Request for Proposals for Second Cohort of Safer Childbirth Cities
Supporting Locally Created Solutions to Improve Maternal Health and Reduce Disparities
During the COVID-19 Pandemic and Beyond

Overview
The Safer Childbirth Cities initiative aims to support community-based organizations in U.S. cities with a high burden of maternal mortality and morbidity. Launched in October 2018 by Merck for Mothers, the Safer Childbirth Cities initiative is supporting community-based organizations in cities across the country to implement evidence-based interventions and innovative approaches to help them become safer – and more equitable – places to give birth. Today, 10 cities are part of the first cohort: Atlanta, GA; Baltimore, MD; Camden, NJ; Chicago, IL; Columbus, OH; Jackson, MS; Newark, NJ; New Orleans, LA; Philadelphia, PA; and Pittsburgh, PA. Community-led coalitions in each of these cities are leading holistic approaches to support women before, during and after childbirth to help improve maternal health outcomes.

Safer Childbirth Cities seeks to be a catalyst for the focused, locally-tailored engagement needed to bring community resources together to strengthen health systems for all. With work underway for the first cohort of grantees, it is clear that strong local leadership, coordinated action and flexibility have been critical to approaching maternal health challenges and to designing promising solutions for reducing maternal health disparities.

In light of the COVID-19 pandemic and its impact on how pregnant women and new mothers are seeking and receiving health care, there may be increased risk for maternal health-related complications and potentially greater challenges in managing these complications effectively. As prenatal and postpartum appointments move to virtual platforms or are further reconfigured, pregnant women may not receive the breadth of care or support they need for a safe childbirth.

COVID-19 is also exposing racial inequities in care that have persisted in maternal health for decades. To make maternal health care more equitable and to fortify the linkages between community resources and clinical care systems during this time, urgent attention is needed to continue providing pregnant and postpartum women the care they need and to maintain momentum for maternal health and well-being.

Merck for Mothers is now inviting organizations to apply for funding through the second cohort of the Safer Childbirth Cities initiative. The deadline for proposals is August 24, 2020.

Upon review of proposals by an external expert committee, Merck for Mothers will select a limited number of applicants to receive grants of up to $1 million over 2-3 years, to be announced before the end of 2020.¹

¹ Note that Merck for Mothers is only able to fund non-profit, 501c(3) organizations. Merck for Mothers cannot provide funding to city or state health departments, other government entities, hospitals or health systems.
Background

*Merck for Mothers* is Merck’s $500 million initiative to help create a world where no woman has to die giving life. Applying Merck’s business and scientific resources, we collaborate with partners to improve the health and well-being of women during pregnancy, childbirth and the postpartum period.

To date, *Merck for Mothers* has supported efforts in nearly fifty countries to help women have healthier pregnancies and safer deliveries, including in the U.S. Our approach is to support the design of innovative models to improve maternal health outcomes, testing of their effectiveness and feasibility and, if successful, to advocate for them to be scaled.

The U.S. is the only high-income country where maternal mortality is on the rise.² Racial disparities are stark and persistent. According to the CDC, Black, American Indian, and Alaska Native (AI/AN) women are two to three times more likely to die from pregnancy-related causes than White women.³

Findings from the CDC indicate that one third of maternal deaths happen between one week and one year after delivery, and that at least 60% of maternal deaths could have been prevented.⁴ Maternal mortality review committees across the U.S. have found that maternal mortality is not just a medical issue.⁵ Community factors and the social determinants of health - the conditions in which people live and work - contribute to poor maternal health outcomes.

Since 2011, *Merck for Mothers* has been supporting a diverse group of stakeholders in the U.S. to bridge the gap between community and hospital to create a comprehensive approach to maternity care that is responsive to women’s physical, emotional, and social needs. We are working with collaborators across sectors to design and test innovations, scale promising solutions, and elevate women’s voices to inform changes in policy and practice to ensure every woman has access to quality, respectful care, no matter who she is or where she gives birth.

Safer Childbirth Cities

*Merck for Mothers* seeks to reduce maternal mortality and address disparities in maternal health outcomes by supporting cities in the U.S. to help women have a healthy pregnancy, safe childbirth and life-long well-being. The goal of the Safer Childbirth Cities initiative is to foster locally responsive solutions that help cities become safer – and more equitable – places to give birth.

