



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Mississippi Fetal and Infant Mortality Review (FIMR)

Program Expansion for entities located in Public Health District 8

Request for Proposals (RFP)

Maternal and Infant Health Bureau

Mississippi State Department of Health

Proposal Due Date: **Friday, February 14, 2025**

**Mississippi State Department of Health
Attention: Maternal and Infant Health Bureau
570 East Woodrow Wilson Drive
Jackson, MS 39216**

**This project is funded via funds from Title V (Maternal and
Child Health Services Block Grant to States) awarded to the
Mississippi State Department of Health (MSDH) by the Health
Resources and Services Administration (HRSA)
Award Number: 6 B04MC45225-01-04**

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Request for Proposal (RFP)

Mississippi Fetal and Infant Mortality Review (FIMR) Program Expansion

INVITATION

Eligible organizations and public health entities located in Public Health District 8 are invited to submit a proposal in response to this initiative entitled *Mississippi Fetal and Infant Mortality Review (FIMR) Program Expansion*. To submit a proposal, each applicant must comply with the instructions included in this Request for Proposal (RFP). By submitting a proposal, the applicant also agrees to the terms and conditions outlined in this RFP.

The RFP proposal’s due date is February 14, 2025, by 5:00 pm Central Standard Time.

INSTRUCTIONS TO SUBMIT

Pertinent details regarding the proposal process are outlined below:

Who Can Apply?	Any eligible domestic public or private entity, including faith-based and community-based organizations, tribes, and tribal organizations located in Public Health District 8 .
Closing Date/Time for Submission of Proposals	Friday, February 14, 2025 by 5:00 pm CST.
Technical Assistance Presentation and Q/A Session	<p>Tuesday, February 11, 2025 2:30 p.m. – 3:30 p.m. Central Standard Time</p> <p>The call in details for the webinar are as follows:</p> <p>Join from PC, Mac, Linux, iOS or Android: https://us06web.zoom.us/j/86040142098?pwd=RcJZsxRUmfoCpUzj241uf0PYanYV5Y.1 Password: 205730</p> <p>Or Telephone: Dial: USA 713 353 0212 USA 8888227517 (US Toll Free) Conference code: 773414</p> <p>Find local AT&T Numbers: https://www.teleconference.att.com/servlet/glbAccess?process=1&accessNumber=7133530212&accessCode=773414</p>

Method to Submit Proposal	Completed proposals must be submitted via email to Teresa.Tran@msdh.ms.gov before 5:00 PM CST on February 14, 2025 in pdf format.
Contact Person	Dr. Vernesia Wilson, Director Maternal and Infant Health Bureau Mississippi State Department of Health 570 E. Woodrow Wilson Drive Jackson, MS 39216 vernesia.wilson@msdh.ms.gov 601-576-7472
Notification of Award	By March 1, 2025
Project Period	Project activities will begin October 1, 2024 and end September 30, 2028 (four years)
Number of Awards	Four (4)
Amount of Award	\$22,000 each year \$88,000 Total (four-year period) <i>(Successful projects may be extended beyond the initial four-year project period)</i>
Type of Award: Cost Reimbursed Subgrant	This agreement will be established as a cost reimbursed subgrant. As a cost reimbursed subgrant, costs incurred are reimbursed through the submission of invoices as instructed by Mississippi State Department of Health's Maternal and Infant Health Bureau. This requires maintaining ledgers, books, records/receipts, documents, and other evidence pertaining to all costs and expenses incurred and ensuring that costs incurred are in accordance with the services set forth in the scope of work.

I. **BACKGROUND AND MISSION**

The mission of the Mississippi State Department of Health (MSDH) is to protect and advance the health, well-being and safety of everyone in Mississippi. The MSDH comprises several divisions and programs that are specifically aimed at decreasing maternal, fetal, and infant mortality in the state. The agency continuously partners with other local, state, and federal partners/organizations to accomplish this goal and is supportive of related efforts to decrease adverse outcomes that impact mothers and babies across the state. In addition, the agency's Maternal and Infant Health Bureau (housed in the Women's Health Division) leads several efforts and programs aimed at decreasing maternal and infant morbidity and mortality. As a part of the goal to decrease infant mortality in the state, the bureau also implements programs to help decrease the fetal mortality rate.

A fetal death occurs in-utero while a mother is pregnant. In 2022, there were 328 fetal deaths in Mississippi. Many women who suffered a fetal loss also had maternal morbidities that may have increased the likelihood of losing their fetuses. According to the Centers for Disease Control and

Prevention (CDC, 2023), fetal mortality rates were higher among females under the age of 15 and those 45 and over respectively. The national rate was also highest among Black and Native Hawaiian/Pacific Islander women.

