



I. Grant Proposal Summary Sheet

This page will be shared electronically with Grant Panel Members & Fund Advisors and posted online.

Date	September 18, 2026	ED/CEO Name	Talonda S. Rogers, MSN, RN
Organization Name	The 4th Trimester MOMMIE (4TM)	ED/CEO E-mail	momcare@4tmommie.org
Address	744 East Lincoln Highway, Suite 410, Office 409 Coatesville, PA 19320	Board Chair Name	Rohan Wright, Board President
Phone	(484) 250-7275	Board Chair Approval	☒ Approved
Website	4tmommie.org	Primary Contact Name	Talonda S. Rogers, MSN, RN
Year Incorporated	2024 (incorporated January 12, 2024)	Primary Contact E-mail	momcare@4tmommie.org
FEIN	93-3323801	Grant Type	Direct Service Programs & General Operating

Field(s) of Interest: ☐ Arts, Culture, Heritage ☐ Education, Library ☐ Environment, Animals ☒ **Health** ☒ **Human Services** ☒ **Social Justice, Civic Engagement** ☐ Religion

Mission: The 4th Trimester MOMMIE improves postpartum health outcomes for birthing people in underserved communities by delivering nurse-led clinical care, education, and connection during the fourth trimester, the critical weeks after discharge when support disappears and risk peaks.

Geographic Area Served: Chester County, with primary concentration in the Coatesville area and the surrounding Route 30 corridor communities, including Parkersburg, Downingtown, and Caln Township.

Population Served & Annual Number of People Served: Postpartum birthing people and their newborns in the first year after hospital discharge, with a focus on Black mothers, Medicaid-enrolled families, and households facing transportation barriers to follow-up care. In the most recent reporting period, January 2025 through June 2026, 4TM served **11** mothers through MOMMIE Clinic and distributed 55 MOMMIE Boxes to postpartum families, all of them Chester County residents, with additional families connected to care through MOMMIE Village.

Annual Budget	\$22,250	# of Full-Time Equivalent Paid Staff	0
% of budget for program expenses	75%	# of Board Volunteers	11
% of budget for administrative expenses	18%	# of Active Non-Board Volunteers	0
% of budget for fundraising expenses	7%	# of Volunteer Hours	57.5

Top 3 to 5 Funding Sources: The Fund for Women & Girls, \$13,903 (2026); Chester County Community Foundation, \$4,580 (2025) and \$2,500 (2024); America's Charities workplace giving, \$3,175 (2026); individual donors and campaign gifts, \$2,852 (2026); The Alliance for Health Equity, \$610 (2026)

Grant Amount Requested from the Community Foundation: \$7,500

Proposal Summary: 4TM requests \$7,500 in general operating support for licensed nursing personnel delivering MOMMIE Clinic, our flagship program. A registered nurse from this community visits a mother in her own home within the first week after discharge. She assesses the mother's physical and mental health, addresses isolation and unmet social needs, and communicates findings directly to her OB provider. Chester County does not lack maternal health programming; it lacks programming that Black mothers in Coatesville actually enroll in and stay with. Transportation, childcare, employment barriers, and mistrust of medical institutions keep eligible mothers out of existing services. 4TM removes these barriers by coming to the door, and by treating every woman we serve with a dignity that makes her willing to tell us what is wrong while there is still time to act. This award funds continuity care through the full postpartum window for 13 families.

II. Grant Proposal Narrative

The 4th Trimester MOMMIE · Direct Service Programs & General Operating · 1 to 3 pages

1. Overall aims, key initiatives, key achievements & distinctiveness

The 4th Trimester MOMMIE (4TM) was incorporated on January 12, 2024, founded by a registered nurse who lost a pregnancy and came out of that loss seeing clearly where maternal care breaks down. American maternity care is built around the delivery. The mother is discharged within days, handed a folder, and told to return in six weeks. The weeks in between, known as the fourth trimester, are when hemorrhage, infection, hypertensive crisis, and postpartum depression most often surface, and they are the weeks when no clinician is watching.

4TM exists to put a licensed nurse in that gap. Two things define how we do it.

We are nurse-led. 4TM is founded and staffed by a licensed nurse. We are not a doula program and not a community health worker program; both are valuable, and neither can assess a wound, read a blood pressure in clinical context, recognize preeclampsia, communicate with the nurse in the ER, or pick up the phone to a physician as a peer. Nurses can, and do.

We are of the community we serve. Our founder was born and raised here and has lived the same barriers the families on our caseload are living: the same clinics, the same distances, the same experience of explaining pain to someone who is not listening. She now serves those families as their nurse. That is not a marketing position. It is the operational reason our program reaches mothers other programs cannot.

4TM delivers four connected programs:

- **MOMMIE Clinic (flagship):** a registered nurse visits the mother in her home within the first week after discharge to assess her physical and mental health and act as liaison to her physician.
- **MOMMIE Box:** postpartum supply boxes delivered to families who cannot easily shop for or afford recovery essentials.
- **MOMMIE Village:** a vetted partner referral network connecting mothers to lactation support, behavioral health, food access, and housing services.
- **MOMMIE Mobile:** an active campaign to fund a mobile unit extending in-person care to mothers with no reliable transportation. While in the process of trying to secure funding for a van, we partner with other nonprofits to provide Uber and Lyft rides.

4TM received the Greater Philadelphia Social Innovation Award in January 2026 and was featured in The Philadelphia Inquirer on Mother's Day, May 10, 2026. This year we relocated our wellness center from Downingtown to 744 East Lincoln Highway in Coatesville, a deliberate move to sit inside the community we serve rather than asking that community to travel to us. Our board pairs clinical depth with governance discipline: a certified nurse-midwife, two CPAs, and an attorney serve alongside our board president.

