

## REQUEST FOR PROPOSALS

# State Innovations to Advance Breastfeeding and Health Equity

**Applications due Jan. 29, 2021**

### I. Summary Information

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**Purpose:** This project is to support state innovations designed to enhance or improve state-level breastfeeding initiatives with a focus on achieving health equity.

**Proposal Due Date and Time:** Jan. 29, 2021, by 11:59 p.m. ET

**Selection Announcement Date:** Feb. 15, 2021

**Assistance Available to Awardees:** Applicants will have the option of receiving support as direct monetary assistance up to \$25,000 in funds, as indirect nonmonetary assistance, such as expert technical assistance up to \$25,000 in value, or a combination of both options.

**Maximum Funding Amount:** Up to \$25,000 each for up to three (3) states/territories

**Estimated Period of Performance and Final Report Date:** Phase I: Feb. 22, 2021 to July 31, 2021; Phase I written report due July 31, 2021. Phase II: *Subject to project continuation and funding from CDC*, Aug. 1, 2021 – Dec. 31, 2021. Phase II final report due Dec. 31, 2021.

**Informational Call:** Dec. 16, 2020, at 4:00 p.m. ET, Call-in #: 646-876-9923, Meeting ID: 949 2151 3658 (please see Section V for more details).

**Eligibility:** Current State Physical Activity and Nutrition (SPAN) ASTHO Breastfeeding Community members in good standing with ASTHO *and* who have not previously received an Innovations grant from ASTHO are eligible to apply.

**ASTHO Point of Contact:** Please send proposals to [breastfeeding@astho.org](mailto:breastfeeding@astho.org).

### II. Description of RFP

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#### Purpose

The Association of State and Territorial Health Officials (ASTHO), with support from the Centers for Disease Control and Prevention (CDC) Division of Nutrition, Physical Activity, and Obesity (DNPAO), is pleased to announce a funding opportunity to support up to three (3) current State Physical Activity and Nutrition (SPAN) recipients participating in ASTHO's Breastfeeding Learning Community to implement innovative projects that advance state-level breastfeeding initiatives and health equity.

#### Background

In 2014, ASTHO, with funding from CDC DNPAO, first launched the ASTHO Breastfeeding Learning Community to support states in implementing sustainable, scalable approaches for improving breastfeeding rates and addressing barriers to breastfeeding. States participating in the learning community focus on or more of the following evidence-based strategies to promote and support breastfeeding in their jurisdictions:

- Enhancing maternity care practices in birthing facilities.
- Improving continuity of care or community support.
- Ensuring workplace compliance with federal lactation accommodation law.

ASTHO is supporting its current cohort ([2018-2023](#)) comprised of CDC's 16 State Physical Activity and Nutrition (SPAN) recipients to build capacity in the three strategy areas. States in the learning community will leverage ASTHO's technical assistance, including *ASTHOConnect* webinars, *ASTHOBriefs*, and other written tools, and peer-to-peer learning to establish and sustain state-wide initiatives to promote and support breastfeeding.

### **Partnerships**

Integral to advancing breastfeeding support, resources, and opportunities are partnerships and collaborations that span across traditional and nontraditional sectors. In this iteration of the learning community, there will be strong emphasis on traditional and nontraditional partnerships. States will form cohesive partnerships between physical activity, nutrition and obesity prevention, early life nutrition and breastfeeding, and collaborate with key partners and community members to improve breastfeeding support.

In addition, ASTHO will award up to three (3) states of the current cohort to implement innovations in one or more of the three strategy areas as stated above.

Examples of previous innovation projects or ideas on cross-cutting topics have included:

- Increasing diversity in lactation support providers.
- Utilizing technology to reach priority communities through breastfeeding initiatives.
- Supporting the transition from exclusive to complementary feeding.
- Enhancing protective factors against adverse childhood experiences and breastfeeding cessation.
- Conducting community-engaged research to better understand barriers to breastfeeding among priority populations.
- Engaging state perinatal quality collaboratives on breastfeeding quality improvement projects.
- Creating coordinated care on breastfeeding, nutrition, and child and family development.

Visit ASTHO's [Breastfeeding Learning Community webpage](#) to learn more about the 2020 Innovation grantees: Alaska, Arkansas, Colorado, Illinois, Missouri, Ohio, Pennsylvania, Utah, and Washington. Some successes include providing education and technical assistance to worksites and childcare centers to facilitate improving lactation accommodations, forming statewide workgroups of breastfeeding leaders from priority populations, developing strategies to address breastfeeding challenges, and working with members of priority populations and community-based organizations to develop policies, practices and training related to health equity and lactation in maternity care facilities. ASTHO first launched Innovation grants in 2017, the final year of the original (2014 – 2018) Breastfeeding Learning Community cohort. These grants enabled seven states to increase breastfeeding promotion and support at the state level by reaching an otherwise under-resourced community or population in an innovative way.

