REQUEST FOR PROPOSALS
ASTHO Breastfeeding Learning Community: State – Community Collaborations for Lactation Equity

Applications Due: Oct. 21, 2022

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REQUEST FOR PROPOSALS
ASTHO Breastfeeding Learning Community: State – Community Collaborations for Lactation Equity

Applications Due: October 21, 2022

I. Summary Information

**Purpose:** The ASTHO Breastfeeding Learning Community (BLC) State – Community Collaborations for Lactation Equity grant program will support up to five (5) BLC/State Physical Activity and Nutrition (SPAN) teams in sustaining existing or implementing new transformative and community-engaged initiatives to advance breastfeeding equity. Participants will also learn how to leverage policy to bolster their projects by participating in a Policy Academy featuring web-based educational sessions, peer sharing, subject matter experts, access to customized resources, and an applied health policy project.

**Proposal Due Date and Time:** Friday, Oct. 21, 2022, at 11:59 p.m. ET

**Selection Announcement Date:** Monday, Oct. 31, 2022

**Maximum Funding Amount:** Up to $40,000 per award

**Estimated Period of Performance and Final Report Date:** Dec. 1, 2022 – July 31, 2023

**Eligibility:** CDC SPAN recipients who are in good standing with ASTHO are eligible to apply. Interested SPAN recipients are encouraged to select a local entity as a bona fide or fiscal agent to apply for this opportunity on their behalf. The bona fide or fiscal agent will be required to submit a letter from the SPAN recipient designating the local entity as a bona fide or fiscal agent. The designee must also be registered and in good standing with the federal System for Award Management (sam.gov). Preference will be given to applicants and bona fide/fiscal agents who are women-, minority-, disadvantaged-, veteran-owned, or small businesses.

**ASTHO Point of Contact:** Please send proposals to breastfeeding@astho.org.

II. Description of Proposal

**Purpose**
The Association of State and Territorial Health Officials (ASTHO), with support from the Centers for Disease Control and Prevention (CDC) Division of Nutrition, Physical Activity, and Obesity (DNPAO), is pleased to announce a funding opportunity to support up to five (5) BLC/SPAN teams in sustaining existing or implementing new transformative and community-engaged initiatives to advance breastfeeding equity. Additionally, awardees and their partners will participate in a seven-month-long Policy Academy, which will enhance their capacity to reduce breastfeeding inequities by leveraging health policy. For SPAN teams who participated in the 2021 – 2022 Sustaining Breastfeeding Innovations funding opportunity, the Policy Academy will build upon skills and topics discussed during the January - July 2022 Policy Academy.
Background
In 2018, ASTHO, with funding from CDC DNPAO, launched the second cohort of the ASTHO Breastfeeding Learning Community to support states in implementing sustainable, scalable approaches for improving breastfeeding rates and addressing barriers to breastfeeding. States participating in the learning community focus on one or more of the following evidence-based strategies to promote and support breastfeeding in their jurisdictions:

- Enhancing maternity care practices in birthing facilities.
- Improving continuity of care or community support.
- Ensuring workplace compliance with federal lactation accommodation law.

Transformative Community Project
This funding opportunity will support SPAN recipients and partners in sustaining existing or implementing new transformative and community-engaged initiatives to advance breastfeeding equity.

Applicants should identify project partners that will participate in all Transformative Community Project and Policy Academy activities. ASTHO encourages applicants to include the following types of individuals and organizations as project partners:

- State health agencies (if the applicant is not the state health agency).
- Local health agencies.
- WIC agencies.
- Individuals and organizations representing populations more likely to experience systemic barriers to breastfeeding, including:
  - Black, indigenous, Hispanic/Latinx, and/or other populations of color.
  - Rural communities.
  - Individuals experiencing poverty.
- Human services agencies and organizations.
- Associations and organizations representing the business community.
- Individuals and organizations working in related sectors, such as obesity and chronic disease prevention professionals, healthcare facilities, human resources, and early care and education providers.

States receiving CDC SPAN supplemental funding are encouraged to apply for this funding opportunity, which can enhance and complement their CDC SPAN supplemental award project. For example, states can choose to collaborate with similar partners and focus their work in the same geographic areas and populations they are prioritizing for the CDC supplemental award.