II. **Goals and Purpose**

Fetal and Infant Mortality Review (FIMR) is an action-oriented evidence-based community review process that reviews fetal and infant deaths, works at the community level to formulate programs and influence policy that will lead to improving birth outcomes. The goal is to assess, monitor, and work to improve service systems and community resources for women, infants, and families. The overall purpose of FIMR processes is to review fetal and infant deaths in efforts to gain an understanding of how social determinants of health contribute to the increased rate of fetal and infant loss as well as provide strategies and resources to prevent future losses. Additionally, FIMR teams/programs use their findings to take action that may improve the systems of care and resources for women, infants, and families.

In Mississippi there are currently three (3) active FIMR programs. To expand these efforts, the MSDH seeks to provide funding to organizations residing in Public Health District 8. Funds will be awarded to one (1) organization from Public Health District 8. ***[Note: A copy of the MSDH Public Health Districts map is in Appendix H]***

Awarded organizations will be responsible for the following FIMR activities:

- Developing a Case Review Team (CRT)
- Developing a Community Action Team (CAT)
- Registering and entering FIMR data into the National Center for Fatality Review and Prevention's (NCFRP) database
- Working with the community to implement policies and practices to improve services and resources in the selected region(s)
- Monitoring the progress of the implementation of policies and practices created by the Community Action Team
- Determining if implemented interventions have provided needed change within the community; while adding to, or altering, interventions as needed.

Note: The FIMR manual located at the website below provides additional information regarding CRTs and CATs:

<https://ncfrp.org/wp-content/uploads/NCRPCD-Docs/FIMRManual.pdf>

III. **AVAILABLE FUNDING & SUSTAINABILITY**

Funds will be awarded to one organizations (one from each district) residing in Public Health Districts VIII (see public health district map in Appendix H). Submitted budgets must not exceed **\$22,000** for each budget and project period.

IV. APPLICATION TIMELINE AND FUNDING PERIOD

Proposals due: February 14, 2025 by 5:00 pm CST via email to Teresa.Tran@msdh.ms.gov.

Technical Assistance Webinar: Tuesday, February 11, 2025 (2:30 PM CST)

Time: Feb 11, 2025 02:30 PM Central Time (US and Canada)

Login Details:

Join from PC, Mac, Linux, iOS or Android:

<https://us06web.zoom.us/j/86040142098?pwd=RcJZsxRUmfoCpUzJ241uf0PYanYV5Y.1>

Password: 205730

Or Telephone:

Dial:

USA 713 353 0212

USA 8888227517 (US Toll Free)

Conference code: 773414

Find local AT&T Numbers:

<https://www.teleconference.att.com/servlet/glbAccess?process=1&accessNumber=7133530212&accessCode=773414>

Notification of awards: March 1, 2025 *(Note: Notice of Award will be sent to the Primary Contact person identified on the Cover Letter, Appendix C)*

Project period: October 1, 2024- September 30, 2028

Funding Information:

Federal Agency Name	Assistance Listing Program Name	Assistance Listing Number	Federal Award Date	Federal Award Identifier (FAIN)
Health Resources & Services Administration	Title V Maternal and Child Health Block Grant	93.994	10/1/2023	B0445225

The Title V Maternal and Child Health (MCH) Services Block Grant to States Program is authorized by *Sections 501–509 of Title V of the Social Security Act* (42 U.S.C. 701–709).

All awards are subject to availability of funds.

V. APPLICANT INSTRUCTIONS

Interested applicants must submit a proposal before or by the date and time listed above. Late submissions will not be reviewed. Proposals must:

- Adhere to proposal guidelines and include all required components
- Ensure that each section/component of the proposal is properly labeled (e.g. subheadings)
- Include no more than 10 **double-spaced** pages (excluding Appendices)-proposals that exceed 10 pages will not be reviewed.
- Include a font size of no less or greater than 12 points.
- Include margins of 1 inch on all four sides.
- Include a budget w/narrative for the award period under consideration
 - An optional audit report can be submitted, but is not required

All applications must be sent electronically to the Smartsheet link above. The electronic copy should be one complete file, either a PDF document (recommended) or a Microsoft Word document. Faxed applications will not be accepted. You should receive an email confirming that your application has been received. There is also an option in Smartsheet whereby you can receive an email confirming your submission.

Selection criteria for this RFP are included in **APPENDIX G**. In addition, there are informative helpful website links provided on the last page of this RFP.

