Joe Lombardo
Governor

Laura Rich
Director

DEPARTMENT OF HUMAN SERVICES
NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

Andrea R. Rivers, *MS*
Administrator

Ihsan Azzam, Ph.D., M.D.
Chief Medical Officer

BUREAU OF CHILD, FAMILY, AND COMMUNITY WELLNESS
MATERNAL, CHILD, AND ADOLESCENT HEALTH SECTION

4150 TECHNOLOGY WAY, SUITE 210
CARSON CITY, NEVADA 89706
HTTP://DPBH.NV.GOV

REQUEST FOR APPLICATIONS (RFA)
FOR
TITLE V MATERNAL AND CHILD HEALTH BLOCK GRANT FUNDING

RELEASE DATE: AUGUST 6, 2026
GRANT FUNDING PERIOD OF PERFORMANCE:
OCTOBER 1, 2026 - SEPTEMBER 30, 2027

DEADLINE FOR APPLICATION SUBMISSION: SEPTEMBER 7, 2026

MUST BE SUBMITTED VIA EMAIL TO RMARCHETTI@HEALTH.NV.GOV
AND C.JOHNSON@HEALTH.NV.GOV
SUBJECT LINE: "TITLE V MCH FUNDING APPLICATION"

For additional information, please contact Rachel Marchetti Rmarchetti@health.nv.gov and Crystal Johnson C.johnson@health.nv.gov

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Bureau of Child, Family and Community Wellness
4150 Technology Way, Suite 210 ● Carson City, NV 89706 ● (775) 684-4200 ● Fax (775) 687-7570 ● dpbh.nv.gov

REQUEST FOR APPLICATION (RFA) TIMELINE

TASK	DUE DATE & TIME
Title V Maternal and Child Health (MCH) distributes the Request for Application Guidance with all submission forms	August 6, 2026
Deadline for submission of applications	September 7, 2026 by 5:00pm PST
Title V MCH review of applications	September 8-15, 2026
Funding Decisions Announced – Title V MCH will notify organizations via e-mail to the listed organizational contact	September 16, 2026
One (1) Meeting with Title V MCH to discuss scope of work and budget	September 17-24, 2026
Finalization and routing of subawards for selected awardees	September 25-30, 2026
Executed subaward work begins	October 1, 2026

NOTE: These dates represent a tentative schedule of events. Title V MCH reserves the right to modify these dates at any time, with appropriate notice to prospective applicants.

RFA OVERVIEW

Background and Purpose

Title V Maternal and Child Health federal block grant funding is a key source of support for promoting and improving the health and wellbeing of mothers, children, including children and youth with special health care needs, and their families. Since 1935, the Social Security Act has provided funding for the Title V MCH Block Grant, administered by the Health Resources and Services Administration (HRSA). Title V funds are distributed to grantees in 59 states and jurisdictions. The funds seek to create federal and state partnerships supporting:

- Access to quality health care for mothers and children, especially for people with low incomes and/or limited availability of care.
- Health promotion efforts that seek to reduce infant mortality and the incidence of preventable diseases, and to increase the number of children appropriately immunized against disease.
- Access to comprehensive prenatal and postnatal care for women, especially low-income and/or at-risk pregnant women.
- An increase in health assessments and follow-up diagnostic and treatment services, especially for low-income children.
- Access to preventive and childcare services as well as rehabilitative services for children in need of specialized medical services.
- Family-centered, community-based systems of coordinated care for children with special health care needs.

Nevada's Title V MCH Program, located within the Maternal, Child, and Adolescent Health Section of the Bureau of Child, Family, and Community Wellness in the Division of Public and Behavioral Health, applies annually for Title V funding, and is allocated funds based on a congressional formula. Nevada's acceptance of federal Title V MCH Block Grant funds impart responsibility to assure the health of all mothers and children in the state; to systematically assess health needs and determine health priorities; to develop systems that build capacity across the state to address these priority needs; and to be accountable for programs and services and their outcomes.

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Nevada has identified ten (10) essential public health services in promoting and assessing the health needs and priorities of the Title V MCH Program. These include:

- Access and monitoring maternal and child health status to identify and address problems.
- Diagnose and investigate the occurrence of health problems and hazards that impact women, children, and youth.
- Inform, educate, and empower the public and families regarding maternal and child health issues.
- Mobilize community partnerships among policymakers, providers, the public, and others to identify and solve MCH issues.
- Provide leadership for planning and policy development to address priority MCH needs.
- Promote and enforce legal requirements that protect the health and safety of women, children, and youth.
- Link MCH populations to needed health care and supports and assure access to comprehensive, quality systems of care.
- Assure the capacity and competency of the public health and personal health workforce to effectively address MCH needs.
- Evaluate effectiveness, accessibility, equity, and quality of MCH services.
- Support research and demonstrations to gain new insights and innovative solutions to MCH problems.

The Nevada Division of Public and Behavioral Health and Title V MCH award grants to partners to support enabling services or public health services and systems activities and to address priorities identified in the Title V five-year statewide needs assessment. For more information about the Title V Block Grant, please visit HRSA Maternal & Child Health.

Nevada's Title V MCH Program is accepting applications from entities, including but not limited to, non-profits, community-based organizations, universities, local health departments, hospitals, and other non-federal entities with a proven track record of delivering effective programs and services utilizing Nevada Title V MCH Block Grant funding to address key MCH priority areas within specified population domains.