Policy Academy
In addition to the Transformative Community Project, Breastfeeding Learning Community teams will participate in an ASTHO Policy Academy.
The cornerstone of the Policy Academy learning experience will be completing a strategic, hands-on policy-level action learning project that will support participants’ Transformative Community projects. ASTHO will support project development through tailored technical assistance and multiple virtual learning opportunities. For SPAN teams who participated in the 2021 – 2022 Sustaining Breastfeeding Innovations funding opportunity, the Policy Academy will build upon skills and topics discussed during the January - July 2022 Policy Academy.

As part of the Policy Academy process, participants will:

- Identify an issue or barrier within their selected strategy area. The issue or barrier should be in alignment with the Transformative Community Project.
- Identify and assess various policy options to address the issue.
- Create a policy proposal and determine how to engage stakeholders.
- Identify opportunities for implementation and evaluation to ensure the adoption of the proposed policy.

State teams can choose to focus on legislative, regulatory, or organizational policy. Academy participants will become familiar with and utilize policy development frameworks such as the CDC Policy Process. More information about these policy categories and a list of resources about various types of breastfeeding policies can be found in Attachment A.

Policy projects may include a product such as a policy brief, talking points, testimony, or other work that will provide models for future breastfeeding policy development. Each team will be expected to work toward a policy goal, develop a policy action-learning project, and will develop a presentation to share the progress by the end of the Policy Academy in July 2023.

By the conclusion of the grant period, participants can expect to achieve the following outcomes:

A. Participants will increase their knowledge of policy frameworks and how to engage with policy processes.

B. Participants will increase their intent to engage in state and local collaboration, bi-directional learning, and communication in breastfeeding equity initiatives.

C. Participants will increase their self-efficacy in developing new or sustaining existing innovative approaches to health equity.

Project Activities
The selected applicants will be responsible for completing the following project activities:

A. Implementing a project that sustains existing or implements new transformative community – engaged strategies to advance lactation equity.

B. Reporting on project progress.

C. Attending four Policy Academy virtual learning sessions between January and July 2023, along with homework assignments such as completing training modules and readings. States who participated in the Sustaining Breastfeeding Innovations grants will not be required to attend the four scheduled foundational learning sessions, but members who are new to these teams would be welcome. Returning state teams will participate in other scheduled activities to
support their policy learning and projects from the previous year. These activities may include office hours, workshops, SME consults, and individualized technical assistance.

D. Developing a policy action-learning project and presenting their action-learning project to the group during a closing session.

E. Working with ASTHO staff and other subject matter experts, who will provide one-on-one technical assistance in completing both the Transformative Community Project and Policy Action-Learning Project.

F. Participating in an evaluation of the effectiveness and relevance of the BLC and Policy Academy to their work.

Technical Support/Technical Assistance
ASTHO will provide technical assistance in the form of check-in calls, ad-hoc technical assistance, and subject matter expertise and resources to help state teams develop, implement, and refine their Transformative Community and Policy Action-Learning Projects.

Benefits of State – Community Collaborations for Lactation Equity Program
This funding opportunity serves as a second iteration of the 2021 – 2022 Sustaining Breastfeeding Innovations Through Programs and Policy funding opportunity and associated Policy Academy. Out of the four state teams who participated in the program, three state teams reported that the Policy Academy increased their self-efficacy in developing strategies to sustain innovative health equity approaches. Program participants also provided perspectives on the program in the quotes below:

- “What worked well were the breakout groups during the learning calls and the offers for TA assistance. The groups really gave time for us to understand the information and concepts better. The TA assistance as well was very open and welcoming and allowed us to feel good about asking questions.”
- “The course content was good, and very interesting. All the concepts were well presented and the material that was given before the sessions was interesting and relevant.”

Inclusion of Health Equity
ASTHO is committed to promoting health equity and eliminating health inequities. Health inequities are reflected by disproportionately high rates of disease, premature death, and a lower quality of life. Health inequities are avoidable and state, federal, and locally funded activities play a key role in helping to solve this problem. Applicants are required to address health inequities within the context of proposed activities.