VI. PROPOSAL COMPONENTS

The full proposal template can be found in APPENDIX A. Applicants should respond to all components identified in this RFP. Submitted proposals with incomplete information will not be reviewed. The proposal components must include:

- Cover Page
- Project Overview and Abstract
- Proposal Description/Narrative (including Evaluation Methodology)
- Budget w/Narrative Justification
- Optional Supplemental Information

VII. SUCCESSFUL APPLICANT REQUIREMENTS

The successful applicant is required to report on project progress and submit monthly invoices and reports throughout the project period to the contact listed in this RFP. Reports should include all budget/fiscal information and will be due on the last workday of each month no later than 5:00 pm CST.

The successful applicant must also get written approval from the MSDH Maternal and Infant Health Bureau for any changes in project design or variations from the original submitted budget or proposal.

APPENDIX A: PROPOSAL TEMPLATE

Refer to the following checklist to ensure that your proposal is complete before submitting. Incomplete proposals will not be reviewed.

- **Cover Page – (1 page)**
 - Please complete the Cover Page form located in APPENDIX C. Upload the completed and signed page with the remaining proposal materials.
- **Project Overview – (1 page)**
 - The project overview must include: (1) an overview of your organization’s plan for the FIMR expansion project, (2) targeted counties, and (3) a brief summary and/or abstract of proposed activities for Year One of the project
- **Timeline – (1 page)**
 - Develop a timeline of activities based on (1) development of the CRT and CAT; (2) proposed/scheduled meetings; and (3) development of an action review report [*Note: The timeline can be formatted as a table or in paragraphs*]
- **Proposal Description/Narrative – (3-5 pages)**
 - Include all sections listed under the *Proposal Description/Narrative* section outline in Appendix B.
 - *All components in this section must be included in the proposal*
- **Budget Proposal and Justification – (1-2 pages)**
 - Budget amount requested must not exceed \$22,000/year; requested line items must be allowable (see APPENDIX F).
 - Budget totals should be checked for accuracy.
 - The budget narrative must clearly explain the purpose of each item listed in the Itemized Budget.
 - Applicants may utilize the budget template in Appendix D or develop a similar budget with the required components and budget narrative.
 - Evidence of the applicant’s/organization’s nonprofit status
- **Optional supplemental information (not included in overall 10 pages maximum).**
- **Application is no longer than 10 double-spaced pages.**
- **Font size is 12-point font.**
- **Margins are 1 inch on all four sides.**

Data Management

NOTICE: All data developed under this funding opportunity must be stored, protected, shared, utilized, retained, returned and/or destroyed in accordance with applicable federal and state law, regulations, and standards including, but not limited to, the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Family Educational Rights and Privacy Act (FERPA), and the Health Information Technology for Economic and Clinical Health (HITECH) Act, and their corresponding

regulations. Recipients may be asked to sign a business associate agreement (BAA), data use agreement and/or other legal documentation as a condition of award to ensure proper management and security of confidential data (such as protected health information) developed under this funding opportunity.

APPENDIX B: PROPOSAL DESCRIPTION/NARRATIVE COMPONENTS

1. Organizational Background

Provide a brief organizational background; describe your organization's ability to do the work proposed. Information requested may include a mission statement, organizational goals, summary of key personnel qualifications, etc.

- Describe your organization's capacity and past efforts to in collaborating with local, state, and/or federal entities
- Provide examples of relevant community-level work your organization has completed within the past five (5) years. Applicants may provide links to work products (if applicable).

2. Proposed Approach and Methods

Provide detailed information about your organization's approach to accomplish the proposed activities outlined in this RFP.

3. Target Region/Partner Organizations

Provide a brief synopsis of the target region(s) in which the proposed activities will be conducted. In addition, list key potential partners and/or organizations that may/will help accomplish the activities outlined in this proposal.

4. Evaluation Plan and Tools

Describe how you will measure achievement of the FIMR project objective(s) and activities? What data collection tools will be utilized to enter data into the NCFRP database? What evidence-based models will be used (if applicable)?

Note: Applicants may include any other evaluation tools and/or methodologies that will be used. *A table will also suffice for the evaluation plan, but will be included in the 10-page limit.*

5. Action Plan

Describe your organization's proposed action plan and steps to implement and sustain a local FIMR program

6. Proposed budget

Applicant provided an itemized budget w/ narrative and justification to support the project implementation. The proposed budget should be reasonable and consistent with objectives and/or activities outlined in the approach and methods.

