Alaskan Native"		
If you choose Performance Measure 6 (Developmental Screening): # of children, ages 9 through 35 months, who received developmentally appropriate services in a well-coordinated early childhood system.		
If you choose Performance Measure 11 (Access to Medical Home): # of children with and without special health care needs, ages 0 through 17, who have a medical home.		
If you choose Performance Measure 12 (Transition to Adult Healthcare): # 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.		
If you choose Performance Measure 15 (Adequate Insurance): # of children, ages 0 through 17, who are continuously and adequately insured.		

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Evaluation/Assessment Plan (approximately 2 pages)

Provide a GOAMS (goals, objectives, activities, milestones statements) or a logic model, e.g., one

like this for your proposed project. You can use either of these formats or another you are familiar with, but, in any case, you need to outline your proposed project's Goals/Objectives, the Activities you propose, and the outcomes you expect to achieve. In particular, enumerate the specific goals and measurable outcomes for your proposed project. Each outcome should be time specific, remember your whole project is only 6 months. And your plans for providing the evaluation data to assess your success is very important. How will these outcomes be measured? Who will be responsible for collecting the data and measuring the outcomes? How will you monitor your progress? Survey assessments, interviews, and/or other tools may be used. The SHADE staff can offer advice and help with interpreting the data you collect, but you are responsible for conducting your project activities and collecting your project outputs and outcome data.



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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.

Direct Costs	Description Itemized	Total Costs
Salaries, Wages, and Benefits of Staff/Personnel		
Subtotal Personnel		
Other Direct Costs & Program Expenses		
Meeting Logistics		
Travel		
Materials and Supplies		
Equipment		
Misc.		
Subtotal Other Direct		
Total Direct Costs		
Overhead Costs (Capped at 10%)		
Total Budget		

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

If yes, please describe the other funding sources and how you will use them in conjunction with the proposed mini-grant (please list the funding source and amount of other funding that will be related to the mini-grant).

Are you aware of any other projects being implemented that are similar to the project you are proposing here? (You can propose something that is entirely new, or you can implement something that has been used successfully elsewhere. Either approach is permissible but let us know.)

Yes, this is an established intervention No, this is a new intervention **or** This is an enhancement of an existing program.

Application Deadline: **February 23, 2024, at 5:00 PM EST**

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