Applicants are encouraged to incorporate transformational approaches when addressing health equity in their proposals and projects (see Table 1).
### Table 1. Transformative vs. Transactional Health Equity Approaches

<table>
<thead>
<tr>
<th></th>
<th>Transactional Approach</th>
<th>Transformative Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Definition</strong></td>
<td>Issue-based efforts that help individuals negotiate existing structures. These solutions transact with institutions to get a short-term gain for communities but leave the existing structure in place.</td>
<td>Initiatives that cross multiple institutions and shift efforts towards proactive solutions. These solutions alter the ways institutions operate thereby shifting cultural values and political will to create equity.</td>
</tr>
<tr>
<td><strong>Approach</strong></td>
<td>Routine solutions using skills and experience readily available.</td>
<td>Require changes in values, beliefs, roles, relationships, and approaches to work.</td>
</tr>
<tr>
<td><strong>People responsible</strong></td>
<td>Often solved by an authority or expert.</td>
<td>Solved by the people with the people.</td>
</tr>
<tr>
<td><strong>Changes required</strong></td>
<td>Requires changes in just one or a few places; often contained within organizational boundaries.</td>
<td>Requires changes in numerous places; usually cross organizational boundaries.</td>
</tr>
<tr>
<td><strong>Receptivity</strong></td>
<td>People are generally receptive to technical solutions.</td>
<td>People try to avoid the work of “solving” the adaptive challenge.</td>
</tr>
<tr>
<td><strong>Timeframe</strong></td>
<td>Can be implemented quickly—even by edict.</td>
<td>“Solutions” can take a long time to implement and require experiments and new discovering; they cannot be implemented by edict.</td>
</tr>
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ASTHO’s [Guidance for Integrating Health Equity Language Into Funding Announcements](http://astho.org), a resource for states to incorporate health equity into their operations, provides health equity terms and examples of health equity activities.

Examples of previous ASTHO subaward projects have included:

- Increasing diversity in the lactation workforce by training individuals representing groups experiencing breastfeeding disparities as lactation support providers.

- Collaborating with community health centers to implement policies and practices that are supportive of breastfeeding.

- Establishing a state workgroup consisting of Black and Hispanic/Latinx lactation experts to develop recommendations for improving breastfeeding support for these populations.
• Conducting community-engaged research among Black and Appalachian women to determine barriers to breastfeeding and strategies for improving support.

• Providing grants to employers of women with low incomes to improve workplace lactation accommodations.

ASTHO strongly encourages SPAN teams to thoughtfully collaborate with individuals and organizations representing populations that experience systemic breastfeeding barriers in both their Transformative Community Project and Policy Academy participation. Over the course of the project, SPAN teams should engage in shared decision-making with these partners and work with them to assess breastfeeding barriers and determine potential solutions. One way to facilitate this is to identify a community-based organization representing and respected by prioritized populations that will act as a bona fide agent for the grant.

**Funding**

The maximum funding amount is $40,000. ASTHO intends to award up to five state teams grants of up to $40,000 each. Awards in this category will be made through a memorandum of understanding (MOU) with a fixed price payment schedule based on satisfactory completion of required deliverables. Please refer to Section III for details on allowable expenses.

**Evaluators**

Each application will be reviewed and rated by a panel consisting of staff from ASTHO, CDC DNPAO, and partner organizations.

**III. Requirements for Financial Award**

**Allowable Expenses**

Funds may not be used for equipment purchases. Per HHS requirements, funds awarded under the RFP are prohibited from being used to pay the direct salary of an individual at a rate exceeding the federal Executive Schedule Level II (currently $203,700).

**Required Grant Activities to be Covered by Award**

Project activities will include:

A. Implementing a project that sustains existing or implements new transformative programmatic strategies to advance lactation equity.

B. Reporting on project progress via one interim report and one final report.

C. Attending four Policy Academy virtual learning sessions of 1 - 4 hours duration each, occurring between January and July 2023, along with homework assignments such as completing training modules and readings. Presenters and expert guests will address the needs, questions, and challenges of Academy participants. Participants may be asked to complete 2-5 hours of homework assignments between sessions, such as completing training modules and readings.

   a. States who participated in the Sustaining Breastfeeding Innovations grants will not be required to attend the four scheduled foundational learning sessions, but members who are new to these teams would be welcome. For returning state teams, we will have other scheduled activities to support their policy learning and
projects from the previous year. These activities may include office hours, workshops, SME consults, and individualized TA.