APPENDIX C: COVER PAGE

Applicant Organization: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Project Title: _____

Primary Contact Name : _____

Alternate Contact Name: _____

Primary Contact Phone: _____

Alternate Contact Phone: _____

Primary Contact E-mail: _____

Alternate Contact Email: _____

Institution Type (choose one):

- Community-based Organization
- Educational Institution
- Health Department (State/Local)
- Hospital or other Clinical Facility
- Other not-for-profit Organization
- Professional Association
- Other _____

Total amount requested: \$ _____

Is the applicant willing to accept less than the amount requested? Yes No

If awarded, list the name/organization in which check should be made out to (based on name listed on W-9):

Signature - Primary Staff Person

Date

Print Name and Title

APPENDIX D: BUDGET PROPOSAL AND JUSTIFICATION

Develop a budget using the template below (or similar template). In addition, a one-page budget narrative is required justifying the use of funds to support project implementation. Consider all the expenses to implement the project which may include contractual costs, supplies, transportation, training, equipment, technology, and administrative expenses. Please include the calculation(s) used to estimate costs.

Allowable and non-allowable costs are described in Appendix F.

EXAMPLE BUDGET TABLE AND NARRATIVE TEMPLATE

BUDGET TABLE	
CATEGORY	AMOUNT
Personnel	
Fringe	
Travel	
Commodities	
Contractual	
Equipment	
	Subtotal Direct Costs
	Indirect Costs
	Subgrant Total

BUDGET NARRATIVE	
LINE ITEM COSTS/NARRATIVE	AMOUNT REQUESTED
PERSONNEL	
Title or Position Annual Salary (\$_____) % Time Allocated to Subgrant = __% [Avg. ___hours/week] <i>Identify the specific objective(s) from the work plan this employee will provide leadership for, be directly responsible for executing, or will provide support for.</i> <i>**Each grant-supported staff position must be a separate line item under this category. Add rows if needed.</i>	\$
Personnel Total	\$
FRINGE (@ ___%)	
Specify what is include in your organization’s FY 2022 fringe rate. For example: ___% Social Security ___% Medicare ___% Paid time off (sick leave and vacation) ___% Health Insurance ___% _____ ___% _____	\$

Fringe Total	\$
TRAVEL	
List all anticipated travel expenditures and identify which objective(s) of the work plan is/are supported with this line item funding.	\$
Travel Total	\$
COMMODITIES	
Describe and itemize the materials & supplies requested for purchase, the intended purpose, and how the estimated costs were determined for each item. Identify which objective(s) of the work plan is/are supported with this line item funding.	\$
Commodities Total	\$
CONTRACTUAL	
Explain the need for items or services, how the estimated costs were determined, and how their use will support the purpose and goals. Identify which objective(s) of the work plan is/are supported with this line item funding.	\$
Contractual Total	\$
CAPITAL OUTLAY/EQUIPMENT	
NOT ALLOWABLE.	\$0
Capital Outlay/Equipment Total	\$0
INDIRECT	
Describe and itemize the indirect costs which will be supported. Provide copy of Federal Negotiated Indirect Cost Rate Agreement if claiming higher than 10%.	\$
Indirect Total	\$

Note: If an indirect cost rate is available, please attach a letter as a supplemental document.

APPENDIX E: OPTIONAL SUPPLEMENTAL INFORMATION

Optional: Include supplemental documentation and attachments such as:

- Work samples that document organizational capacity and expertise.
- List of references that that can corroborate your experience (if applicable).
- Related current or past research conducted by the applicant's organization
- Letter of support

APPENDIX F: ALLOWABLE AND NON-ALLOWABLE COSTS

Allowable Costs Include:

- Consultant fees.
- Materials and supplies (e.g., office supplies, health-related materials, refreshments, incentives) necessary to accomplish the specific objectives of the proposal that are usually "used up" in the course of the project. Incentives are items used to enable or ensure participants are able to attend interviews and/or focus groups.
- Printing costs associated with project implementation.
- Travel that is necessary for project implementation. MSDH Maternal and Infant Health Bureau funds may NOT be used to pay for first class travel.
- Facilities costs associated with using a physical location for an activity necessary to accomplish the specific objectives of the proposal are permitted. All travel must be approved in advance.
- Advertising materials and purchase of media time/space: Budget costs relating to these items may not be allowable depending on project specifics. Please consult with the State contact listed in this application regarding whether proposed items are allowable.

Non-Allowable Costs Include:

- Salary costs for staff who are already employed full-time by their organization.
- Staff that are employed by MSDH.
- Construction, alteration, maintenance of buildings or building space.
- Dues for organizational membership in professional societies/organizations
- Tuition, conference fees, awards.
- Billable clinical services provided by physicians or other providers.
- Permanent equipment (e.g. computers, video monitors, software printers, furniture) unless essential to project implementation and not available from other sources.
- Food and decorations
- Educational materials that do not meet the quality or evidence-based standards provided by MSDH Maternal and Infant Health Bureau.