Selected organizations will receive funding to develop and implement tailored solutions to reduce maternal mortality and morbidity and promote health equity in their communities. Projects funded by Safer Childbirth Cities are intended to help cities establish specific goals to improve maternal health based on identified community needs, advance evidence-informed solutions to meet these goals, and track progress by demonstrating impact in their population.

⁴ [https://www.cdc.gov/vitalsigns/maternal-deaths/index.html](https://www.cdc.gov/vitalsigns/maternal-deaths/index.html)
⁵ [https://www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm?s_cid=mm6818e1_w](https://www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm?s_cid=mm6818e1_w)
We envision that each city will work in coalition with women and families, health advocates, community leaders, public health officials, hospital administrators, community-based health providers and others to improve maternal health. Local efforts should strive to close the divide between medical and community-based solutions so that pregnant women and new mothers receive the support they need for a healthy pregnancy, safe childbirth and lifelong well-being. City-based projects will learn from each other through an initiative-wide community of practice.

As the COVID-19 pandemic has changed the way maternity care is delivered in many parts of the country, Merck for Mothers recognizes that many organizations seeking support are operating in a new environment and that the impact of COVID-19 is being experienced differently across different communities. Interventions in underserved communities that are supporting pregnant, birthing and postpartum women during this public health emergency and connecting them to care and support are critical and will be considered for funding.

Request for Proposals

Merck for Mothers plans to support organizations that do some or all of the following:

- Are working in a city confronting significant and documented racial disparities in maternal health outcomes
- Are actively engaged in efforts to improve maternal health for women of color
- Have a track record in working across sectors to address public health challenges
- Have demonstrated success in improving health outcomes among underserved populations
- Are committed – and have the capacity – to monitor, evaluate and report on performance
- Have experience and mechanisms in place for integrating community voices and community-led solutions into program development, implementation and evaluation
- Have experience building relationships and working in partnership with public health leaders in their city and state
- Are committed local champions for health system strengthening efforts and sustainable change
- Are willing to share lessons learned and best practices with other cities to advance the maternal health field

In an effort to expand the Safer Childbirth Cities initiative to more cities across the country, we are interested in supporting organizations working in cities that are not part of the first cohort. We welcome proposals from community-based organizations in other U.S. cities with a minimum population of 100,000. Geographies of particular interest include Alabama, Arizona, California, Florida, Michigan, Minnesota, New Mexico, New York, Oklahoma, Texas and Washington, DC; however, organizations outside of these states and territories are also welcome to apply.

Proposal Format

Proposals should include four components: 1) Project summary (one to two sentences only), 2) technical narrative, 3) supporting documents, and 4) detailed budget with accompanying budget narrative (budget template spreadsheet here).
1. Project Summary
Please note that the project summary should not exceed one to two sentences. This summary will be used as a description of the project and may be shared externally if the project is selected as a finalist.

2. Technical Narrative
The technical narrative is limited to 8 pages and should include the following:
1. Executive summary of proposed project, target population, objectives and intended impact (1 page)
2. Background on the maternal health challenge your organization is seeking to address include any local data on maternal mortality, maternal morbidity, and racial disparities in maternal health
3. Project overview, including:
   3.1. Overarching goals of the project
   3.2. Measurable and realistic objectives
   3.3. Expected deliverables, results and outcomes
   3.4. Geographic area and rationale
   3.5. Focus population and rationale
   3.6. How the project will complement and/or avoid duplication with other efforts in the target geography
   3.7. Estimated unique number of women who will benefit
4. Proposed activities, including:
   4.1. How proposed activities will address the needs identified and achieve the specific objectives
   4.2. How women in the target population will be involved to help shape the project
   4.3. How proposed activities will lead to reductions in maternal mortality or morbidity and racial disparities in outcomes, including evidence of these interventions' effectiveness
   4.4. How proposed activities will be monitored and evaluated
5. Coalition capacity
   5.1. Organizational capacity statement for applicant
   5.2. Description of collaborators, their roles, experience in city-based coalition building and relevant related expertise (please use "Collaborator 1," "Collaborator 2", etc. when describing so as not to disclose the names of organizations involved)
6. Sustainability
   6.1. Initial feasible recommendations for how this project will be sustained when funding through Safer Childbirth Cities ends, including potential policy change, co-funding, reimbursement, or other models
7. Timeline of key activities, milestones and deliverables over 2-3 years (may be a graphic or image – not included in page count)