D. States who participated in the Sustaining Breastfeeding Innovations grants will not be required to attend the four scheduled foundational learning sessions, but members who are new to these teams would be welcome. For returning state teams, we will have other scheduled activities to support their policy learning and projects from the previous year. These activities may include office hours, workshops, SME consults, and individualized TA.

E. Developing a policy action-learning project and presenting their action-learning project to the group during a closing session. Projects may include a policy memo, policy brief, talking points, testimony, or other work that will provide models for future breastfeeding policy development. Presentations will include information about policies of interest, progress made, future plans, and potential impact on lactation equity.

F. Working with ASTHO staff and other subject matter experts, who will provide one-on-one technical assistance in completing both the Transformative Community Project and Policy Action-Learning Project. Subject matter experts and ASTHO staff may use scheduled phone calls, resource recommendations, and virtual site visits in support of their policy action learning project.

G. Participating in an evaluation of the effectiveness and relevance of the BLC and Policy Academy to their work, including surveys to evaluate individual BLC and Policy Academy sessions as well as a longer survey to evaluate the BLC and Sustaining Breastfeeding Innovations programs overall.

Period of Performance
The contract is scheduled to begin on December 1, 2022 and will end on July 31, 2023.

Reporting Requirements
The selected applicant will be required to participate in conference calls to report on project activities, submit two progress reports (an interim report and final report), and produce final policy deliverables by July 31, 2023.

IV. Required Proposal Content and Selection Criteria

Please include the following elements in your submission.

Proposals may not exceed six (6) pages in length, excluding budget and CVs, and should be single-spaced in 11-point font. Appendices are not required but may be submitted, as appropriate, and will not count against the six-page limit. Proposals must include all components listed below to receive consideration.

Note: Each interested SPAN recipient is encouraged to select a local entity as a bona fide agent to apply for this opportunity on their behalf. The bona fide agent will be required to submit a letter from the SPAN recipient designating the local entity as a bona fide agent. Preference will be given to women-, minority-, disadvantaged-, veteran-owned, and/or small businesses.

A. Cover Letter (10 points): Please provide points of contact details for the programmatic and financial/contract leads (name, title, mailing address, e-mail, and telephone number). The cover letter should not exceed one page but does not count toward the proposal page limit.
a. Please also provide points of contact details for the SPAN recipient and any partners that will be participating in the program, including name, job title, organization or agency name, phone number, and email address.

B. Letter of Support from Community Partner (0 points; will not count toward the page limit): SPAN participants and/or their designated bona fide/fiscal agents are encouraged to include letters of support from their project partners.

C. Proposed Approach (30 points): Applicants must describe how they plan to use grant funding to sustain existing or implement new transformative and community-engaged initiatives to advance lactation equity and outline a work plan which includes activities, timeline, and milestones to achieve the project deliverables and expectations. Specifically, applications should include:

a. Vision Statement (5 points): Applicants are encouraged to use the Boundary-Spanning Leadership (BSL) visioning worksheet (Attachment B) or a similar tool to help craft their vision. Applicants can include the completed worksheet as an appendix, which will not count toward the page limit.

b. Policy Interests and Relevant Data (5 points): Describe any specific policy topics of interest, as well as any needs and challenges related to advancing public or organizational policy in your jurisdiction. All applicants should include a summary of any available state-level data related to the vision statement, chosen BLC strategy area (maternity care practices, continuity of care/community, and workplace lactation accommodations), and any specific policy topics of interest. Please refer to Attachment A for resources on various types of breastfeeding policies. This portion of the proposal should be limited to 250 words.

c. Inclusion of Transformational Approaches (5 points): Applicants are encouraged to thoughtfully collaborate with individuals and organizations representing populations that experience systemic breastfeeding barriers to design and implement transformational and community-engaged approaches to advance lactation equity. If the applicant is not one of these individuals or organizations, they should detail how they will engage in shared decision-making with these partners and work with them to assess breastfeeding barriers and determine potential solutions.

d. Work Plan (10 points): A work plan detailing activities, timeline, goals, and milestones to achieve the deliverables and meet expectations.

e. Additional Discussion (5 points): Discuss anticipated challenges in meeting goals established in the project description and describe why the proposed project has a high probability of success.

D. Prior Experience and Performance (10 points): Describe experience and quality of performance on work completed to advance breastfeeding support and promotion within the state or through participation in the ASTHO Breastfeeding Learning Community and Innovation grant. Include information about familiarity with and understanding of breastfeeding equity initiatives, community engagement, and successes and accomplishments for the year(s) described.