Applicants that have not previously received Nevada Title V MCH Block Grant funding may apply only for the following Child Health Domain priorities:

- Priority #1: Increase access to affordable and nutritious foods among school-aged children.

- Priority #2: Increase physical activity among school-aged children.

ATTENTION: Please note that Title V Maternal and Child Health (MCH) funds cannot be used to provide direct clinical services or to pay for services that are otherwise covered, or could be covered, by private insurance or public insurance (including Medicaid) as either an individually billable service or as part of a bundled/billable encounter.

If applicant requests Title V funds for staff time associated with any service that might be billable, you must:

- Provide monthly fiscal documentation demonstrating that staff hours charged to Title V reflect only activities not reimbursable by any insurance type; and
- Clearly justify in your budget narrative how the proposed activities do not constitute direct clinical services under Title V definitions.

Failure to demonstrate this distinction may result in denial or removal of costs from the award.

Helpful Link: https://dpbh.nv.gov/Programs/TitleV/TitleV-Home/

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Funding Information

Agency Name	Catalog of Federal Domestic Assistance (CFDA) Name	CFDA Number	Federal Award Date	Federal Award Identifier Number (FAIN)
U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) - Maternal Child Health Bureau (MCHB)	Title V Maternal and Child Health Services Block Grant to States	93.994	March 10, 2026	B04MC55450
State of Nevada Title V MCH General Fund Match	N/A	N/A	N/A	N/A

Consistent with 2 CFR §200 and Division of Public and Behavioral Health (DPBH) Grant Conditions and Assurances, subawards issued under this RFA shall not replace a service or activity that is supported by other agreements in place. Federal funds must be used to supplement, not supplant non-federal resources; supplanting occurs when grant funds replace state, local, or other funds that otherwise would support the same cost.

Period of Performance

The Period of Performance is the time during which a successful applicant may incur costs to carry out the work authorized under this RFA and the resulting subaward. The Period of Performance for this RFA is Federal Fiscal Year (FFY) 2027: October 1, 2026, through September 30, 2027.

Performance Measures

National Performance Measures (NPMs) are associated with tracking program progress to improve maternal and child health outcomes. HRSA has a set of 15 measures used by states in the Title V MCH Services Block Grant. Measures are selected by states based on their identified priority needs, including one from each population domain.

State Performance Measures may also be developed by states to address identified priorities that may not be addressed through the selected NPMs.

PROJECT DESCRIPTION

Title V Framework: Population Domains, Priorities, Objectives, Performance Measures, and Strategies

HRSA identifies five population domains aligned with Title V Maternal and Child Health (MCH) priorities. The associated health priority areas, five-year objectives, National Performance Measure (NPM) and/or State Performance Measure (SPM), and targeted strategies for the 2025–2030 grant period are outlined in the charts below.

Grant applications must clearly describe programmatic activities that align with an identified priority area and corresponding performance measure within the selected population domain. Applications must demonstrate how proposed activities support one or more targeted evidence-based strategies associated with the selected priority area and performance measure. Additional evidence-based strategies may also be incorporated under the categories of Enabling Services or Public Health Services and Systems; however,

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all proposed strategies must be clearly connected to the identified priority area and performance measure for the selected domain.

Successful applications will clearly demonstrate the organization's capacity to address key health priorities within one or more Title V population domains through evidence-informed, measurable, and strategically aligned activities.

Domain: Women/Maternal Health

Priority #1	Increase women that receive recommended clinical care components at the postpartum visit and appropriate referrals.
Objective	By 2030, 90% of women will have attended a postpartum checkup within 12 weeks of giving birth and by 2030, 70% of women who attended a postpartum checkup also received recommended clinical care components.
NPM	Postpartum Visit (PPV) – A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth and B) Percent of women who attended a postpartum checkup and received recommended clinical care components.
Targeted strategies	1. Increase the number of women who had a postpartum checkup after delivery
	2. Enhance/expand postpartum infrastructure

Priority #2	Improve access to prenatal and maternal health services
Objective	By 2030, 80% of pregnant women in Nevada will receive their prenatal care beginning in the first trimester.
SPM	Prenatal Care (PNC) – Percent of mothers who reported late or no prenatal care.
Targeted strategies	1. Collaborate with public and private partners to reduce barriers to accessing early and adequate prenatal care
	2. Improve health literacy, including health promotion campaigns and dissemination of health information (including translation/interpretation)
	3. Collaborate with partners to reduce congenital syphilis rates in Nevada

Domain: Perinatal/Infant Health

Priority #1	Increase breastfeeding rates among mothers
Objective	By 2030, 83% of infants will be breastfed and 25% of infants will be breastfed exclusively for 6 months.
NPM	Breastfeeding (BF) – A) Percent of infants who are ever breastfed and B) Percent of children, ages 6 months through 2 years, who were breastfed exclusively for 6 months
Targeted Strategies	1. Increase community awareness and access to education materials that promote evidence-based breastfeeding information and policies
	2. Increase the number or percentage of breastfeeding friendly businesses
	3. Increase awareness of and access to breastfeeding support services, lactation resources, and evidence-based education for pregnant and postpartum individuals

