

GRANT PROPOSAL GUIDELINES

- The Chester County Community Foundation **connects people who care with the causes that matter**, so their philanthropy makes a difference **now & forever**.
- We are **a collection of Field of Interest & Donor Advised Funds** with **\$5M + granted annually** to nonprofits in Chester County & beyond.
- **99%** of our grants are made by our generous Fund Advisors, who make grant decisions all year.

Proposals submitted by nonprofits are considered for 2 types of grants:

Field of Interest & Donor Advised Funds (No Deadline)

- ◇ Grants **focus on Chester County** causes & issues, but are not limited to Chester County.
- ◇ Charitable nonprofits working **in all fields of interest** are considered for grant awards. (I.e. arts, culture, & humanities; education; community improvement; environment; religion; health; & human services)
- ◇ **General operating** grants are encouraged. Nonprofits should be specific about their mission, goals, & measurable outcomes.
- ◇ Proposals can be submitted **anytime all year**.
- ◇ Grant decisions are made **intermittently** all year, as Fund Advisors desire.
- ◇ Grant **awards** typically range from **\$500-\$7,500**.

Fund for Chester County Capacity Building Grants (Due 9/15)

- ◇ For eligibility in this grant program, nonprofits must be **located in & serve Chester County**.
- ◇ Nonprofits **budgets** must be **\$500,000 or less**.
- ◇ The goal of capacity building grantmaking is to **strengthen the effectiveness of NPO's serving the Chester County region**, in areas including:
 - Mission, Vision & Strategy
 - Governance & Leadership
 - Partnerships & Collaborations
 - Operations & Technology
 - Fundraising, Development & Marketing
- ◇ Proposals must be submitted by **September 15** to be eligible for consideration.
- ◇ Grant **awards** typically range from **\$500-\$5,000**, with monies distributed by **February**.

- Use this form @ www.chescocf.org to apply online for grants from all Community Foundation Funds.
- **Email proposals to grants@chescocf.org**
- Proposals are considered “complete” when CCCF has **confirmed** receipt of the **Grant Proposal Summary Sheet, Narrative & Attachments**.
- Proposals are shared electronically and online with Fund Advisors, Donors & Grant Panels.
- Per IRS Regulations, applicants **must be** charitable, tax exempt organizations with 501(c)(3) certification & **cannot** be individuals.

Please contact Grants Administrator **Kevin Baffa** at **(610)-698-8211** or grants@chescocf.org with any questions.

I. CHESTER COUNTY COMMUNITY FOUNDATION GRANT PROPOSAL SUMMARY SHEET

One page only. This page will be shared electronically with Grant Panel Members & Fund Advisors.

Note: If Philanthropy Network's Common Grant Application is used, CCCF's **Summary Sheet MUST accompany application.**

To obtain an electronic version of this application, visit www.chescocf.org

Date 9/12/22

Contact Information

Organization Name: Maternal and Child Health Consortium
Address: 30 W. Barnard St. #1 West Chester, PA 19382
Phone: 610-344-5370
Website: ccmchc.org
Year Incorporated: 1991
FEIN: 23-2775806

ED/CEO Name: Milena Lanz
ED/CEO E-mail: mlanz@ccmchc.org
Board Chair Name: Elizabeth Pilacik
Board Chair Approval (check here):
Primary Contact Name: Natalie Coughlin
Primary Contact E-mail: ncoughlin@ccmchc.org

Organization Information:

Field/s of Interest:

Arts, Culture & Humanities Environment/Animal Welfare Education
 Health Human Services Religion

Mission: To advocate for and empower prenatal and parenting families to achieve healthy beginnings and a bright future through a caring culture of service.

Geographic Area Served (If not all of Chester County, specify primary Chester County regions served): All of Chester County

Describe Population Served & Annual Number of People Served: MCHC serves an average of 5,000 low-income individuals every year, primarily children, families, and high-risk birthing people.

Annual Budget \$2,130,785 _____	_____ 34 _____ # of Full-Time Equivalent Paid Staff
_____ 87 _____ % of budget for program expenses	_____ 11 _____ # of Board Volunteers
_____ 7 _____ % of budget for administrative expenses	_____ 30 _____ # of Active Non-Board Volunteers
_____ 6 _____ % of budget for fundraising expenses	_____ 30 _____ # of Volunteer Hours
100 % total	

Top 3-5 funding sources: PA DHS OCDEL Family Center Grant \$290,000; Longwood Foundation \$91,000; United Way of Greater Philadelphia and Southern New Jersey \$67,500

Is this grant proposal for: Capacity Building or General Operating ?

