

# FY25 Improving Maternal Mental Health RFP

---

*bi3*

## *Application Instructions*

---



We appreciate the time it takes for you to complete this application. We encourage you to be concise in your responses. Applicants are not expected to maximize the character limits. If, however, the character limits become a challenge to sharing your idea, please contact Grants Manager at [marian\\_black@trihealth.com](mailto:marian_black@trihealth.com).

Also, feel free to upload materials submitted to other funders in the "Application Attachments" section and reference the material in your responses as needed.

The deadline to submit your proposal is **Monday, July 14, 2025 at 11:59pm**.

## *Application Questions*

---

### **Organization Name:**

*Character Limit: 250*

### **Project Title:\***

*Character Limit: 100*

### **Lead Project Manager's Name:**

*Character Limit: 250*

### **Lead Project Manager's Contact Information:**

Please include title, phone number and email address.

*Character Limit: 2000*

### **Finance and Communications Contact Information\***

Please include **title, name, phone number and email address** for the individuals who would be responsible for finance and communications for this project/grant.

*Character Limit: 2000*

### Total Project Budget\*

Preliminary budget for the proposed project, inclusive of grant request.

*Character Limit: 20*

### Requested Grant Amount from bi3:\*

Please enter the total requested grant amount.

*Note: Grants awarded under this RFP may be paid over a period of one to three years and are expected to range from \$150,000-\$500,000 in total, inclusive of **indirect cost**.*

*Character Limit: 20*

### Project Timeframe:\*

Anticipated start and end date (month and year) of the project proposed to bi3.

*Character Limit: 250*

### Length of grant\*

Please list the requested time period of the grant (e.g. 1 year, 18 months, 3 years, etc.).

*Character Limit: 250*

### Case Statement\*

**In one to two sentences**, state your case for why bi3 should invest in your proposed project (approximately 80 words).

For example: "We are requesting [X] dollars to support [**descriptive title of proposed project**]. That will enable us to [**insert fund uses or activities**], resulting in [**impact** (i.e. improved access to care, increased patient engagement, etc.)]"

*Character Limit: 1500*

### Opportunity or Problem and Population Focus:\*

Please describe the maternal mental health opportunity or issue your proposed work seeks to address and its impacts on Black and/or Hispanic women.

*Note: For your convenience, we have copied over your Letter of Intent response to this question. We encourage you to build on your response (if needed) and have provided additional space to do so.*

*Character Limit: 6000*

### Description of Project\*

Please provide a brief description of the project including any key partners and how it will center Black and/or Hispanic women. Please include relevant organizational experience or background in maternal and/or mental health.

*Note: For your convenience, we have copied over your Letter of Intent response to this*

*question. We encourage you to build on your response (if needed) and have provided additional space to do so.*

*Character Limit: 6000*

### **Estimated Number of People to be Impacted\***

Estimated number of people the project aims to serve or impact. Please include brief description of who is included in this number (e.g. program participants).

*Note: this question is meant to provide a thought exercise and context to support project/proposal planning and review both in terms of scope and budget planning. No value is placed on this number being large. The goal is to clarify:*

- *How many people does the program hope to realistically serve?*
- *How many people could the targeted policies reasonably impact?*

*Character Limit: 250*

### **Community Engagement\***

Please describe how the voices of people with lived experience have been/will be elevated through the **project** and the **organization's** experience engaging with and serving Black and/or Hispanic women (average 250 words).

*Character Limit: 5000*

### **Geographic Impact\***

Where does this project aim to make an impact? Are there specific physical communities (such as zip codes, cities, or regions) that this project plans to serve? (average 100 words)

*Character Limit: 2500*

### **Key Goals:\***

Please provide key goals the project aims to achieve, their potential impact on the community in terms of improving maternal mental health outcomes and addressing health disparities.

*Note: For your convenience, we have copied over your Letter of Intent response to this question. We encourage you to build on your response (if needed) and have provided additional space to do so.*

*Character Limit: 6000*

### **Targets and Measures of Success\***

Please describe your thinking around how you will track progress and define success around the goals for the project identified above. Where possible, provide detail around the targeted outcomes and indicators/measures. bi3 understands that these metrics are preliminary and will work with applicants to confirm the outcomes should the grant be awarded (average 600 words).