Priority #2	Reduce substance use during and after pregnancy
Objective	By 2030, reduce the percent of women who report using tobacco, alcohol, or illicit substances during pregnancy to 3.6%.
SPM	Substance Use Disorder (SUD) – Percent of women who use substances during pregnancy.
	1. Support implementation of evidence-based perinatal quality improvement initiatives focused on maternal behavioral health and substance use, including but not limited to establishment of Statewide Perinatal Quality Collaborative

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Targeted Strategies	2. Increase partnerships with state and local agencies to address substance use during pregnancy

Priority #3	Increase safe sleep practices
Objective	By 2030, increase safe sleep practices as follows: Back sleep position to 68.3%; Approve sleep surface to 29.5%; No soft object/loose bedding to 69.2%; and Room-sharing to 83.2%.
NPM	Safe Sleep (SS) – A) Percent of infants placed to sleep on their backs, B) Percent of infants placed to sleep on a separate approved sleep surface, C) Percent of infants placed to sleep without soft objects or loose bedding, and D) Percent of infants room-sharing with an adult.
Targeted Strategies	1. Increase access to safe sleep education, resources, and supportive services for families and caregivers
	2. Partner with Cribs for Kids (C4K) to support providing educational resources to parents and caregivers on the importance of safe sleep behaviors
	3. Promote media campaigns around safe sleep by partnering with public and private partners

Domain: Child Health

Priority #1	Increase access to affordable and nutritious foods among school-aged children
Objective	By 2030, 67% of children in Nevada will live in households where food was sufficient in the past year.
NPM	Food Sufficiency (FS) – Percent of children, ages 0 through 11, whose households were sufficient in the past year.
Targeted Strategies	1. Increase the number of eligible participants enrolled in WIC or SNAP
	2. Increase data sharing capacity with internal and external partners
	3. Strengthen systems and partnerships that improve access to nutrition assistance programs and food resources for children and families.

Priority #2	Increase physical activity among school-aged children
Objective	By 2030, 20% of children, ages 6 through 11, will be physically active for at least 60 minutes per day in Nevada.
NPM	Physical Activity (PA) – Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day.
Targeted Strategies	1. Increase physical activity for children ages 6 to 11
	2. Actively collect and monitor changes in physical activity habits for children in Nevada
	3. Promote physical activity for Nevada children ages 6 to 11

Priority #3	Promote a Medical Home
Objective	By 2030, 20% 35% of children with and without special health care needs, ages 0 through 17, will have a medical home.
NPM	Medical Home (MH) – Percent of children with and without special health care needs, ages 0 through 17, who have a medical home.
Targeted Strategies	1. Increase awareness of the importance and benefits of a medical home and adequate health insurance coverage
	2. Increase care coordination, adequate insurance coverage, and access to a medical home amongst children ages 0-17 statewide

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Domain: Adolescent Health

Priority #1	Increase referrals and appropriate care for adolescents
Objective	By 2030, 67% of adolescents, ages 12 through 17, will have had a preventive visit in the past year.
NPM	Adolescent Well-Visit (AWV) – Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.
Targeted Strategies	1. Increase the awareness of the benefits of medical visits and adequate insurance coverage among Nevada adolescents
	2. Strengthen provider awareness of American Academy of Pediatrics (AAP) guidelines for adolescent screenings, including identification and response to adverse childhood experiences (ACEs)

Priority #2	Improve access to resources and services around sexual health and reproductive health
Objective	By 2030, the rate of sexually transmitted infections (STIs) among adolescents ages 12-17 will be 500 per 100,000 population.
SPM	Sexually Transmitted Infections (STI) – Rate of STIs for adolescents ages 12-17 years
Targeted Strategies	1. Reduce barriers to accessing reproductive health services for adolescents, ages 12-17
	2. Reduce rates of STIs among adolescents by increasing access to prevention services, testing, and treatment

Domain: Children with Special Health Care Needs (CSHCN) Health

Priority #1	Promote a Medical Home
Objective	By 2030, 20% 35% of children with special health care needs, ages 0 through 17, will have a medical home.
NPM	Medical Home (MH) – Percent of children with special health care needs, ages 0 through 17, who have a medical home.
Targeted Strategies	1. Increase awareness of the importance and benefits of a medical home and adequate insurance coverage
	2. Implement Blueprint for Change
	3. Increase care coordination, adequate health insurance coverage, and access to a medical home amongst CSHCN statewide

APPLICATION INSTRUCTIONS

Application Contents

Each proposal submitted must contain the following sections, located in Appendix A of this document:

- Cover Page (10 points)
- Agency Profile (10 points)
- Contact Information (10 points)
- Scope of Work (30 points)
- Proposed Budget Plan (30 points)
- Application Checklist (10 points)

The proposal shall be prepared and submitted in original Word and Excel format on the forms provided in this guide and should be presented in the same order as the checklist.

- Late and/or incomplete applications will not be scored or accepted.
- The total possible score for the entire application is 100.

Applicants shall submit the entire application package electronically to Rachel Marchetti at rmarchetti@health.nv.gov and Crystal Johnson at c.johnson@health.nv.gov on or before the deadline of September 7, 2026. Applicants may submit their proposal at any time prior to the stated deadline.