## Health Equity

ASTHO is committed to supporting state health agencies in their work to address health disparities and advance health equity. This commitment is evident in ASTHO’s [vision statement](#) and [2018-2021 Strategic Map](#) and will be the central theme of ASTHO’s breastfeeding Innovation grants.

Applicants are encouraged to incorporate transformational approaches when addressing health equity in their project proposals.

	<b>Transactional Approach</b>	<b>Transformative Approach</b>
<b>Definition</b>	Issue-based efforts that help individuals negotiate existing structures. These solutions transact with institutions to get a short-term gain for communities but leave the existing structure in place.	Initiatives that cross multiple institutions that shift efforts towards proactive solutions. These solutions alter the ways institutions operate thereby shifting cultural values and political will to create equity.
<b>Approach</b>	Routine solutions using skills and experience readily available.	Require changes in values, beliefs, roles, relationships, and approaches to work.
<b>People responsible</b>	Often solved by an authority or expert.	Solved by the people with the people.
<b>Changes required</b>	Require change in just one or a few places; often contained within organizational boundaries.	Require change in numerous places; usually cross organizational boundaries.
<b>Receptivity</b>	People are generally receptive to technical solutions.	People try to avoid the work of “solving” the adaptive challenge.
<b>Timeframe</b>	Can be implemented quickly—even by edict.	“Solutions” can take a long time to implement and require experiments and new discovering; they cannot be implemented by edict.

Source:  
Human Impact Partners: [HealthEquityGuide.org](http://HealthEquityGuide.org). ASTHO Health Equity Workshop Presentation. October 30, 2019; Arlington, VA.

Content adapted from Ronald A. Heifetz & Donald L. Laurie, “The Work of Leadership,” Harvard Business Review, January-February 1997; and Ronald A. Heifetz & Marty Linsky, Leadership on the Line, Harvard Business School Press, 2002.

ASTHO’s [Guidance for Integrating Health Equity Language Into Funding Announcements](#), a resource for states to incorporate health equity into their operations, provides health equity terms and examples of health equity activities.

## Project Activities and Expectations

Selected states will be responsible for completing the following project activities:

- A. Project Initiation:** The objective of this step is to plan for and gain agreement on the approach and activities required to accomplish the project work plan. Activities to be conducted during this step of the project include participating in an Innovation grant kick-off call, confirming roles and responsibilities, identifying and reviewing relevant background materials, finalizing the work plan and budget, and outlining the final deliverables. Awardees will also submit a written logic model or roadmap for their Innovation project describing project inputs, activities, and outputs, as well as short-, medium-, and long-term outcomes.
- B. Project Deliverables:** Selected states will develop and implement an innovative project to enhance or improve state breastfeeding initiatives and address breastfeeding disparities. States will report on the progress of their innovation projects by submitting progress reports, participating in check-in calls, and providing a written report detailing progress and project outcomes for phases I and II of project (see “period of performance” details).
- C. Mentoring and Information Exchange:** Selected states will participate in mentorship and peer-to-peer learning opportunities with other states in the learning community. States will also participate in information exchange opportunities provided by ASTHO, including *ASTHOConnect* webinars and site visits conducted by ASTHO staff or partners; engage in producing an *ASTHOBrief* or *ASTHOExpert* to document state experiences, inform the field, and add to the practice-based evidence, including those around health equity and sustainability; and inform technical assistance ASTHO provides to other states for improving health in the maternal and child health population around breastfeeding.

## Funding

Selected states will have the option to receive enhanced support in the form of 1) funds/direct monetary assistance of up to \$25,000; 2) nonmonetary assistance, such as expert consultative services, of up to \$25,000 in value; or 3) a combination of both options (1 and 2), for a total value of up to \$25,000.

Applicants can specify how they would like to receive support for this RFP. In the first option, **monetary category**, applicants may seek up to \$25,000 in funds to support costs directly associated with this project. Awards in this category will be made through a memorandum of understanding (with a fixed fee payment schedule) based on satisfactory completion of required deliverables. Please refer to Section III for details on allowable expenses.