*Character Limit: 4000*

## Data and Learning\*

As you think about the potential metrics identified above, how do you plan to collect, manage, and analyze that information? This may include data source(s), collection tools, staff and/or consultant capacity. (average 250 words)

*Character Limit: 3000*

## Potential Challenges and Contextual Factors\*

Provide a short description of potential challenges or contextual factors that may impact the organization's ability to carry out the project as proposed, and current thinking around how the organization plans to address or navigate them. Transparency is strongly encouraged and appreciated (average 250 words).

*Character Limit: 3000*

## Collaborative Partners\*

If applicable, provide or attach a list of collaborative partners and briefly describe the role that each partner will assume under the proposed project.

*Note: While responding to this question is optional, it is strongly encouraged for applying colleges/universities and any organization proposing to support partnerships or collaboratives working together to comprehensively address maternal mental health.*

*Character Limit: 10000 | File Size Limit: 5 MB*

## Project Budget and Narrative\*

Please upload your detailed project budget including revenues (including other funding sources) and proposed expenses for *each year* of the project. Please include indirect costs as part of this budget. Please also provide a brief budget narrative explaining the major expenses or investments (average 250 words).

Note: We will be looking at the resources available and allocated, feasibility of estimates, resulting capacity, and scope of proposed project. Make sure to include **both** revenues and expenses. In conjunction with the other financials submitted below, the review of this document will also include expenses, size of project budget relative to the organizational expenses and sources of revenue.

*Character Limit: 10000 | File Size Limit: 4 MB*

## Potential for Systems Change:\*

*bi3 utilizes Catalyst 2030's definition of systems change: Confronting root causes of problems (rather than symptoms) by transforming structures, customs, mindsets, power dynamics and policies by strengthening collective power through the active collaboration of diverse people and organizations. We use the six conditions of systems change as a framework to help us understand the conditions impacting our focus areas and guide thinking around action opportunities.*

Please describe how your organization aims to address or support one or more conditions of systems change through your proposed idea/project.

*Character Limit: 3000*

### **Sustainability\***

At this time, knowing that plans change, how is your organization thinking about how the project might be integrated into the operations and financing strategies of the organization? *bi3 is typically not a funder that provides repeated grants to the same organization. We recognize that this is a time-limited funding opportunity.*

*Character Limit: 3000*

## *Financial Information*

---

Thank you for sharing the financial documents below which allows bi3 to understand the financial condition of your organization in addition to the proposed project work above.

Below are the documents that we are requesting and the information we will be reviewing in each document. ***Please note: If the organization is currently running a multi-year deficit, it may not be the right time for a bi3 partnership.*** As a part of building relationships and better understanding of your organization, we may have follow-up questions after reviewing the documents provided.

### **IRS Form 990 (if requested by Grants Manager)**

The bi3 team will pull this public document. If not publicly available, it will be requested of the organization to upload. The review of this document will include net revenue, current assets, current liabilities and unrestricted net assets.

*File Size Limit: 2 MB*

### **Audited Financials (preferred if available) and/or Financial Statements (Income & Balance Sheet)\***

Please provide the most recent 2-3 years of financial statements (audited preferred if available). The review of this document will include assets, diversity of funding streams, liabilities, unrestricted net assets, cash on hand, any audited notes, and net position (surplus/deficit). Please note: If the organization is currently in a multi-year deficit –this may not be the right time for a partnership.

*File Size Limit: 2 MB*

*File Size Limit: 2 MB*

*File Size Limit: 2 MB*

*File Size Limit: 1 MB*

## *Fiscal Agent Information (Optional)*

---

If utilizing a fiscal agent, please confirm the fiscal agent name and EIN number below. If selected for a grant, bi3 will request a signed Memorandum of Understanding (MOU) between you and your fiscal agent organization.

### **Fiscal Agent Name**

If using a fiscal agent, please provide the fiscal agent organization's name.

*Character Limit: 250*

### **Fiscal Agent EIN**

If using a fiscal agent, please provide the EIN of the fiscal agent.

*Character Limit: 250*

## *Feedback Questions*

---

### **Applicant's Experience:**

bi3 is dedicated to learning and improving the process and experience of applicants and our grantee partners.

Please briefly share what your experience has been like with this process of applying for funding and the amount of time to complete this application. Your response is optional and does not impact eligibility in this process.

*Character Limit: 10000*

## *Signature and Confirmation*

---

### **Signature of Person Completing the Application\***

*Character Limit: 250*