E. Organization Capacity (10 points): Include information about the project team and address the team’s ability and capacity to perform the tasks required within the specified timeframe. Describe staff qualifications and provide CVs for the staff lead and key personnel.
F. **Budget and Budget Narrative (20 points):** Please provide a detailed fixed price per deliverable budget, including detailed projected costs for the completion of activities in the proposal. The fixed-price budget should include a cost breakdown per task and a proposed payment schedule. If an applicant includes an indirect cost rate of >10% in their budget, they should be prepared to submit a federally approved indirect cost rate letter upon award.

The maximum award is up to $40,000. **Attachment C (Contract Budget Template)** outlines the general format for a detailed budget. Applicants may use **Attachment C** as a template or simply as a guide to inform the development of the project budget. A budget narrative (see *tab in template*) must accompany the budget and indicate the costs associated with each proposed activity.

G. **Response to ASTHO Contract Terms and Conditions (10 points):** ASTHO **and selected applicant(s) will enter** into a fixed-price contractual agreement. A copy of ASTHO’s general contract terms and conditions is available in **Attachment D**. Applicants must **review the terms and conditions with their legal team or contracts officer and confirm that if selected, you will enter into this agreement**. Any proposed changes to the terms and conditions must be identified and submitted with your proposal application for negotiations. Proposed changes submitted after the application period has ended and/or submitted during the contracting stage **may not be accepted**. ASTHO reserves the right to accept or decline any proposed changes to the terms and conditions. Significant proposed changes, which could affect the agreement’s timely execution, may impact your selection as a successful applicant.

H. **Status as Women-, Minority-, Disadvantaged-, Veteran-Owned, or Small Business (10 points):** Preference will be given to applicants who demonstrate successful work with historically underserved and underrepresented entities (minority-, women-, disadvantaged-, and veteran-owned businesses or “MWDVBEs” and black, indigenous, people of color or “BIPOC”) in addressing health disparities. Bona fide or fiscal agents who classify as one of these types of businesses will also be given preference.

V. **Submission Information**

**Application Procedure**

*Application deadline and process.*

ASTHO must receive applications in response to this RFP by 5:00 PM Eastern Standard Time on Friday, Oct. 21. Please submit an electronic copy of the application and all attachments to the ASTHO breastfeeding team at breastfeeding@astho.org. Please use the email subject “Breastfeeding Learning Community – State – Community Collaborations Funding Opportunity.” Incomplete applications or applications received after the deadline will not be considered.

**Applicant Questions and Guidance**

ASTHO will support interested applicants by offering guidance and addressing specific questions about the RFP. Interested parties may contact ASTHO staff via e-mail at breastfeeding@astho.org. Applicants can also refer to the FAQ in **Attachment E**. ASTHO will also hold an informational call for interested applicants on Aug. 31, 2022 at 2:30 p.m. ET.

Join via Zoom video conference:

https://astho.zoom.us/j/89203913259
Meeting ID: 892 0391 3259

Find your local number: https://astho.zoom.us/u/kchr5fbqQ7

Timeline (all dates subject to change)
- Aug. 29, 2022: Request for Applications (RFA) released.
- Aug. 31, 2022: Bidders' call.
- Oct. 21, 2022: Applications due.
- Nov. 14 – December 16, 2022: Initial one-on-one technical assistance calls.
- January - July 2023: Implementation of projects and Policy Academy, including monthly Policy Academy virtual learning sessions, technical assistance calls, homework assignments, and development of state policy action-learning projects.
- April 14, 2023: Interim progress report due.
- June 2023: State policy action-learning project deliverables due.
- July 31, 2023: End of the performance period and final progress report due.

Disclaimer Notice
This RFA is not binding on ASTHO, nor does it constitute a contractual offer. Without limiting the foregoing, ASTHO reserves the right, in its sole discretion, to reject any or all proposals; to modify, supplement, or cancel the RFA; to waive any deviation from the RFA; to negotiate regarding any proposal; and to negotiate final terms and conditions that may differ from those stated in the RFA. Under no circumstances shall ASTHO be liable for any costs incurred by any person in connection with the preparation and submission of a response to this RFA.