3. Supporting Documents
In addition to the 8-page technical narrative, please include the following supporting documents:

- CV for project leadership and brief bios of 2-3 other key personnel
- Most recently audited annual financial statement or equivalent
- Optional: Completed logic model (template provided [here](#))
4. Detailed Budget and Budget Narrative

*Merck for Mothers* expects to fund at least five projects at different award levels, with a maximum budget of $1 million over 2-3 years. Note that Merck is not permitted to provide funding that exceeds fifty percent (50%) of an organization’s annual operating budget; total budget requests must align with audited financial statements provided. Please provide a detailed project budget using the template [here](#) (in Excel) with an accompanying budget narrative (in Word).

a. **Budget template** (see template [here](#))

b. **Budget narrative:** A supporting budget narrative should address the following:
   - Amount and duration of funding requested
   - Explanation, justification and cost basis for all items, including:
     - An explanation of any subcontract costs (please use “Subcontractor 1,” “Subcontractor 2,” etc. when describing so as not to disclose the names of organizations involved)
     - An explanation and justification of all travel or equipment costs
     - A summary of all costs included in the Facilities and Administrative Markup
   - Indicate other financial and/or other forms of support (e.g. “in-kind” support) that the awarded organization will commit to the project, if any.
   - Explanation of whether the organization has any link to a government official and/or governmental agency

*Merck for Mothers* encourages applicants to focus resources on project implementation and provide sound justifications linked to proposed project activities. Applications will be reviewed for cost effectiveness in accordance with the evaluation criteria.
Evaluation Criteria

Proposals should be complete and address all requested elements. Each proposal will be evaluated based on the following criteria:

I. Organizational Experience
- Overall experience, including relevant experience leading complex project activities in maternal health or related area (e.g., previous work on reducing racial disparities)
- Demonstrated relationships with key stakeholders (e.g., other potential consortium members, local government, health care system)
- Demonstrated capacity to implement, monitor and evaluate proposed activities
- Experience communicating and disseminating results to key audiences (e.g., women and families, government, health care professionals)

II. Proposed Program
- Clarity of proposal with clear objectives and outcomes that link to evidence
- Includes creative, multi-sector solutions to improve maternal health and narrow disparities
- Includes locally tailored, community-based solutions and partners from across sectors
- Sound approach to engaging the women to be reached by the program

III. Potential for Impact and Sustainability
- Demonstrates understanding of and addresses the drivers of maternal mortality and morbidity locally
- Promising approaches to reduce disparities
- Strong potential to achieve measurable results in the project timeframe
- Leverages existing local and national programs and/or resources
- Identifies opportunities to scale and sustain efforts (e.g., co-funding, policy change, reimbursement)

Eligible Organizations

Merck for Mothers is only able to fund non-profit, 501c(3) organizations. Merck for Mothers cannot provide funding to city or state health departments, other government entities, hospitals or health systems. Merck for Mothers also cannot provide funding to political organizations, campaigns and activities or to organizations that discriminate on the basis of race, ethnicity, gender, sexual orientation, marital status, religion, age, national origin, veteran’s status or disability.

Funding of recipient’s activities may not constitute more than fifty percent (50%) of the recipient’s annual operating budget.

The following activities and organizations (including partner organizations) are also not eligible for Merck for Mothers funding:
- Activities or organizations that directly influence or advance Merck’s business (commercial) or marketing interests, including purchase/influence of purchase of Merck products
- Engagement/payments of government officials and city agencies (which in many
cases could include hospital employees in government-run facilities)
• Payments/incentives/benefits going to health care providers
• Purchase of computers or other durable goods. This also includes any equipment with a lifespan beyond the end date of the project.
• Capital expenses, including construction and renovation of facilities or endowments
• Purchase of supplies or equipment unrelated to this project or program
• Payment of staff salaries or other costs not involved in this project or program

**Community of Practice**
The finalist for the second cohort of grants will be welcomed to join the Safer Childbirth Cities Community of Practice (CoP), led by the Association of Maternal and Child Health Programs.

