**REQUEST FOR PROPOSAL**

**F ONLY**:

Application Received By

Date of Application Receipt

❑ Application filed – hard copy

❑ Application filed – electronic copy

A Healthy Start to Life Initiative – WIC Retention Grants

APPLICATIONS DEADLINE: Rolling

Grant Awards: On quarterly cycle beginning Jan. 1, 2017

The participation of eligible Minnesotans in WIC ranks the third highest in the country, but many eligible recipients drop from the supplemental nutrition program before their children reach age five. The biggest drop-off occurs when children are between the ages of 12 months to 17 months. WIC parents often cite multiple reasons for leaving WIC, including transportation and other logistical hurdles, perceived stigma for participants and complex transactions at grocery check-outs.

Pilot grants totaling $20,000 will be awarded to WIC clinics in the Twin Cities metro area to fund incentives to increase the retention of WIC participation for children 12 months and older. The WIC Retention Program:

* Will award grants to four to eight WIC clinics in the Twin Cities metro area, preferably in: 1) north Minneapolis 2) St. Paul 3) suburb 4) Anoka County.
* Will require grants to be used for bus tokens or other transportation subsidies, gift cards or other incentives appropriate for clinic clientele (diapers, etc.) and clinic administration fees. The sum of each grant will be based on the size of the clinic’s population of children 12 months and older.
* Will run in six-month pilots, initially starting with these grants. There will be rolling opportunities for other clinics to apply for grants.
* Will work with Hunger Impact Partners to develop a plan to evaluate the program’s impact.

**Grants will be evaluated based on these criteria:**

* Clinic location per geographic targets
* Clinic’s population of children 12 months and older
* Willingness of clinic staff to pilot initiatives and work with Hunger Impact Partners to test new ideas to increase WIC retention.

**Implementation: Jan. 9 – June 30, 2017, for these initial grants. Others will be on a six-month rolling schedule.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of application

**NOTE: If your organization is not a 501c3 nonprofit, some fields below may not apply. Please consult with Hunger Impact Partners before submitting your application to resolve any questions.**

# Organization Information

|  |  |
| --- | --- |
| **Name of WIC Clinic:** | **Legal name, if different:** |
| **Street Address:** | **City, State, Zip:** |
| **Phone Number:** | **Website, if available:** |
| **Name of Organization Leader:** | **Title:** |
| **Direct Phone Number** | **Email:** |
| **Name of Application Contact Person:** | **Title** |
| **Direct Phone Number:** | **Email:** |
| **Clinic Open Date :** | **Annual Organization Budget (total dollar amount)** |
| **Number of Full-Time Paid Staff:** | **Number of Part-Time Paid Staff:** |
| **Days of Operation:**  | **Hours of Operation:** |
| **Fiscal Year Start Date:** | **Fiscal Year End Date:** |

### Proposal Information

**Population served, including:**

* **Average number of children:**
* **Average number of months/years on WIC:**
* **Percent for races/ethnicities served:**
* **Percent for home language(s) if not English:**
* **Other features that could impact this grant:**

**Number of children in each age group:**

**\_\_\_\_ 12-17 months**

**\_\_\_\_ 18-24 months**

**\_\_\_\_ 2 years old**

**\_\_\_\_ 3 years old**

**\_\_\_\_ 4 years**

**Geographic area served:**

**Please describe incentives you will use for each age group:**

### Authorization

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Organization Leader

Signature Date

**Application Submission and Notification**

Please e-mail a full-set of application materials to grants@hungerimpactpartners.org. A complete application should include:

* The name of your organization typed in the subject line, and “proposal.”
* This signed proposal document.
* IRS 501(c)(3) Determination Letter or equivalent (for your organization or for the umbrella organization/fiscal agent which you fall under, with a brief statement explaining the relationship between your agency and the umbrella organization/fiscal agent) OR if you are a faith-based organization and don’t have a 501(c)(3) letter, submit your Fourteen Point Test. Government entities, including public schools, are exempt from this requirement.
* List of your Board of Directors, including their titles, professional affiliations and when their board terms expire; government entities, please indicate titles of person responsible for the proposal and his/her immediate supervisor.
* Most recently completed Form 990, if available and pertinent.
* Itemized project budget, in whatever format you use.

Successful applicants will be notified by e-mail. Expect to receive a grant agreement, which will require a signature, before funds can be released.