Rachel Marchetti, MCAH Section Manager

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Crystal Johnson, Title V MCH Program Manager

The proposal must be submitted to: rmarchetti@health.nv.gov and c.johnson@health.nv.gov with **RFA Title V MCH Block Grant FFY 2027** in the subject line of the email. Attachments are required to be in Microsoft Word or Excel format.

Budget Requirements

Successful applicants will adhere to the budget submitted as part of the RFA, outlined in Appendix A. Please note that funding available for this RFA has not increased from the previous award period, and no additional funding is currently available. To ensure limited funds are distributed effectively and support successful program implementation, award amounts may be reduced based on performance during the previous award period, including programmatic performance, fiscal management, reporting compliance, and achievement of required deliverables. The amount of funding requested may not reflect the amount distributed by Title V MCH based off of the availability of funds. After submission and acceptance of the RFA, applicants will have one opportunity to negotiate submitted budget amounts with the Title V MCH Program before the subaward is constructed. If after that meeting more changes are requested from the applicant, applicants have two (2) options after the beginning of the period of performance:

- Department of Human Services policy allows no more than 10% flexibility of the total not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. Note: the redistribution cannot alter the total resulting in exceeding the amount of the subaward.
- Modifications of more than 10% require a formal amendment. Modifications to a category with $0 *may* require a formal amendment.

Submission of an RFA proposal indicates the applicant agrees to abide by the following as outlined in the subaward:

- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of the subaward.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for state officers and employees. It is the policy of the Board of Examiners to restrict contractors/ subrecipients to the same rates and procedures authorized for State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration (GSA), with some exceptions (State Administrative Manual 0200.0 and 0320.0).

Key requirements

- All expenses included in the subaward budget must be exclusively tied to Title V activities. Applicants must clearly delineate Title V funded costs and explain how these expenses are separated from costs supported by other funding streams within their overall program budget. If the applicant uses more than one funding source (e.g., Title V plus additional grants or revenue streams), they must provide documentation demonstrating that Title V funds are used only for Title V activities. Acceptable documentation includes Time and Effort (T&E) reports or other verifiable proof showing how personnel and program costs are allocated across funding sources.
    - Additionally, all performance data, outcome data, and program metrics reported to the Title V program must contain only data generated from Title V-supported activities. Applicants may not include or blend data supported by other revenue streams and must ensure their reporting systems can isolate and validate Title V only data. Failure to clearly demonstrate these requirements in the application narrative, budget, and supporting documentation may result in the application being deemed non-responsive and not recommended for funding.

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- Funds should be used for systems level and population level

APPENDIX A: APPLICATION SUBMISSION PACKAGE

Please use this document to complete the Cover Page, Agency Profile, Contact Information, and Checklist. Please see the documents attached to this email for the Scope of Work template, Budget template, and Subrecipient Questionnaire. In the event any documentation is missing, or additional documentation is desired, please contact Rachel Marchetti at rmarchetti@health.nv.gov or Crystal Johnson at c.johnson@health.nv.gov

Cover Page

Nevada Division of Public and Behavioral Health
Bureau of Child, Family, and Community Wellness
Maternal, Child, and Adolescent Health Section

In response to:

Request for Applications
Title V Maternal Child Health Block Grant Funding
Release Date: August 5, 2026
Deadline for Submission: September 7, 2026

Organization Name:	
Phone:	**Email Address:**
Name of Authorized Sub-Recipient Official and Title:	
Name of Primary Contact for Proposal:	
Proposal Primary Contact Email Address:	

As a duly authorized representative, I hereby certify that I have read, understand, and agree to all terms and conditions contained within this request for applications and that information included in our organization's application hereby submitted is accurate and complete.

Signed: **Date:**

Print Name: **Title:**

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Agency Profile Instructions

Project Name – Provide a short descriptive name for the proposed project

Purpose of Award – Provide a short 2-3 sentence description of the purpose of the RFA project

Region(s) to be served – Select the checkbox that applies to the regions of Nevada that will be served with the RFA. If not statewide, please specify which counties will be served

Agency Name – Applicant's legal agency name

Agency Website – If applicable, provide the applicant's website address

Agency Address – Street and floor or suite number

Agency City/State – City and State

Agency Zip Code – Five or nine-digit zip code

Employer ID Number – Provide employer identification number (EIN)

Vendor Number – Provide Vendor number

Unique Entity ID (UEI) Number – Provide Unique Entity ID (UEI) 12-character alpha-numeric ID assigned by SAM.gov (formerly DUNS number)

Project Director – This will be the main programmatic contact person for this project

Financial Officer – This will be the main fiscal contact person for this project

Agency Director – This will be the main administrative contact person for this project

Agency Indirect Rate – Provide your requested agency approved indirect rate

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Agency Profile

(Please use the information on file with your State Vendor ID i.e. address should match enrolled vendor information)

Project Name:		
Purpose of Award:		
Region(s) to be served:	☐ Statewide ☐ Specific county or counties: _____	
Agency Name:		
Agency Website:		
Agency Telephone Number:		
Agency Address:		
Agency City, State:		
Agency Zip Code:		
Employer ID Number (EIN):		
Vendor Number:		
UEI Number:		
Project Period: *(Month/Day/Year)*	Start Date 10/01/2026	End Date 09/30/2027
Amount Requested:		
Agency Approved Indirect Rate:		

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Contact Information

Name of **Project Director**:	
Title:	
Telephone:	
Fax:	
Email:	