The CoP aims to support grantees individually and collectively by providing a forum for grantees to learn from each other and strengthen their capacity to undertake activities such as coalition building, stakeholder engagement, evaluation and sustainability. Through this forum, grantees will share successes and lessons learned in providing support for pregnant women and new mothers and building safer, more equitable communities to give birth in.

**Reporting**

*Merck for Mothers* will require timely submission of quarterly progress and financial reports describing program performance, as well as an accompanying plan for the following period. Awardees must also submit a final project report within 2 months of the agreement’s end date.

*Merck for Mothers* will also ask grantees to provide data related to agreed-upon metrics that will be used for the initiative’s overall monitoring and reporting.

**Questions**

Applicants should submit any questions regarding this request for proposals to: CSTFORMOTHERS@merck.com by June 22, 2020. Responses to the submitted questions are available on page 8.

**Proposal Submission**

Applicants should submit proposals via email to CSTFORMOTHERS@merck.com by 11:59PM (ET) August 24, 2020. It is the applicant’s responsibility to ensure that files are complete and transmitted by the deadline. The applicant bears full responsibility for data errors or omissions.

**Review & Notification Process**

A selection committee will review all proposals and notify applicants no later than October 2020.

Issuance of this request for proposals does not constitute an award commitment on the part of *Merck for Mothers*, nor does it commit to pay for costs incurred in the preparation and submission of applications. Further, *Merck for Mothers* reserves the right to reject any or all applications received.
**Timeline**

<table>
<thead>
<tr>
<th>Event</th>
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<tbody>
<tr>
<td>RFP issued</td>
<td>June 15, 2020</td>
</tr>
<tr>
<td>Questions submitted regarding the RFP</td>
<td>June 22, 2020</td>
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<tr>
<td>Responses to questions shared with applicants</td>
<td>July 2, 2020</td>
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<tr>
<td>Full Proposals Due</td>
<td>August 24, 2020</td>
</tr>
<tr>
<td>Applicants notified</td>
<td>October 2020</td>
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<tr>
<td>Funds awarded</td>
<td>No later than first quarter of 2021</td>
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**Questions**

**General information**

1. **What is Safer Childbirth Cities?**
   Launched in October 2018 by *Merck for Mothers* and its collaborators, the *Safer Childbirth Cities* initiative is supporting community-based organizations in cities across the country to implement evidence-based interventions and innovative approaches to help them become safer – and more equitable – places to give birth.

2. **What is *Merck for Mothers***?
   *Merck for Mothers* is Merck’s $500 million initiative to help create a world where no woman has to die giving life. Applying Merck’s business and scientific resources, we collaborate with partners to improve the health and well-being of women during pregnancy, childbirth and the postpartum period. To date, *Merck for Mothers* has supported efforts in nearly fifty countries to help women have healthier pregnancies and safer deliveries, including in the U.S. We are working with collaborators across sectors to design and test innovations, scale promising solutions, and elevate women’s voices to inform changes in policy and practice to ensure every woman has access to quality, respectful care, no matter who she is or where she gives birth.

**Application logistics**

3. **When is the deadline for proposals?**
   11:59 PM ET on August 24, 2020

4. **Where can we find the budget template and logic model template?**
   The logic model and budget templates are now hyperlinked within the *call for proposals* posted online.

5. **Regarding the 8-page limit for the technical narrative, are there any line spacing, font type and size and margins specifications?**
   The technical narrative should have one-inch margins with a minimum font size of 11. There are no specifications for line spacing or font type, but please ensure it is readable.

6. **Regardless of funding decision, will Merck notify each applicant?**
   Yes, all applicants will receive a confirmation email when their proposal is received and a status update email in late October 2020. Please note that *Merck for Mothers* may also communicate with applicants with additional information and/or requests for information during the proposal review period.
7. If awarded, when should grantees expect to receive funds?
We anticipate the initial disbursement of funds will occur in the first quarter of 2021, with annual payments thereafter. Please note that contracting and disbursement of funds is contingent upon Merck legal and compliance review.

8. Do you expect to issue additional RFPs to add new cities to the Safer Childbirth Cities initiative cohort after the next cohort is selected, or is the current RFP a one-time opportunity?
The opportunity presented in the RFP represents the current commitment from Merck for Mothers – more support may be available in the future.

Eligibility

9. Can current SCC grantees apply for funds to work in additional cities?
No – a grantee must complete current work prior to being eligible for any future grant. An organization is not able to hold two active grants at the same time under the same initiative.