If Capacity Building Proposal, the focus is:

Mission, Vision & Strategy Governance & Leadership Partnerships & Collaborations
 Fundraising, Development & Marketing Technology Other: _____

Grant Amount Requested from the Community Foundation: \$ 5,000 _____

Proposal Summary: Maternal and Child Health Consortium (MCHC) ensures that children and families in the Chester County region have access to the resources that they need to start healthy, stay healthy, and succeed in school. General operating funds support all aspects of our work and allows MCHC the flexibility to meet the most pressing needs of our community. This includes evidence-based programs, health insurance and food benefits enrollment initiatives, equitable and culturally competent services, key partnerships, and operations.

II. CHESTER COUNTY COMMUNITY FOUNDATION GRANT PROPOSAL NARRATIVE

Provide clear, concise information. 3 pages maximum.

1. Nonprofit's history, goals, key achievements & distinctiveness

2. Funding request

- Description of key initiatives
- Specific needs & issues to be addressed
- Why it is important to fund this now
- How impact & results will be demonstrated

- For capacity building grant proposals:
 - How will this capacity building initiative impact your nonprofit?
 - How will this impact be measured?
 - Include a description of the expected activities; timeline & costs to implement the initiative. If external consulting services are required, include the anticipated costs & expertise of the consultants to be hired. Include external consultant proposals if applicable.

III. ATTACHMENTS

E-mail or mail this support information

1. Copy of 501 (c) (3) federal tax-exempt letter
2. List of Board of Directors, with their affiliations
3. Most recent annual report & financial statement, audited if available
4. Itemized organizational operating budget with actual results for prior fiscal year & current fiscal year to date
5. If capacity building initiative, itemized budget (including external consultant's proposal, if applicable)
6. Current strategic plan. If your nonprofit does not have a current strategic plan, explain why.

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*Connecting people who care with causes that matter,
so their legacies make a difference.*

WHAT IS CAPACITY BUILDING?

Capacity building helps bring a nonprofit to the next level of operational, programmatic, financial, or organizational maturity, in order to more effectively & efficiently fulfill its mission.

Capacity building may include (but is not limited to) projects which address:

- **MISSION, VISION & STRATEGY**
Organizational Assessment - Strategic Planning - Financial Planning
- **GOVERNANCE & LEADERSHIP**
Board Development - Executive Transition/Succession Planning - Leadership Development - Staff Training & Professional Development
- **PARTNERSHIPS & COLLABORATIONS**
Coalition Building – Collaboration - Mergers & Acquisitions - Strategic Restructuring
- **RESOURCE DEVELOPMENT & MARKETING**
Major Gift Donor Identification, Cultivation, Development & Stewardship - Development Campaigns (Annual, Capital, Planned Giving) - Earned Income Development - Social Enterprise Feasibility & Development - Marketing, Branding & Communications
- **TECHNOLOGY & OPERATIONS**
Business Continuity Planning - Financial Management - Human Resources - Volunteer Management - Industry Certification - Risk Management - Technology Improvements

Organization History: MCHC was founded in 1991 in response to a community health needs assessment that identified gaps in prenatal care access and disparities in maternal and infant health among low-income families. We were founded on the belief that everyone should have access to quality health care and as community health needs evolve, so have we. Since 1991, MCHC has ensured that economically disadvantaged families in Chester County have access to quality, culturally competent health care and resources to maintain their health. In 1995, with initial funding from the Robert Wood Johnson Foundation and multiple private foundations, MCHC began providing prenatal case management for pregnant and parenting women and their babies. In 1997, with funding from the federal Healthy Start program, MCHC became one of 106 Healthy Start programs throughout the country. MCHC's Family Benefits Program provides uninsured families with bilingual, bicultural assistance with accessing state subsidized health insurance programs and in 2010 was augmented to include food benefits enrollment. To address a gap in kindergarten readiness among low-income families with children in southern Chester County, MCHC launched the Family Center Program in 2006 to build school readiness and parents' ability to support their child's early learning.

Goals: We work to improve maternal and infant health outcomes among high-risk populations through community-based prevention services and increasing access to affordable, high-quality health care. Further, we aim to bridge gaps in access to early education services among low-income families with preschool-aged children in southern Chester County by providing kindergarten readiness and parenting support.