☐ Check, If same as Project Director

Name of **Project Manager:**	
Title:	
Telephone:	
Fax:	
Email:	

☐ Check, If same as Project Director

Name of **Financial Officer**:	
Title:	
Telephone:	
Fax:	
Email:	

Signature Authority:

☐ Check, If same as Project Director

Name of **Agency Director**:	
Title:	
Telephone:	
Fax:	
Email:	

Additional Point of Contacts

Name / Title:	
Title:	
Telephone:	
Email:	

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Scope of Work Instructions

Applicants must provide a detailed Scope of Work (SOW) as part of the Request for Applications (RFA). The Scope of Work must align with the identified MCH Population Domain, Title V Priority Area, Objective, and associated National or State Performance Measure (NPM/SPM). Applicants are expected to clearly demonstrate how proposed activities support achievement of the identified Priority Area and Performance Measure through evidence-based or evidence-informed strategies, Evidence-Based/Informed Strategy Measures (ESMs), measurable activities, performance indicators, deliverables, outputs, expected outcomes, and performance monitoring methods.

The Scope of Work must be completed using the required template and include the following components for each identified strategy.

Population Domain
The Title V MCH Population Domain under which funding is requested. Applicants should select the domain that best aligns with the proposed project and activities. All strategies, activities, and performance measures included within the Scope of Work should directly support the selected Population Domain.

Title V Priority Area
The Title V Priority Area identifies the specific maternal and child health issue the project is intended to address. The selected Priority Area should align with the identified Population Domain and provide the foundation for the proposed Objective, strategies, activities, and performance measures.

Objective
A concise statement describing the specific improvement the project is intended to achieve within the selected Priority Area. The Objective should support the identified NPM/SPM and provide the foundation for the proposed SMART Goal and Scope of Work activities.

National or State Performance Measure (NPM/SPM)
Identify the NPM or SPM the proposed project is intended to influence. All proposed strategies, ESMs, activities, performance indicators, outputs, and expected outcomes should demonstrate a logical connection to improving the selected performance measure.

Baseline Narrative
Describe the current status of the identified Priority Area using relevant surveillance data (such as the MCH Dashboard, Federally Available Data Dashboard, 2025 Needs Assessment, etc.), community needs assessments, evaluation findings, program data, or other supporting information. The baseline narrative should explain why the proposed project is needed and identify current strengths, gaps, barriers, trends, or system challenges that support implementation of the proposed activities.

SMART Goal
Develop a Specific, Measurable, Achievable, Relevant, and Time-bound (SMART) project goal describing the intended result to be achieved during the project period. The SMART Goal should focus on the project-level improvement the applicant expects to accomplish and align with the selected Priority Area, Objective, and NPM/SPM. A minimum of one SMART Goal is required for each selected Priority Area.

Evidence-Based/Informed Strategy
Describe the broad evidence-based or evidence-informed approach that will be implemented to achieve the SMART Goal and contribute to improvement in the selected National or State Performance Measure. Strategies should reflect recognized MCH best practices and represent the overall intervention or approach rather than the individual activities that will be completed.

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Additional strategies outside those identified within the current Title V Framework may be incorporated under the categories of Enabling Services or Public Health Services and Systems activities. All proposed strategies must directly support and align with the selected Population Domain, Priority Area, Objective, and NPM/SPM.

Enabling Services are non-clinical activities that improve access to care, reduce barriers to services, strengthen care coordination, and improve health outcomes. Examples include client navigation, referral assistance, transportation support, interpretation services, eligibility assistance, family support services, health literacy activities, outreach, and coordination among healthcare, behavioral health, education, and community partners.

Public Health Services and Systems activities include population-based initiatives and infrastructure supporting assessment, planning, workforce development, quality improvement, evaluation, policy development, systems coordination, and environmental or systems change designed to improve maternal and child health outcomes.

Applicants are strongly encouraged to utilize evidence-based programming, promising practices, and nationally recognized Maternal and Child Health resources, including the HRSA MCH Evidence Center.

At minimum, applications must include:

- One strategy focused on engaging families and communities in areas with high rates of adverse health outcomes or barriers to accessing health services;
- One strategy addressing sustainability and continuation of activities, partnerships, resources, or systems improvements beyond the funding period;
- One strategy supporting participation in MCH collaboration, partnership, and community engagement activities, including participation in Maternal and Child Health Advisory Board (MCHAB) meetings, coalition meetings, statewide workgroups, regional partnerships, or other relevant MCH initiatives.

Evidence Supporting the Strategy
Describe the published research, evidence-based guidelines, promising practices, evaluation findings, or other recognized evidence supporting the proposed strategy. Applicants should briefly explain how the selected evidence demonstrates that the strategy is expected to improve the identified maternal and child health outcome.

Evidence-Based/Informed Strategy Measure (ESM)
An ESM measures successful implementation of the proposed evidence-based or evidence-informed strategy. Each strategy must include at least one corresponding ESM that measures implementation of the strategy and demonstrates progress toward achieving the intended project outcome. ESMs should measure implementation or systems change that is within the applicant's sphere of influence during the project period.