2. Funding request

The gap is not services. The gap is reach. Chester County is not without maternal and child health programming. Capable organizations operate home visiting and maternal-child health services here, staffed by people doing serious work, and 4TM refers to and collaborates with that ecosystem. And still, the mothers we serve are not enrolled in it. In conversations with obstetric providers in this county, the same picture surfaces repeatedly: eligible Black mothers are offered services and do not take them up, or enroll and disengage. The reasons are structural rather than personal. Enrollment often depends on answering a call from an unfamiliar number and completing paperwork in the first exhausted week home. Services are frequently sited where a car is required. And beneath all of it sits a generational, well-documented wariness of medical institutions among Black families, a wariness earned by history, not imagined. A mother who does not expect to be believed does not describe her symptoms. She waits, and by the time she presents, she presents to an emergency department.

Trust is the intervention that makes the clinical care possible. 4TM begins where our patients are, not where the system is. Our nurse comes to the home, so transportation is never the deciding factor. She is from this community and often shares its experience, so the first conversation does not begin with the mother assessing whether she is safe. Every woman who comes through 4TM is received with dignity that is explicit and deliberate. Her visit is unhurried, and her account of her own body is treated as authoritative. We say plainly that our intention is for every mother we serve to feel like a queen. That is not sentiment layered on top of the clinical work; it is the precondition for it. A mother who feels seen tells her nurse about the headache, the sadness, the bleeding she has been minimizing. That disclosure is what makes early detection possible. Rapport is not a nicety in this population. It is the clinical instrument.

What a MOMMIE Clinic visit actually is. Within seven days of discharge, a 4TM registered nurse arrives at the mother's home and stays as long as the visit requires. The clinical assessment covers vital signs and blood pressure with attention to hypertensive disorders of pregnancy; lochia and hemorrhage risk; incision or perineal wound inspection; pain and mobility; lactation, feeding, and newborn weight concerns; and a validated postpartum depression screen. Findings outside expected parameters are escalated the same day to the mother's OB provider, with our nurse serving as clinical liaison rather than leaving a frightened patient to interpret her own symptoms.

The visit is equally a social and emotional intervention. Our nurse asks about isolation, partner and family support, food, housing stability, and whether the mother has anyone she can call at two in the morning. She listens to the birth story, which is often the first time anyone has asked for it, and which frequently surfaces fear or grief that no screening tool captures. She names what is normal and what is not, so the mother stops carrying that uncertainty alone. Where needs surface, she makes warm referrals into MOMMIE

Village and delivers a MOMMIE Box so the family is not choosing between supplies and groceries. Care continues through the sixth week and beyond, past the point where most programs have closed the file.

What this grant funds. We request \$7,500 in general operating support, applied directly to licensed nursing personnel for MOMMIE Clinic. Our fully loaded cost is \$200 per nurse-led home visit, built on a registered nurse rate of \$85 per hour and inclusive of travel, assessment supplies, documentation, and physician follow-up. This award funds continuity care through the full postpartum window for 13 families, or 37 individual visits if deployed as single contacts. We intend the former: sustained relationship, not a single touch.

Why grant funding, and why now. There is no reimbursement stream for this work as it currently exists. Medicaid pays for the delivery and for the six-week appointment; it does not pay a nurse to sit in a living room in week one, and it does not pay for the trust-building that gets a mother to open the door at all. 4TM is actively pursuing a formal partnership with a major regional health system built around care management billing for exactly this transportation-gap population, which is our pathway to sustainable, reimbursable revenue. That work is underway and not yet contracted. Philanthropic support bridges the interval. It keeps nurses in homes while the payment structure is built, and it lets us bring documented outcomes to that negotiating table rather than a proposal.

How impact and results will be demonstrated. 4TM tracks every visit and will report the following at the close of the grant period:

- Number of nurse-led home visits completed and number of unique families served.
- Percentage of first visits completed within seven days of discharge, our core fidelity measure.
- Percentage of mothers served who had no prior connection to any home visiting or maternal-child health program, our direct measure of reaching the unreached.
- Percentage who accept a second and third visit, as an indicator of trust established.
- Percentage receiving a validated postpartum depression screen, and number referred for behavioral health follow-up.
- Number of clinical findings escalated to an OB provider, categorized by type.
- Percentage attending the six-week postpartum appointment, against documented baseline non-attendance.
- Warm referrals made into the MOMMIE Village network, and patient-reported experience captured at the final visit.

Every dollar of this award converts into a licensed nurse sitting with a mother in her own home, in the weeks when no one else is watching, treating her like she matters. That is what makes her tell us what is wrong in time for us to do something about it.

III. Attachments

E-mail with the Summary Sheet and Narrative to grants@chescof.org

✓	Required attachment
☐	1. Copy of 501(c)(3) federal tax-exempt letter
☐	2. List of Board of Directors, with their affiliations
☐	3. Most recent annual report
☐	4. Audited or reviewed financial statement
☐	5. Itemized operating budget with actual results for the prior fiscal year and the current fiscal year to date
☐	6. If capacity building, itemized budget (not applicable to this request)
☐	7. Current strategic plan, or an explanation if none exists

Regarding item 4: The 4th Trimester MOMMIE does not have an audited or reviewed financial statement. Our revenue is well below the level at which an audit or review would be required, and the cost of one would come directly out of program dollars. In its place we have enclosed statements of revenue and expenses for fiscal year 2025 and for fiscal year 2026 through August 31, prepared from the organization's bank records and reconciled to them.