Key Achievements: MCHC has spent the last several decades supporting families and children in need in the Chester County region and has risen as a trusted community provider. We work with upwards of 5,000 individuals each year across programs. Our greatest achievement is improving health outcomes among high-risk populations, specifically improving birth outcomes (> 5.5 lbs.) among 85-95% of Healthy Start birthing people. Additionally, that every year, 120 families benefit from culturally congruent support and early childhood development education in the Family Center, 40 preschool-aged kids achieve a mastery of kindergarten readiness, and 1,000+ children maintain health coverage. MCHC is an accredited organization by PANO Standards for Excellence, a long-time United Way partner, and has received numerous special recognitions from agencies such as the American Academy of Pediatrics, the American Psychiatric Association, and other multilateral organizations.

Distinctiveness: Our bilingual, bicultural team and holistic approach to improving community health makes us at MCHC uniquely positioned to support community members most in need. Our team has roots in the communities that we serve and bring a wealth of expertise in areas such as early education, public health, business, and social work, are trauma-informed, and trained in home-visiting best practices to support the best outcomes for families.

Key Initiatives: The **Healthy Start** Program reduces the prevalence of low-birth-weight births and improves birth and maternal health outcomes through home-visiting perinatal services for pregnant and parenting people with children ages 0-18 months. MCHC's Community Health Workers (CHW) provide socio-emotional strengthening and support, provide health and early childhood developmental education, and hands-on parental involvement and learning using the evidence-based Parents as Teachers (PAT) model. Home visits are for two hours 1-2 times per month up until the target child is 18 months old. Comprehensive health risk assessments evaluate participants' needs and Adverse Childhood Experiences screenings (ACEs) ensure participants scoring 4+ receive chronic disease management and resiliency education; those scoring 9+ receive increased contact and 14+ scores are referred to behavioral health counseling. Edinburgh Perinatal Depression Scale (EPDS) screenings administered prenatally and at one and six months postpartum, assess maternal depression and ensure women at highest risk are being served. As a result, rape and domestic violence survivors, women seeking medical and mental health diagnosis and premature babies with developmental delays are receiving care. MCHC's Diabetes and Heart Disease

Prevention (DHDPP) (adapted from the CDC's Diabetes Prevention Program) education modules are provided during home visits to ensure participants better understand their healthcare risks and how to improve their long-term health.

MCHC's **Family Benefits** Program increases access to care and reduces health disparities through health insurance and food benefits enrollment assistance. Family Benefits serves families with children ages 0-19 years-old by enrolling eligible families into state-subsidized health insurance (MA/CHIP) and food stability programs (SNAP, WIC) so that families may access medical care and keep food on the table. Family Benefits Specialists wrap services around all children by assisting families in enrollment navigation to obtain or renew coverage. During 1-hour annual appointments, staff confirm applicant eligibility including household income verification, citizenship, and employment for benefits applications and provide healthcare and nutrition education and awareness. Staff maintain open communication with the County Assistance Office on behalf of applicants to ensure applications do not "fall through the cracks," especially in cases where applicants are in serious poverty and food insecure. Staff not only assist uninsured individuals with completing applications, but also track each application approvals. This enables our staff to record approval of each application and to accurately track deadlines for income verification and reapplication procedures, ensuring that families meet these deadlines and that there are no gaps in coverage. Staff also conduct community outreach to local schools, health fairs, clinics, social service and health care agencies, networking events to enroll eligible community members and inform the broader community of our services and the importance of coverage.

MCHC's **Family Center** Program provides home-visiting services for low-income families with children ages 0-5 years-old in southern Chester County to help families prepare the target child for kindergarten. The program provides school readiness preparation during bi-weekly home visits by MCHC's bilingual, bicultural Parent Educators, in addition to health insurance enrollment, group connections including Parent's Cafe, and parent-children educational activities. Parent Educators provide early childhood developmental education, hands-on parental involvement and learning using the evidence-based Parents as Teachers (PAT) model. They work closely with families to address the barriers that prevent each child from being optimally prepared to succeed in school such as self-care skills and age-appropriate academic skills. Kindergarten preparedness culminates with an intensive Kindergarten Transition Program (KTP) for the Family Center's five-year-old children. The two-week program simulates aspects of a school environment to ensure the best possible transition into their kindergarten year and is complemented by parenting classes for parents to learn how to support their child's learning. The KTP includes an assessment of each child's mastery of important preschool skills to ensure that all skills are acquired by the end of the program.

