

# STATE OF COLORADO

Bill Ritter, Jr., Governor  
James B. Martin, Executive Director

Dedicated to protecting and improving the health and environment of the people of Colorado

4300 Cherry Creek Dr. S.  
Denver, Colorado 80246-1530  
Phone (303) 692-2000  
TDD Line (303) 691-7700  
Located in Glendale, Colorado

Laboratory Services Division  
8100 Lowry Blvd.  
Denver, Colorado 80230-6928  
(303) 692-3090

<http://www.cdph.state.co.us>



Colorado Department  
of Public Health  
and Environment

July 19, 2007

Dear Colleague:

The Colorado Physical Activity and Nutrition (COPAN) Program at the Colorado Department of Public Health and Environment is pleased to announce the availability of grants to support breastfeeding in Colorado. Breastfeeding duration rates in Colorado continue to fall significantly short of Healthy People 2010 goals. Breastfed children have lower risk of acute diseases of infancy and early childhood and reduced risk of developing childhood obesity. Additionally, mothers experience many health benefits from breastfeeding.

Grants of up to \$3,000 each will be available to approximately ten organizations to implement strategies and action steps found in the Colorado Physical Activity and Nutrition Program *Colorado Breastfeeding Promotion Resource Kit* (found at : <http://livewellcolorado.com/> ). Preference will be given to projects that promote the Baby Friendly Initiative, model hospital breastfeeding policies or practices that promote breastfeeding support at the worksite.

The grant application is attached. Grants will be awarded based on criteria detailed in Attachment D of this application. **Grant proposals must be received no later than 5:00 p.m. on Monday, August 20, 2007.**

You are encouraged to share this information with other staff within your organization and to collaborate with partners outside of your organization on the completion of the grant proposal. COPAN also offers grants focusing on early childhood, school sites, worksites, older adults, and active community environments. For more information, see the COPAN website at: <http://livewellcolorado.com/>

For questions about COPAN or the breastfeeding grants, please e-mail [Karen.cox@state.co.us](mailto:Karen.cox@state.co.us) or call (303) 692-2534. The staff of the Colorado Physical Activity and Nutrition Program looks forward to working with you to improve the health of citizens in Colorado.

Sincerely,

*Karen Cox*

Karen Cox, MS, RD, CLC  
Program Coordinator  
Colorado Physical Activity and Nutrition Program

# PROMOTING BREASTFEEDING IN COLORADO

## 2007-08 GRANT APPLICATION



### GRANT INFORMATION

- Grants will be awarded to implement strategies and action steps found in the Colorado Physical Activity and Nutrition Program *Colorado Breastfeeding Promotion Resource Kit*, which can be accessed at: <http://livewellcolorado.com/>
- Preference will be given to the following projects:
  - Baby Friendly Hospital Initiative (Section 3, Action Step 3 in the resource kit). Information on the ten steps to a Baby-Friendly Hospital can be found at [www.babyfriendlyusa.org](http://www.babyfriendlyusa.org).
  - Developing Model Hospital Breastfeeding Policies  
<http://www.mch.dhs.ca.gov/programs/bfp/toolkit/default.htm>
  - Practices that support breastfeeding at the worksite:  
<http://www.cdc.gov/nccdphp/dnpa/hwi/toolkits/lactation/index.htm>
  - Maximum funding is \$3,000 per grant.
- Organizations may receive only one breastfeeding promotion grant per grant cycle.
- Grant timeline:

Proposals due	<b>August 20, 2007, 5:00 p.m.</b>
Notification of awards	September 24, 2007
Midpoint report due	February 8, 2008
Project completion	May 30, 2008
Final report and invoice due	June 16, 2008

- Payment will be made upon receipt of an invoice, with supporting receipts, for program expenses already incurred. The preference is for one payment in the full amount of the grant at the end of the grant period. Other invoicing arrangements can be negotiated at the time the award is made. **All expenses must be incurred by May 30, 2008 to receive full reimbursement.**

### ASSURANCES

If awarded a grant, the applicant agrees to:

- Maintain a complete file of records, documents, and other materials that pertain to the operation of the program/project or the delivery of services under this grant.
- Submit a mid-term and final report that describes budget expenditures and project activities and outcomes in relation to objectives in the grant and includes both successes and challenges. COPAN will provide a report template.
- Submit an invoice for all expenses by June 16, 2008. Full reimbursement may not be available for invoices received past this due date.