For each proposed strategy, applicants must:

- Develop a corresponding ESM;
- Explain the relationship between the proposed strategy, the ESM, and the NPM/SPM;
- Identify the ESM indicator, baseline (when available), annual target, data source, reporting frequency, and evaluation methodology;
- Describe how the ESM will be monitored throughout the project period to evaluate implementation and support continuous quality improvement.

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Applicants should demonstrate a clear theory of change illustrating how proposed activities will support implementation of the strategy, how the ESM will measure successful implementation, and how successful implementation is expected to contribute to improvement in the selected Title V Priority Area, Objective, and NPM/SPM.

ESM Indicator
Identify the measurable indicator that will be used to assess successful implementation of the proposed strategy.

Baseline
Provide the current value for the ESM indicator at the beginning of the project period. If baseline data are unavailable, describe how baseline information will be established.

Annual Target
Identify the expected level of performance to be achieved for the ESM indicator by the end of the project period.

Data Source
Identify the primary source(s) of data that will be used to measure and report progress toward the ESM.

Reporting Frequency
Identify how often ESM data will be collected, reviewed, and reported throughout the project period.

Evaluation Methodology
Describe the methods that will be used to collect, analyze, monitor, and report ESM data throughout the project period. Evaluation activities should support continuous quality improvement and inform project implementation.

Activities
Describe the specific actions that will be completed to implement each evidence-based or evidence-informed strategy. Activities should clearly describe what will occur, who will be responsible, the intended target population, and how implementation of each activity supports achievement of the corresponding ESM and SMART Goal. Activities should be specific, actionable, and directly aligned with implementation of the associated strategy.

Applicants must include promotion, education, outreach, or dissemination of information related to MCH priorities applicable to the selected Population Domain.

<u>Women/Maternal Health Domain</u>

Activities reported under the Women/Maternal Health Domain must include:

- Promotion of SobermomsHealthyBabies.org, NevadaWIC.org, HealNV.com, and statewide resource and crisis referral services (211 Nevada and the 988 Suicide & Crisis Lifeline)
- Promotion of the Pregnancy Risk Assessment Monitoring System (PRAMS)
- Education and outreach related to Maternal Warning Signs

Activities may also include:

- Promotion of Account for Family Planning (AFP) services and resources for women of reproductive age

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- Activities related to maternal health, postpartum care, substance use prevention, smoking cessation, reproductive health, family planning, maternal morbidity and mortality prevention, and healthy pregnancy initiatives

Perinatal/Infant Health Domain

Activities reported under the Perinatal/Infant Health Domain must include:

- Promotion of NevadaBreastfeeds.org and NevadaWIC.org
- Safe Sleep education, including Sudden Unexpected Infant Death (SUID) prevention and Cribs for Kids initiatives

Activities may also include:

- Breastfeeding education, lactation support services, and breastfeeding-friendly environment initiatives
- Promotion of Sobermomshealthybabies.org related to healthy pregnancy and infant health outcomes
- Infant health education and outreach activities supporting healthy birth outcomes, infant safety, early infancy care, and parent/caregiver education

Child Health Domain

Activities reported under the Child Health Domain may include:

- Health education and outreach activities supporting preventive care, developmental screening, nutrition, physical activity, oral health, immunizations, injury prevention, food sufficiency, or other child wellness initiatives
- Promotion of Maternal and Child Health resources and services relevant to children and families, including but not limited to NevadaWIC.org and HealNV.com

Adolescent Health Domain

Activities reported under the Adolescent Health Domain must include:

- Promotion of Account for Family Planning (AFP) services and Teen Pregnancy Prevention (TPP), including reproductive health education for adolescents, when serving adolescent populations

Activities may also include:

- Activities related to adolescent preventive visits, sexual and reproductive health education, behavioral health awareness, transition of care, ACEs screening, youth engagement, and preventive health initiatives
- Outreach and education activities addressing adolescent health disparities and access to care

Children with Special Health Care Needs (CSHCN) Domain

Activities reported under the CSHCN Domain may include:

- Care coordination, family navigation, medical home support, transition of care activities, and outreach supporting children and youth with special health care needs and their families

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- Activities improving access to specialty care, family supports, community resources, and systems coordination

Cross-Cutting/Systems Building Domain

Activities reported under the Cross-Cutting/Systems Building Domain may include:

- PRAMS-related activities supporting statewide Maternal and Child Health surveillance, assessment, evaluation, and quality improvement efforts across multiple domains
- Workforce development and training activities
- Public awareness campaigns and statewide education initiatives
- Data collection, evaluation, systems coordination, referral system enhancement, and interagency collaboration activities
- Activities supporting policy, systems, environmental change, and long-term Maternal and Child Health infrastructure development

Performance Indicators
Performance Indicators are specific, measurable criteria used to monitor successful completion of individual project activities. Each Performance Indicator should describe what will be measured, the expected level of performance, and how success will be determined. Performance Indicators should be SMART whenever possible, directly align with the associated activity, and collectively demonstrate progress toward successful implementation of the corresponding ESM.

Performance Indicators measure successful completion of project activities and should not duplicate the corresponding ESM or NPM/SPM.

Examples include:

- Percentage of participating organizations implementing a new policy, protocol, or practice.
- Percentage of identified staff completing required training or demonstrating competency.
- Percentage of eligible participants receiving a recommended service or intervention.
- Percentage of referrals successfully completed.
- Percentage of implementation milestones achieved within established timelines.
- Percentage improvement in participant knowledge, confidence, or intended behavior following an educational intervention.