In the second option, **nonmonetary category**, applicants choose to forgo funds for nonmonetary assistance, such as expert consultative services, of up to \$25,000 in value. Awards in this category will be made through a memorandum of understanding (without a fixed fee agreement for direct monetary payment for work performed on this project) based on satisfactory completion of required deliverables. Please refer to Section III for details on allowable expenses.

In the third option, **mixed category**, applicant can specify amounts to be supported by direct monetary assistance and indirect, nonmonetary assistance. Awards in this category will be made through a memorandum of understanding (and will include fixed fee agreement for the monetary portion combined with nonmonetary expert consultative services totaling up to \$25,000 in value) based on

satisfactory completion of required deliverables. Please refer to Section III for details on allowable expenses.

Applicants must indicate in their cover letters the category under which they are applying. Successful applicants will be held to the same timeline and deliverables described in the RFP regardless of the option chosen.

	Monetary category	Nonmonetary category	Mixed category
Available support	Up to \$25,000 in funds.	Indirect support in the form of a service, such as consultative services, of up to \$25,000 in value.	Partially supported by direct (monetary assistance) and indirect (nonmonetary assistance). Total must not exceed \$25,000.
Required documents	Signed MOU	Signed MOU	Signed MOU
Scope of services	Same	Same	Same
Timeline	Same	Same	Same
Selection criteria	Same Applicant must provide budget request detailing plans for spending; please refer to Sections IV and V for details.	Same Applicant must provide justification for the nonmonetary support; please refer to Sections IV and V for details.	Same Applicant must provide both monetary and nonmonetary budget documents.

### Evaluators

Each application will be reviewed and rated by a review panel consisting of ASTHO staff, CDC DNPAO program staff, and partner organizations. Proposals will be rated on the following evaluation criteria:

- Completeness of application.
- Work plan, including activities, timeline, goals, and milestones.
- Commitment to engage key partners, such as REACH or local entities, breastfeeding coalitions, and community members from priority populations to achieve project goals.\*
- Commitment to execute a vision towards health equity.
- Readiness to undertake project within the timeframe.
- Appropriate budget request.
- Willingness to sustain activities beyond the project period.

\*Preference will be given to applicants who demonstrate a commitment to work with Racial and Ethnic Approaches to Community Health (REACH) or other local partners, as well as community members from priority populations, to enhance breastfeeding promotion and support in the state.

## III. Requirements for Financial Award

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### Allowable Expenses

Funds may not be used for equipment purchases. Per HHS requirements, funds awarded under this Competitive Bid are prohibited from being used to pay the direct salary of an individual at a rate in excess of the federal Executive Schedule Level II (currently \$197,300). Funding may be used for mini grants, stipends, materials/supplies, staff/consultant time, and other project-related expenses.

#### **Required Grant Activities to be Covered by Award**

Project activities will include implementation of the innovation project, of which key findings and materials will be available to assist other state public health breastfeeding programs, participation in technical assistance opportunities, and reporting of project outcomes.

#### **Period of Performance**

- **Phase I:** Feb. 15, 2021 to July 31, 2021. Phase I involves planning, initiating and implementing innovations. Phase I interim report and deliverables are due July 31, 2021.
- **Phase II:** *Subject to project continuation and funding from CDC, August 1, 2021 – Dec. 31, 2021.* Phase II involves the continued execution and then wrap-up of innovation projects and participation in ASTHO production of an *ASTHOBrief* or *ASTHOExpert* to capture state successes and learnings. Phase II final report and deliverables are due Dec. 31, 2021.

#### **Reporting Requirements**

The selected states will be required to attend virtual learning sessions, as well as bi-monthly check-in calls to describe activities, submit bi-monthly progress reports and produce final deliverables for phase I, July 31, 2021 and phase II Dec. 31, 2021.

## **IV. Required Proposal Content and Selection Criteria**

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**Proposal Content:** Please include the following elements in your submission.

Proposals may not exceed six pages in length, excluding budget and CV's, and should be 11-point font. Appendices are not required but may be submitted as appropriate and will not count against the six-page limit. Proposals must include all components listed below in order to be considered.

**Note:** To be eligible applicants must be a current SPAN participant in ASTHO's Breastfeeding Learning Community Cohort 2 *and* not have previously received an Innovation grant from ASTHO. SPAN participants may work with an entity, whether coalitions, universities, local entities to apply as bona fide agents on their behalf. The bona fide agent will be required to submit a letter from SPAN participant designating the entity of the status.