## APPLICATION INSTRUCTIONS

- Complete the Organization Information Sheet, a narrative with answers to questions 1-12, and the Budget Worksheet (Attachment B). The complete proposal, including all three items, must be no more than six pages.
- The questions in the narrative are designed to guide the applicant through the steps of a program planning process.
- Please type the responses for the narrative on separate sheets of paper, numbering the response to each question.
- Please use a 12-point font for the proposal. The Organization Information Sheet and Budget Worksheet may be hand-written (if legible).
- Grant proposals must be received **no later than 5:00 p.m. on August 20, 2007**. Electronic and fax proposals will not be accepted.
- Return an original and **five copies** of the grant application to:

Karen Cox, COPAN Program Coordinator  
Prevention Services Division  
Colorado Department of Public Health and Environment  
4300 Cherry Creek Drive South  
Denver, CO 80246-1530

- Questions? E-mail [karen.cox@state.co.us](mailto:karen.cox@state.co.us) or call (303) 692-2534

**ORGANIZATION INFORMATION SHEET**

Please complete the information below and include this page as the first page of the proposal.

**Contact Name:** \_\_\_\_\_

**Contact Title:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, County & Zip:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_

**Contact Email:** \_\_\_\_\_

**Contact Fax Number:** \_\_\_\_\_

**Amount of funding requested:** \_\_\_\_\_

**County or counties in which the program or project will take place:**

\_\_\_\_\_

**Strategy addressed from the Colorado Physical Activity and Nutrition Program *Colorado Breastfeeding Promotion Resource Kit or other referenced document***

\_\_\_\_\_

---

**Signature of person submitting the application**

**Date**

## PROPOSAL NARRATIVE (Questions 1 – 12)

After deciding on a project to be implemented using COPAN grant funds, answer the numbered questions below on a separate sheet of paper. Please number the response to each question to match this application. Brief but clear responses are encouraged. Remember: The total number of pages, including the Organization Information Sheet and the Budget Worksheet, must not exceed six pages.

### GOAL AND NEED

---

A successful program starts with a clear goal. The goal is a broad statement of what will be achieved through the program. The goal is chosen based upon needs of the people or organization to be reached through the program or project (target audience).

**Tip:** State the goal in no more than one sentence. Then, to explain how you know this change is needed, use information specific to the individuals or organization you want to reach. For example, if the program will reach Latina women, describe the needs of Latina women *in the community to be affected by the grant*.

1. What is the goal you want to achieve with this program?
2. Why was this goal selected for the specific individuals or organization you want to reach?

### OBJECTIVE

---

An objective is the yardstick for measuring the extent to which the goal has been achieved. It doesn't describe *what will be done*; these are the program activities. Rather, the objective describes *what will change* as a result of what has been done. Objectives are specific and measurable.

**Tip:** To create an objective, ask yourself, "If this program is successful, what specific, measurable change(s) can be expected in the target audience?" See Appendix A, "Evaluation Ideas," for examples of the format and content of objectives.

3. *Objective:* What is the specific change you want to see in behavior, policy, or the environment as a result of this program?

## TARGET AUDIENCE

Successful programs must clearly identify the individuals or organization that the program is trying to reach. Programs to change individual behavior often involve a smaller number of people with a more intensive activity. Programs to change an organization's policy or the environment generally reach a larger or less specific group of people.

**Tip:** There is no advantage to either a large or small number as the target audience. What is important is that the type and number of persons reached fits the goal, the needs, and the program. When describing the number of persons reached, please be specific. For example, rather than saying "all persons in the worksite" or "all fourth grade students," please specify the estimated number.

4. Who is the target audience for the program and why?
5. How many persons do you expect to reach with this program?

## PROGRAM DESCRIPTION

To be successful, the program should be related to the needs identified in the target audience or organization. Specific activities involved in implementing the program should be planned in advance. Breaking down activities according to a timeline helps determine whether the program can be completed in the time allowed. Once the program has started, the timeline identifies whether implementation is on track. If possible, the program should build on factors or activities already existing in the community that can support the program.

**Tip:** The description of activities should tell *what* is to be done. The timeline indicates approximately *when* the activities will take place. A monthly breakdown of activities is sufficient. Remember that funding will be awarded by September 24, 2007, and programs must be completed by May 30, 2008.

6. Briefly list the activities you will implement to achieve the objective and the timeline for the activities. (You can recreate this table in your application, adding or deleting lines as needed, or simply list the activities and specify the month in parentheses after the activity.)

ACTIVITIES	TIMELINE (Month)
A.	
B.	
C.	
D.	
E.	