Deliverables
Describe the tangible products or completed work resulting from implementation of each activity. Deliverables may include reports, educational materials, protocols, toolkits, trainings, outreach campaigns, technical assistance sessions, data products, or other completed work demonstrating that the activity was successfully implemented.

Timeline
Identify the anticipated timeframe for implementation and completion of each activity and deliverable. Timelines should include key milestones and be realistic for completion within the project period.

Outputs
Outputs are the immediate, measurable products or accomplishments resulting from project activities. Outputs should quantify what was produced, completed, delivered, or reached during implementation and

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serve as evidence that planned activities were successfully implemented. Outputs should directly support achievement of the corresponding ESM and expected outcomes.

Expected Outcomes
Describe the anticipated short, intermediate, or long-term changes resulting from successful implementation of the proposed activities and evidence-based strategies. Expected Outcomes should logically build upon the outputs and demonstrate how successful implementation is expected to contribute to improvement in the selected Title V Priority Area, Objective, and National or State Performance Measure.

Scope of Work Alignment
Applicants should ensure that each section of the Scope of Work builds upon the previous section and demonstrates a logical progression from the identified health need to the intended project outcome. Evidence-Based/Informed Strategies should support achievement of the SMART Goal, each strategy should include at least one corresponding ESM, proposed activities should implement the strategy, Performance Indicators should measure successful completion of each activity, Outputs should demonstrate what was accomplished, and Expected Outcomes should describe the anticipated changes resulting from implementation.

Performance Monitoring and Reporting Requirements
Applicants are expected to establish processes for monitoring implementation of project activities, measuring progress toward identified Performance Indicators and ESMs, and reporting project accomplishments throughout the project period. Performance monitoring should support continuous quality improvement and demonstrate progress toward the identified Title V Priority Area, Objective, and NPM/SPM.

Required reporting activities include:

- Submission of quarterly reports using the Nevada DPBH Title V MCH reporting template.
- Participation in monthly check-in meetings or calls with Title V MCH staff.
- Ongoing communication regarding project implementation, barriers, outcomes, and technical assistance needs.

Quarterly reports are due on the fifteenth (15th) day of the month following the close of each reporting quarter. If the due date falls on a weekend or State holiday, reports will be due the next business day. The Quarter 4 report is due no later than October 15.

Quarter	Quarterly Report Due Date
Quarter 1 (October 1-December 31)	January 15th
Quarter 2 (January 1-March 31)	April 15th
Quarter 3 (April 1-June 30)	July 15th
Quarter 4 (July 1-September 30)	October 15th

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Title V Maternal and Child Health
Scope of Work for "ABC Agency" (October 1, 2026 –September 30, 2027)

This example does not utilize actual data and is meant to be used as a framework to understand the above definitions.

ABC Agency, hereinafter referred to as Subrecipient, agrees to provide the following services and reports according to the identified timeframes:

Scope of Work Template and Example

Title V Maternal and Child Health
Scope of Work for Subgrantee Name Year X (Month Date, Year – Month Date, Year)

Population Domain:	Women/Maternal Health
Title V Priority Area	Increase the number of women who receive recommended clinical care components at the postpartum visit and appropriate referrals
Objective	By 2030, 90% of women who attended a postpartum visit will have done so within 12 weeks of birth and 70% of women who attended a postpartum checkup will also have received the recommended clinical care components.
NPM/SPM	Postpartum Visit (PPV) – A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth and B) Percent of women who attended a postpartum checkup and received recommended clinical care components.
Baseline Narrative	Nevada's postpartum preventive visit rate remains below the national average. Women experience barriers including limited access to providers, lack of awareness of postpartum preventive care recommendations, and challenges navigating available services.
SMART Goal	Contribute to increasing the percentage of women receiving a preventive medical visit within 12 months after pregnancy through implementation of evidence-based postpartum education and referral practices among participating hospitals by September 30, 2027.
Evidence-Based Strategy	Implement standardized postpartum education and referral practices through participating hospitals and clinical partners to increase awareness and utilization of preventive postpartum care.
Evidence Supporting Strategy	The American College of Obstetricians and Gynecologists (ACOG) recommends comprehensive postpartum care that includes standardized patient education and care coordination. Evidence published through the HRSA Title V Evidence Center demonstrates that standardized discharge education and referral practices improve postpartum follow-up and continuity of care.

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Evidence-Based/Informed Strategy Measure (ESM)	Increase the percentage of participating hospitals that have fully implemented standardized postpartum education and referral protocols, as demonstrated through fidelity monitoring, from 40% at baseline to 80% by September 30, 2027.
ESM Rationale	Increasing the percentage of hospitals implementing standardized postpartum education and referral protocols is expected to improve patient awareness of recommended postpartum preventive care, increase referral completion, and contribute to higher rates of preventive visits within 12 months after pregnancy.
ESM Indicator	Percentage of participating hospitals implementing standardized postpartum education and referral protocols
Baseline	40%
Annual Target	80%
Data Source	Hospital implementation reports; program monitoring records
Reporting Frequency	Quarterly
Evaluation Methodology	Monitor implementation through quarterly implementation reports, fidelity assessments, site monitoring, and documentation reviews to evaluate progress toward the annual ESM target and identify opportunities for continuous quality improvement.