Community Needs: Although Chester County is one of the wealthiest counties in Pennsylvania according to median income, there are still pockets of poverty 2-3 times more than the county rate of 6%, areas like Oxford (22.5%), Coatesville (22.7%), West Chester (25.2%), and Phoenixville (11.6%), or comparable like Kennett Township (6.4%) (U.S. Census Bureau 2021). The Chester County region is one of the fastest growing areas in the state and a quarter of Chester and Montgomery counties' population is a racial or ethnic minority, the largest minority groups being Black and Latinx. Poverty and lack of insurance coverage disproportionately affect Latinx and Black families, as they are likelier to be uninsured or under-insured. Today, 37,000 children do not have health insurance or access to basic medical care in southeastern Pennsylvania (PCCY Issues: Child Health Insurance 2022). For women, perinatal health status shows significant racial and ethnic disparities. Countywide, more than half of all Latinx and Black mothers had no prenatal care in their first trimester in the past five years. The average annual rate of infant mortality for Black infants is more than two times that of white infants at 9% versus 4%, and Black infants are twice as likely to be born at a low birth weight as white infants at 13% and 6% respectively. In comparison, the Latinx infant mortality rate is 4% and the low-birth-weight rate is 7% (PA DOH Profiles 2020). Adding to the challenge, this past year the transition of Jennersville Hospital and closing of Brandywine hospital under Tower Health leaves Paoli Hospital/Main Line Health and Chester County Hospital/Penn Medicine for the

entire county, leaving few clinical prenatal care options, excessive wait times, overwhelmed health systems, and people struggling to get to facilities because of the county's limited public transportation.

Parents in our programs typically work in agriculture and hospitality industries and struggle with stagnant wages, high health care costs, food insecurity, and barriers concerning language, transportation, and low educational attainment. In southern Chester County, children in low-income families are entering kindergarten without age-appropriate skills and parents are struggling to prepare them. In Kennett Square Consolidated School District (KCSA), 44.1% of residents speak primarily Spanish compared to 5.4% countywide, and 43.7% of families in KCSA are defined as economically disadvantaged (100% below Federal Poverty Level) as determined by the percentage of students who are eligible for free or reduced-price lunch (PDE School Enrollment Reports 2021-2022).

Why it's important to fund now: Maternal and child health disparities are some of the most significant and challenging issues of the day. In the United States, giving birth has more risk than in any other developed country and women are dying from preventable pregnancy-related causes. Low-income families with children are struggling to keep food on the table and afford other basic living expenses, and young children are not reaching age-appropriate developmental milestones before entering kindergarten. MCHC has a history of helping families overcome barriers to health and well-being. Support for community-based programs can have tremendous impact, resulting in healthier families and lower health care costs for the individual and entire communities.

How the impact and results will be demonstrated: Our progress is measured against projected program goals which includes the number of individuals served tracked monthly. All MCHC staff has access to laptops and mobile Wi-Fi for program and benefits enrollment efficiency and to capture participant information. Participant health and risk assessment data is collected in our database system, Apricot, and reviewed by program managers on a weekly and monthly basis. Participant pre and post-tests, program knowledge, and satisfaction surveys are administered to measure change, gather feedback on services provided, learning, engagement, and overall satisfaction. We also share our impact, stories, resources, and more on social media, in monthly newsletters, and in annual reports. The following outcomes are projected for 2022-2023:

- **Healthy Start:** 300 individuals will engage in Healthy Start; 95% of infants will be born >5.5 lbs.; 95% of pregnant women will receive health coverage for prenatal care and/or delivery; 95% of infants will receive insurance within 45 days to ensure prompt entry into pediatric care; 90% of moms will initiate breastfeeding; 85% of pregnant women with an EPDS score of 14+ will demonstrate fewer symptoms of depression (decreased postpartum EPDS score); and 85% of parents will demonstrate an increased sense of confidence and knowledge in their parenting skills.
- **Family Benefits:** 1,800 uninsured individuals will be enrolled into health insurance (MA/CHIP) and 800 into SNAP; 85% of families will be approved for enrollment.
- **Family Center:** 120 families will engage in the Family Center Program; 95% of parents will report an increase in knowledge of their child's emerging development and improved parenting capacity.
- **Kindergarten Transition Program:** 85% of children participating in the Kindergarten Transition Program will achieve Kindergarten Readiness as indicated by a pre/post-test; 90% of parents will report increased confidence in navigating school systems and supporting their child's success in school.
- **Diabetes Prevention:** 150 individuals will participate in DHDPP and 85% will demonstrate increased knowledge of health management and risk prevention.