10. Is it advantageous to collaborate with an organization in one of the priority states listed in the RFP?
All proposals will be objectively reviewed, regardless of geography or the geographical preferences included in the RFP. Proposals from specific geographies will not have any advantage. The only geographic restriction that impacts eligibility is that Merck for Mothers will not award new grants for work in the 10 cities already included in the first cohort.

11. Would an application from a national organization based in a current SCC be eligible?
Yes, we would welcome proposals from a national organization based in a current SCC for work in a city outside of the 10 original SCC grants if that organization has a demonstrated connection with the proposed city of work.

12. Is a 501(c)3 non-profit fiscal intermediary eligible to submit a proposal?
Yes.

13. What does Merck for Mothers consider a hospital or health system? What if that hospital or health system is a 501c3? Is a federally qualified health center, that is a 501c3, considered a health system? Is a behavioral and mental health provider, that is a 501c3, considered a health system?
Merck for Mothers cannot provide funding to any type of hospital or health systems. This includes federally qualified health centers and non-profit hospitals.

14. We are considering a partnership with a county health entity. Are there any restrictions or concerns regarding utilization of funding for activities in partnership?
Merck for Mothers is only able to fund 501c(3) non-profit organizations and cannot provide direct funding to city or county health departments, or other government entities. Such entities can have a role in a proposed project, but their activities cannot be directly funded by Merck for Mothers. Note that many cities have community trusts or funds that hold 501c(3) status, which would be eligible to receive and disburse funding.
15. Will Merck for Mothers combine proposals/funding more than one organization per city?

Merck for Mothers will only fund one grant per city. We encourage applicants to coordinate efforts and submit joint proposals whenever possible. Please note that total funding per city will not exceed $1M over 2-3 years.

16. The RFP states that cities must have a population of 100,000. Is this to be strictly applied to the municipal boundary?

No, but should apply to the potential catchment area of families supported during the project.

17. Are academic institutions eligible to apply for this opportunity?

Academic institutions with 501c(3) non-profit status that do not have an affiliated hospital or health system are eligible to apply. For all proposals, Merck for Mothers would encourage a community-based organization to apply as the lead applicant and work with other institutions in a coalition.

18. Are Safer Childbirth Cities initiative awards authorized to fund clinical services from community health workers or doulas? Can it fund training and certification for providers?

Merck for Mothers funding may be used to support community health workers and doulas. Funds may not be used to directly promote the use of medical services (physician, hospital, or clinical care). Funds may not flow to health care providers or health care organizations – directly or indirectly – for the provision of clinical care.

19. What, if any, policy/advocacy work and related activities would be permissible through this grant program?

Merck for Mothers encourages broad dissemination of lessons learned from the proposed project so that others may benefit from these activities. Merck for Mothers funding cannot support advocacy activities for specific legislation or fund political organizations, campaigns and activities, but can support awareness raising and educational activities that are not directly related to a political campaign or specific legislation.

20. Are there any restrictions on the types of subcontractors an applicant can work with?

Applicants are welcome to include the activities of additional organizations in the proposal through subcontract relationships. An explanation of any subcontracts should be included in such a way to not to disclose the names of organizations involved (please use “Subcontractor 1,” “Subcontractor 2,” etc. when describing). All restrictions on allowable expenses apply to subcontractors in the same way as they do for the prime grantee.

**Budget**

21. If an applicant does not have an audited financial statement, are they disqualified?

No, an organization without audited financial statements can still apply. If selected as a finalist, the organization should will need to provide a financial statement from the prior year and plan to conduct a financial audit during the time of the grant.

22. Is there a cap on indirect costs, and can you provide further guidance on what is included in indirect costs?
Indirect costs should not exceed 20% of the total budget.

23. The RFP states, "Funding of recipient's activities may not constitute more than fifty percent (50%) of the recipient's annual operating budget." Does that mean for one year or over the course of 3 years?
Annual Merck for Mothers funding received by the primary organization may not exceed 50% of the organization’s annual budget from the previous year. This includes sub-grantee budgets, as sub-grantee funding will be disbursed by the lead organization. Operating budgets for the past fiscal year (as reported in audited financial statements and/or the organization’s annual report) are the basis of this assessment.