Deliverables

Activity	Service Type (Public Health / Enabling Services)	Performance Indicator	Performance Target
1.1 Develop standardized postpartum education materials	Public Health Services/Systems	Participating hospitals adopt and implement the standardized postpartum education toolkit.	≥90% of participating hospitals adopt and begin using the toolkit by the end of Quarter 2.

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1.2 Train hospital discharge staff	Public Health Services/Systems	Identified discharge staff complete training and demonstrate competency in standardized postpartum education and referral practices.	≥90% of identified staff complete training and ≥85% achieve competency on post-training assessment.
1.3 Implement standardized referral protocol	Enabling Services	Participating hospitals consistently implement the standardized postpartum referral protocol.	≥80% of participating hospitals implement the protocol (ESM) and ≥90% of eligible postpartum patients receive documented education and referral prior to discharge.
1.4 Conduct quarterly technical assistance	Public Health Services/Systems	Participating hospitals address implementation barriers identified through monitoring and technical assistance.	≥90% of identified corrective actions are completed within one reporting quarter.

Deliverables (cont.)

Data Source	Deliverable	Timeline	Outputs	Expected Outcomes
Hospital implementation survey; site monitoring reports	Education toolkit	Quarter 1	Number and percentage of hospitals adopting the toolkit	Increased provider awareness of standardized postpartum education

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Training attendance records; pre-/post-assessments; competency validation	Four training sessions completed	Quarters 1–2	Number and percentage of discharge staff trained	Increased provider knowledge and confidence implementing standardized postpartum education and referral practices
Hospital implementation reports; chart audits; referral documentation	Referral protocol adopted	Quarter 2	Number and percentage of hospitals implementing the protocol; Approximate number of staff utilizing protocol	Increased implementation of standardized postpartum referral practices
Technical assistance logs; corrective action plans; follow-up monitoring reports	TA summaries and action plans	Quarterly	Number of TA sessions completed; number of corrective actions completed	Improved implementation fidelity and continuous quality improvement

Please add as many rows to the table(s) as needed to capture the objectives for your work. Please also add as many goals as needed. This template with all Domains and Priorities can be found as an attachment to the email accompanying this document.

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Proposed Budget Plan

The budget template is included as an attachment to the email accompanying this application. In the event any documentation is missing, or additional documentation is desired, please contact Rachel Marchetti at rmarchetti@health.nv.gov or Crystal Johnson at c.johnson@health.nv.gov. Please complete the Excel file and return with your completed application.

Budget Development Instructions:

The following budget development instructions and budget example have been prepared to help you develop a complete and clear budget to ensure minimal delays in processing subawards.

Funding Details and Requirements:

This funding announcement is for the FFY27 Title V Maternal and Child Health Block Grant funding administered by the Nevada Division of Public and Behavioral Health. The subaward period for this application will be for twelve months (12) and will start October 1, 2026, and continue through September 30, 2027.

Apply for the full twelve-month project period.

Unspent funding will be returned to the state and cannot be carried over, no exceptions.

All funding is subject to the availability of federal funding.

Budget Building Instructions by Line Item:

Budget building is a critical component of the application process. The budget in the application will be the budget used for the subaward. The budget must be error free and developed and documented as described in the instructions.

Budget Narrative Tab:

1. There are eight (8) categories of charges to use when building the budget.
    a. Personnel
    b. Travel
    c. Operating
    d. Equipment
    e. Contractual
    f. Training
    g. Other
    h. Indirect

    If a category does not apply to your budget, leave it blank. Do not add any additional categories.
2. Follow the instructions within the Excel template, and do not alter any formulas.
3. Some of the categories have examples of commonly used charges for each. If they do not apply to your organization, delete those rows. If you need additional rows, you can add them.
4. Justifications must be included for all items and should represent the fiscal/mathematical representation of all costs outlined in the budget narrative. The expenses should represent a projection of the expenses that will be charged to the subaward that directly support the work necessary to complete the tasks required to meet the goals and objectives as outlined in the scope of work submitted with the proposal.
5. The indirect rate is at the organization's discretion, and the budget must include how the methodology was obtained in the "indirect methodology" box. Explain how indirect is calculated (e.g. 15% of all direct expenses per federally approved indirect agreement). If using a federally approved indirect rate, be sure to include a copy of the agreement in your application packet.

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6. Delete all red text instructions from the Excel file when you have completed entering line-item budget information.

Budget Summary Tab:

1. The budget summary tab

Application Checklist

Title V MCH Block Grant Funding Application Checklist
Period of Performance: October 1, 2026-September 30, 2027

1.	Cover Page Completed and Signed	☐
2.	Agency Profile Completed	☐
3.	Contact Information Completed	☐
4.	Scope of Work Completed	☐
5.	Budget Plan Completed	☐

All applications must use the following format:

- Word or PDF documents for items 1 - 3 and item 5. Item 4 must be an original Word document. Item 6 must be an original Excel file.
- Applicants shall submit their entire application package electronically to Rachel Marchetti at rmarchetti@health.nv.gov and Crystal Johnson at c.johnson@health.nv.gov on or before the deadline of September 7, 2026. Applicants may submit their proposal any time prior to the stated deadline. Include RFA Title V MCH Block Grant FFY 2027 in the subject line of the email.

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