7. What factors or activities already exist that you can build upon to support this program?

## EVALUATION

---

Evaluation helps to determine whether the target audience has made progress toward the stated objective. Measuring this change in the target audience can be simple observation or counting of behaviors or events, as long as what is being observed or counted is related to the desired change in a meaningful way and is done in a consistent manner.

**Tip:** See Appendix A, “Evaluation Ideas,” for examples of the format and content of objectives and evaluation measures. If you are awarded a grant, technical assistance will be available to help design surveys or other evaluation tools.

8. *Measure of current status:* How will you know the current status of that behavior, policy, or environment?
9. *Measure of change:* How will you know if the behavior, policy, or environment has changed after implementing the program?

## STAFFING AND SUPPORT

---

Each program will have a different set of people who need to be informed or involved to make the program successful. Including a diverse group of individuals to plan and implement the program helps to bring a greater range of ideas and perspectives to the program. Working with individuals or organizations outside of your organization can expand the credibility and visibility of your program and bring additional resources and ideas to the effort.

**Tip:** Identify team members or supporters not by name, but by the skills, role, position, perspective, or resources they bring to the planning and implementation of the program.

10. Who will plan and implement the program?
11. Describe how you have gained support and/or approval within your organization or with outside individuals or organizations for this program.

## CONTINUED IMPACT

---

A successful program sustains its effect over time. Part of the planning process is thinking ahead to how program activities will continue after the funding ends. Even if the program is planned as a one-time event, there are generally “next steps” that can build upon the progress made through the initial effort. In awarding grants, preference will be given to applications with clear plans for continuing the impact of the program.

12. How will you continue or build upon this program after the grant funding ends?

## PROGRAM BUDGET

---

The program budget is based upon the expenses involved in each step of implementing the program, including personnel, equipment and supplies, travel, and other costs. Unanticipated expenses can jeopardize the success of a program. Please note that food will be reimbursed only if it is used as a part of the program (e.g., cooking demonstration); refreshments or meals at meetings will not be reimbursed. **Indirect costs may not exceed 15% of total direct costs. Direct costs plus indirect costs may not exceed the maximum amount of the grant.**

**Tip:** See Attachment C for an example of a completed Budget Worksheet. If the cost of the program exceeds the maximum amount of the grant, you might ask your organization to contribute to the cost of the program or seek out individuals or businesses to donate items that might be needed to make the program successful, such as supplies or incentives for participants.

Complete the Budget Worksheet (Attachment B).

**PROPOSAL CHECKLIST:**

- Organization Information Sheet with signature
- Narrative (Answers to questions 1-12)
- Budget Worksheet (Attachment B)

**RETURN COMPLETED PROPOSALS (AN ORIGINAL AND 5 COPIES) TO:**

Karen Cox, COPAN Program Coordinator  
Prevention Services Division  
Colorado Department of Public Health and Environment  
4300 Cherry Creek Drive South  
Denver, CO 80246-1530

**DEADLINE FOR PROPOSALS:**

Proposals must be received by 5:00 p.m. on August 20, 2007.

## ATTACHMENT A

### EVALUATION IDEAS

#### Example 1:

**Goal:** Encourage continuation of breastfeeding among working mothers.

**Objective:** Breastfeeding employees at ABC Company will have a comfortable, private place to breastfeed or use a breastfeeding pump.

**Measure of current status:** There is currently no space dedicated to breastfeeding at ABC Company. Most women do not have private offices in this workplace. In the past, women have used bathroom stalls for breastfeeding or pumping.

**Measures of change:** Pictures will be taken of the newly-remodeled room and the sign outside of the door. A memo from the company president to all employees announcing the new room will be provided. A reservation log will be kept, and if the room is used before the grant period is over, information on reservations (without employee names) will be provided.

#### Example 2:

**Goal:** Encourage breastfeeding among new mothers.

**Objective:** Implement two Baby-Friendly Hospital policies at ABC Hospital: 1) Initiate breastfeeding within one hour of delivery; 2) Practice rooming-in.

**Measures of current status:** Before either policy is passed by hospital administration, document the following for each mother who delivers within a two-week period: 1) Amount of time that passes between delivery and initiation of breastfeeding; 2) Number of mothers who request rooming-in with their infants; 3) Number of mothers and infants who room-in.

