



HEALTHY MOTHERS,  
HEALTHY BABIES

Coalition of Georgia

# COMMUNITY INNOVATION FUND

Improving Maternal Mental Health



# Overview

Healthy Mothers, Healthy Babies Coalition of Georgia is pleased to release the grant application for the 2023 Maternal Mental Health Innovation Fund. The Maternal Mental Health Innovation Fund (MHIF) is a grant opportunity designed to promote maternal mental wellness and improve behavioral health programs. This opportunity is open to organizations and innovators with mental and behavioral health projects serving pregnant and postpartum individuals in Georgia. The fund is open to projects supporting families in the following Perinatal Regions:

## **Albany Perinatal Region**

*(Clay, Randolph, Terrell, Lee, Worth, Calhoun, Dougherty, Early, Miller, Baker, Mitchell, Colquitt, Cook, Berrien, Seminole, Decatur, Grady, Thomas, Brooks, Lowndes, Lanier, and Echols County)*

## **Atlanta Perinatal Region**

*(Banks, Bartow, Catoosa, Chattooga, Cherokee, Clayton, Cobb, Dade, Dawson, DeKalb, Douglas, Fannin, Fayette, Floyd, Forsyth, Franklin, Gilmer, Gordon, Gwinnett, Habersham, Hall, Haralson, Henry, Lempkin, Newton, Paulding, Polk, Pickens, Rabun, Stephens, Towns, Union, White, Walker, Whitfield, White)*

## **Columbus Perinatal Region**

*(Carroll, Heard, Coweta, Spalding, Troup, Meriwether, Pike, Lamar, Harris, Talbot, Upson, Muscogee, Marion, Taylor, Macon, Schley, Chattahoochee, Stewart, Webster, Sumter, and Quitman County)*

- promote mental wellness, increase access to behavioral health services for those disproportionately affected by perinatal mood and anxiety disorders (PMAD) and maternal death which includes black women and birth givers and those living in maternity care deserts in Georgia.
- support grassroots organizations, entrepreneurs, small businesses, or nonprofits invested in improving maternal and infant health outcomes in Georgia;
- support volunteers and grassroots organizations taking ownership in improving their communities.
- foster relationships by encouraging diverse community partnerships or encouraging community engagement to work toward common goals;
- build capacity within the community through training and leadership development; and
- support and track at least one measurable neighborhood improvement from each grantee, with the understanding that incremental improvements lead to broader community impact.

Awards range from \$2,500 - \$10,000. The deadline for submissions is 5 p.m. Monday May 8, 2023. No exceptions. Awards will be granted within 60 days of the submission deadline.



# FUNDING PRIORITIES

Funding priorities will be centered around the State's current maternal health gaps in access to mental and behavioral health care, racial and/or rural health disparity, maternal substance abuse, and behavioral health workforce development. Applications should reflect our vision of a Georgia where every birth giver and baby have the resources and support to be healthy and thrive throughout the perinatal period. Innovative solutions with sustainability models are preferred to one-time initiatives. Solutions may align with, but are not limited to the following HMHBGA strategies:

- Perinatal (Prenatal & Postpartum) Mental or Behavioral Health Education
- Telehealth Mental Health Services
- Resource and Information Referral, Access, & Distribution
- Perinatal (Prenatal & Postpartum) Behavioral Health Workforce Development
- Maternal Mental Health Support & Education
- Domestic Violence Protections
- Substance Use Prevention (among pregnant and postpartum people)
- Coalition Building
- Research & Data Evaluation as an avenue to Advocacy & Policy Change



# Eligibility



## General Requirements:

- Build on the strengths and assets already existing in the community.
- Non-profit businesses - Applicants **do not need** to have tax exempt status such as 501(c)(3), but if they do not have tax exempt status, they must have a fiscal agent who does. Applicants must provide a letter from fiscal agents indicating their willingness to serve in that capacity and describing the roles and responsibilities of the relationship. They also must provide the fiscal agent's IRS tax exemption letter. HMHBGA will issue awarded grant checks to the tax-exempt organization, which must have a business bank account.
- Show the capacity to complete activities funded by HMHBGA starting July 1, 2023 and ending no later than June 30, 2024.

## Preferred attributes include:

- Demonstrate community support and engagement;
- Address community issues and having clear benefits for the community;
- Have a plan for sustaining the project beyond the initial investment by HMHBGA; and
- Provide a reasonable budget that does not include compensation for time.

## Ineligible projects/organizations include:

- Government/public agencies;
- Agencies that have more than ten full-time paid staff members and an annual operating budget of more than \$250,000;
- Projects that only benefit an individual or household rather than the broader community;
- Organizations that have a HMHBGA Board member serving in the role of senior staff, key consultant or Board member; and
- Nonprofits or community-based organizations that do not demonstrate active involvement with the community they have determined to serve.



# GRANTEE REQUIREMENTS

## **Selected grantees must:**

- Provide a clear budget for the awarded grant amount and an organizational budget;
- Attend the grantee orientation to present maternal and infant health strategy (no more than 10-minute presentation);
- Schedule and invite HMHBGA Policy & Research Team to visit their project at the mid-point;
- Submit final reports with itemized receipts within 30 days of the grant cycle end;
- Submit final progress reports within 30 days of the grant cycle end.