Note: If you are unsure about allowable/non-allowable costs, please contact Maternal and Infant Health Bureau Staff for prior approval.

APPENDIX G: SELECTION CRITERIA

The following criteria (Proposal Description/Narrative and Budget) will be used to select the prospective applicant:

- 1. Organizational Background (10 points)**
 - Applicant has relevant experience working with community partners/organizations.
 - Applicant's work samples show capacity and competence to complete this project.

- 2. Proposed Approach and Methods (30 points)**
 - Applicant comprehensively described approach(es) needed to accomplish proposed FIMR objectives/activities

- 3. Target Region/Partner Organizations (15 points)**
 - Applicant included regions, counties, cities, etc. targeted for FIMR activities
 - Applicant identified key partners/organizations to assist in accomplishing FIMR activities

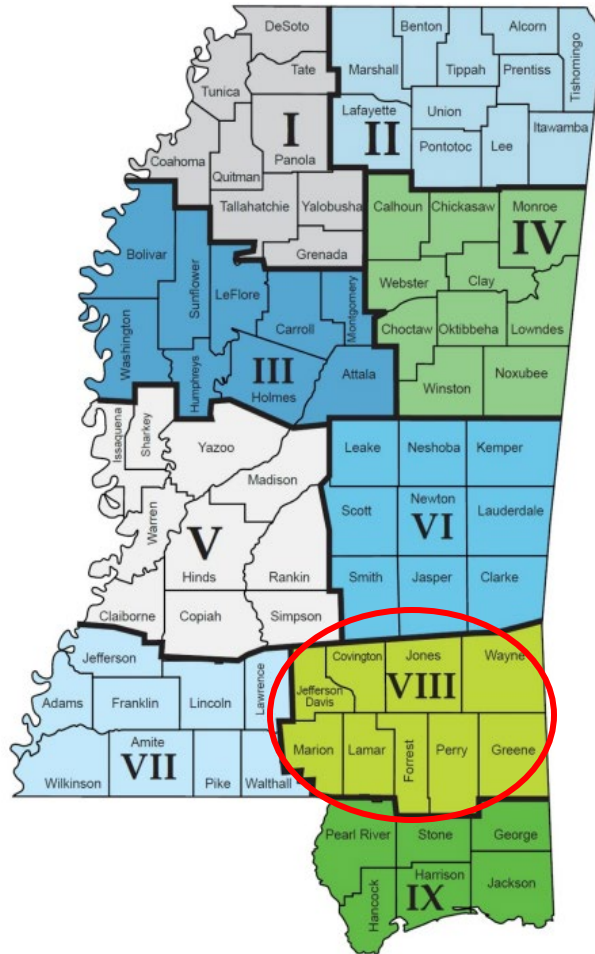
- 4. Evaluation Plan and Tools (20 points)**
 - Applicant detailed how FIMR objectives/activities and achievement will be measured.
 - Applicant identified the data collection tools that will be utilized.
 - Applicant included evidence-based methodologies where appropriate (if applicable)

- 5. Action Plan (15 Points)**
 - Applicant provided a succinct action plan that included steps to implement and sustain the FIMR program

- 6. Proposed budget (10 points)**
 - Applicant provided an itemized budget w/ narrative and justification to support the project implementation.
 - Applicant's proposed budget is reasonable and consistent with objectives/activities outlined in the approach and methods.

**Applications must be received by 5:00 pm CST on February 14, 2025 by 5:00 pm CST.
Late applications will not be accepted.**

APPENDIX H: MSDH PUBLIC HEALTH DISTRICT MAP



HELPFUL WEBSITE LINKS

National Center for Fatality Review and Prevention

<https://ncfrp.org/fimr/>

<https://ncfrp.org/wp-content/uploads/NCRPCD-Docs/FIMRManual.pdf>

<https://ncfrp.org/center-resources/written-products/>

National Fetal, Infant, and Child Death Review Program

<https://www.hrsa.gov/library/national-fetal-infant-and-child-death-review-program>

Evidence-Based Fetal Death Prevention/Reduction Interventions

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8078228/#:~:text=Bhutta%20and%20colleagues%20reviewed%2035,detection%20and%20treatment%2C%20detection%20and>

<https://www.ncbi.nlm.nih.gov/books/NBK222084/>

<https://scholar.valpo.edu/cgi/viewcontent.cgi?article=1234&context=jmms>

Related Healthy People 2030 Goals/Objectives

<https://health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth/reduce-rate-fetal-deaths-20-or-more-weeks-gestation-mich-01>