- A. Cover Letter (10 points):** Include the names of the lead programmatic and financial/contract contacts (name, address, e-mail, and telephone number).
- B. Project Narrative and Demonstrated Need (30 points total, breakdown of points in each section):** Describe how the Innovation grant funding is necessary to implement the innovation project and how this innovation addresses a current need or gap in the breastfeeding program or initiative.
  - a. Proposed Approach (15 points):** Provide a brief outline of the approach and strategy to accomplishing the requested project activities. Describe how the proposed project enhances or improves the state's breastfeeding initiatives through



- a. **Monetary Applicants:** Provide a detailed fixed price per deliverable budget, including detailed projected costs for the completion of the project in the proposal. The fixed price budget should include a cost break-down per task and a proposed payment schedule. For example:
- \$1,000 upon contract execution (maximum allowed for contract execution)
  - \$6,000 upon completion of Bi-Monthly Call and Project Narrative #1.
  - \$5,000 upon completion of Bi-Monthly Call and Project Narrative #2.
  - \$5,000 upon completion of Bi-Monthly Call and Project Narrative #3.
  - \$8,000 upon completion of Final Report.

Maximum award is \$25,000. Up to \$1,000 can be disbursed upon contract execution. **Attachment A** (Contract Budget Template) outlines the general format for a detailed budget. Applicants may use Attachment A as a template or simply as a guide to inform development of the project budget.

A budget narrative must accompany the budget and indicate the costs associated with each proposed activity.

- b. **Nonmonetary applicants:** Provide a brief narrative describing the indirect nonmonetary support of choice and motivation for the selection. Justification should include what the applicant intends to gain from the service(s) and how the applicant will apply that knowledge to professional work. The narrative must be accompanied by a detailed outline of costs in a format like Attachment A. Maximum value in service(s) is \$25,000.
- c. **Mixed applicants:** Provide budget items required for both monetary and nonmonetary categories. Applicants must clearly specify which part(s) of their proposal will be supported by monetary (direct) and nonmonetary (indirect) funding. The total amount must not exceed \$25,000.

\*All applicants should provide workplans and budget materials that plan for at least 70% of activities and spend down to be completed by Phase I.

- F. **Response to Draft Agreement (10 points):** ASTHO and successful applicants will enter into a memorandum of understanding (MOU) with a fixed price payment schedule (see Attachment B), depending on the application category chosen. A draft agreement between ASTHO and the selected applicant is available in **Attachment B**. Review the agreement's terms and conditions—including provisions related to publications; acknowledgement of federal support; conference, meeting, and seminar materials; and logo use for conference and other materials—with your contracts officer and confirm that if selected, you will enter into this agreement, or identify and include any proposed changes with your proposal application. ASTHO reserves the right to accept or decline any proposed changes to the terms and conditions. Significant proposed changes, which could affect the agreement's timely execution, may impact your selection as a successful applicant.

## V. Submission Information

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ASTHO must receive applications by 11:59 p.m. ET, Jan. 29, 2021. Please submit an electronic copy of the application to [breastfeeding@astho.org](mailto:breastfeeding@astho.org). Incomplete applications or applications received after the deadline will not be considered.

### **RFP Informational Call**

An informational call for interested applicants will be held on **Wednesday, Dec. 16, from 4 – 5 p.m. ET.**

Join via Zoom

Videoconference:

<https://astho.zoom.us/j/94921513658?pwd=TjA0QWZWRWZRdmIxVVdLODZLbDlFZz09>

Audio: 646-876-9923

Meeting ID: 949 2151 3658

Interested parties may also direct questions to [breastfeeding@astho.org](mailto:breastfeeding@astho.org).

### **Timeline**

- *Dec. 11, 2020:* RFP released
- *Dec. 16, 2020:* RFP informational Call
- *Jan. 29, 2021 11:59 p.m. ET:* Application submission deadline
- *Feb. 15, 2021:* Awardees announced
- *Feb. 22, 2021:* Project period starts, Phase I
- *July 31, 2021:* Phase I ends; written reports and associated deliverables due
- *Aug. 1, 2021:* Phase II commences (*subject to continued funding from CDC*)
- *Dec. 31, 2021:* Phase II ends; final report and associated deliverables due

### **Disclaimer Notice:**

This RFP is not binding on ASTHO, nor does it constitute a contractual offer. Without limiting the foregoing, ASTHO reserves the right, in its sole discretion, to reject any or all proposals; to modify, supplement, or cancel the RFP; to waive any deviation from the RFP; to negotiate regarding any proposal; and to negotiate final terms and conditions that may differ from those stated in the RFP. Under no circumstances shall ASTHO be liable for any costs incurred by any person in connection with the preparation and submission of a response to this RFP.