## **How to Apply**

Please submit applications by Monday, May 8th at 5:00 p.m. using any of the options below.

- Send an electronic copy (PDF) to Destiny Stokes at [thecoalition@hmhbga.org](mailto:thecoalition@hmhbga.org)
- Complete the online form by visiting <https://forms.office.com/r/PehUSwjWih>
- Mail to:

Healthy Mothers, Healthy Babies Coalition of Georgia

2200 Century Parkway

Suite 406

Atlanta, Georgia 30345

ATTENTION: Community Innovation Fund Application

A business outline, logic model, or strategic plan including the applicant's solution implementation may be requested from some applicants before the grant is awarded.

## **Available Support & Questions**

If you have questions, please contact Destiny Stokes – Research Manager – at (470) 373-1877 or email [thecoalition@hmhbga.org](mailto:thecoalition@hmhbga.org).



# Application

The Maternal Mental Health Innovation Fund (MHIF) is a grant opportunity open to organizations and individuals with maternal and infant health projects created to improve maternal mental health access or expand services in the Albany, Atlanta, and Columbus perinatal regions. Review the grant overview for eligibility requirements for more information. The grant cycle is July 1, 2023, to June 30, 2024. Requests should range from \$2,500 to \$10,000. Please complete all application sections. Applicants may attach additional pages, if necessary.

## SECTION 1: Applicant Profile

|  |        |
|--|--------|
| Organization/Group Name:   |        |
| _____  |        |
| Project Title:   |        |
| _____  |        |
| Primary Contact Name:  |        |
| _____  |        |
| Phone:   | Email: |
| _____  | _____  |
| Mailing Address:   |        |
| _____  |        |
| City:  | Zip:   |
| _____  | _____  |
| Which Perinatal Region will your project focus on? (circle one)                  |        |
| Albany Perinatal Region or Columbus Perinatal Region or Atlanta Perinatal Region |        |
| Primary County/Countries of focus:   |        |
| _____  |        |
| Date Group/Organization Formed:  |        |
| _____  |        |
| Website (if available):  |        |
| _____  |        |
| Amount Requested:  |        |
| _____  |        |

**SECTION 2: Group Contacts and Financial Information**

Please provide contact information for each additional member of the project team, beyond those listed above. Please provide as many as necessary.

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**Team Member Name:**

**Title:**

**Project Role:**

**Phone/Email:**

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**Title:**

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**Team Member Name:**

**Title:**

**Project Role:**

**Phone/Email:**

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**Team Member Name:**

**Title:**

**Project Role:**

**Phone/Email:**

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**SECTION 3:** Please provide an overview of your organization/practice. What is your vision and mission? How does this align with the vision and grant opportunity from Healthy Mothers, Healthy Babies Coalition of Georgia?



Please describe any previous work your organization/practice has done to improve maternal mental health for Georgia families.

Please describe your project in detail. Is this a new project or part of an ongoing initiative? Provide evidence of the community's need for your project (include statistics and data, if necessary). What difference do you think it will make in the community?

### SECTION 3: Financial Information & Budget

#### Applicant Status

Non-profit (Proceed to Part A, Complete Part A-B)  For-profit (Skip Part A; Proceed to Part B)

#### Part A:

Your group must have an Internal Revenue Service nonprofit tax exemption letter or an agreement with a nonprofit tax exempt organization to receive funds on your behalf (fiscal agent), if you are applying as a non-profit. **PLEASE NOTE:** An agreement with a fiscal agent organization should be established prior to submitting an application and a letter of agreement provided. If you are using a fiscal agent, the agreement letter with your fiscal agent should specify the roles and responsibilities of each party. *If you need assistance in identifying a fiscal agent, please contact us and we will be happy to share a list of organizations who are willing to serve in this capacity for grantees.*

Tax Exemption Letter Attached

Fiscal Agent Agreement Letter Attached

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Fiscal Agent Contact Information (if applicable):

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Fiscal Agent Agreement date (if applicable):

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Individuals with access to project funds:

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#### Part B:

Organization's Annual Operating Budget:

*(OK to answer '0' with explanation)*

Amount Requested:

Please complete the budget narrative below.



Please include a detailed narrative of your plans for the grant award. Please be as specific as possible (Describe resources needed, about how much will be spent on what, etc.)

#### SECTION 4: Acknowledgment

To the best of my knowledge, the information given in this application is accurate and complete. By authorizing this application, we attest to the accuracy of this data and agree to the responsibility of managing this project if the grant is awarded.

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**Signature:**

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**Title:**

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**Date:**

Applications are due by **Monday, May 8th at 5:00 p.m.** using any of the options below.

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Healthy Mothers, Healthy Babies Coalition of Georgia  
2200 Century Parkway  
Suite 406  
Atlanta, Georgia 30345  
ATTENTION: Community Innovation Fund Application

For questions or additional information, please contact Destiny Stokes at [thecoalition@hmbga.org](mailto:thecoalition@hmbga.org) or call (470) 373-1877. Thank you for your interest.