**Measures of change:** Two months after the policies are passed, document the following for each mother who delivers within a two-week period: 1) Amount of time that passes between delivery and initiation of breastfeeding; 2) Number of mothers who request rooming-in with their infants; 3) Number of mothers and infants who room-in. Compare results from the two time periods to determine change.

**ATTACHMENT B**

**BUDGET WORKSHEET**

Contact Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Please list all anticipated program expenses under the appropriate category on the worksheet below and complete totals as indicated. Include the completed budget worksheet with the application. See Attachment C for an example of a completed budget sheet.

EXPENSE CATEGORY	Amount requested through this grant	Amount from sources other than this grant	Total amount for this item
<b>Personnel (include title)</b>			
Subtotal:			
<b>Equipment/supplies</b>			
Subtotal:			
<b>Travel</b>			
Subtotal:			
<b>Other (please specify)</b>			
Subtotal:			
<b>TOTAL:</b>			

**ATTACHMENT C**

**EXAMPLE OF COMPLETED BUDGET WORKSHEET**

**Breastfeeding Room at ABC Company**

<b>EXPENSE CATEGORY</b>	<b>Amount requested through grant</b>	<b>Amount from sources other than this grant</b>	<b>Total for this item</b>
<b>Personnel (include title)</b>			
Judy Jones to coordinate (HR at ABC Company)		150	150
<b>Subtotal:</b>		150	150
<b>Equipment/supplies</b>			
Breastfeeding pump	500		500
Rocking chair (discount provided by ABC Furniture Store)	150	100	250
Videos for loan (donated by La Leche League)		75	75
Posters for walls	50		50
Sign for door in hall (paid for by ABC Company)		50	50
<b>Subtotal:</b>	700	225	925
<b>Travel</b>			
<b>Subtotal:</b>			
<b>Other (please specify)</b>			
<b>TOTAL:</b>	700	375	1,075

## ATTACHMENT D

### CRITERIA FOR SCORING 2007-08 BREASTFEEDING PROMOTION GRANTS

**Total possible points = 100**

#### GOAL and NEED

---

1. What is the goal you want to achieve with this program? (5 points)  
*Criteria: Goal is stated clearly. Goal is related to breastfeeding promotion.*
2. Why was this goal selected for the specific individuals or organization you want to reach? (10 points)  
*Criteria: Response indicates how this need was determined using information about the specific target population the program wants to reach.*

#### OBJECTIVE

---

3. *Objective:* What is the specific change you want to see in behavior, policy, or the environment as a result of the program activities? (8 points)  
*Criteria: The objective is specific about the change in individuals or the organization that will result from the program. The change is measurable.*

#### TARGET AUDIENCE

---

4. Who is the target audience for the program and why? (10 points)  
*Criteria: Target audience is well-described. Target audience is appropriate to the program and need. Response indicates a sound basis for choosing this audience.*
5. How many persons do you expect to reach with this program? (5 points)  
*Criteria: The number of persons to be reached is appropriate to the program and the need.*

#### PROGRAM and TIMELINE

---

6. Briefly describe the activities you will implement to achieve this objective and the timeline for the activities. (20 points)  
*Criteria: Activities are related to the goal and need. Activities are described clearly and in sufficient detail to provide an understanding of the program. The timeline is reasonable for the planned activities.*
7. What factors or activities already exist that you can build upon to support this program? (5 points)  
*Criteria: Response identifies factors or activities that support the implementation of this program.*

## EVALUATION

---

8. *Measure of current status:* How will you know the current status of that behavior, policy, or environment? (6 points)  
*Criteria: The response describes a method for measuring or determining the current status of the behavior, policy, or environment (baseline data). The method actually measures what it is designed to measure.*
9. *Measure of change:* How will you know if the behavior, policy, or environment has changed after implementing the program? (6 points)  
*Criteria: The response describes a method for measuring or determining the status of the behavior, policy, or environment after the program is completed. The method actually measures what it is designed to measure.*

## STAFFING AND SUPPORT

---

10. Who will plan and implement the program? (5 points)  
*Criteria: The individual or team is appropriate to plan and implement the activities.*
11. Describe how you have gained support and/or approval within your organization or with outside individuals or organizations for this program. (5 points)  
*Criteria: Response indicates an understanding of the support or approval that is needed for the program to be successful.*

## CONTINUED IMPACT

---

12. How will you continue or build upon this program after the grant funding ends? (5 points)  
*Criteria: The response identifies “next steps” to build upon the progress made through the initial effort.*

## BUDGET WORKSHEET (10 points)

---

*Criteria: All expenses are reasonable and related to program activities.*