

**Greater Adirondack  
Perinatal Network**

9 Carey Road  
Queensbury, NY 12804  
(518) 761-0300  
Fax: (518) 480-0100  
[www.gap-net.org](http://www.gap-net.org)

The Greater Adirondack Peri-  
natal Network is funded  
through a grant from the New  
York State  
Department of Health,  
Division of Family Health,  
Division of Women's Health.

Sponsored by:  
Upper Hudson Primary  
Care Consortium, Inc.

July 2010

Thank you for your inquiry regarding the Greater Adirondack Perinatal Network Mini-Grant program. Attached please find RFP's for the Mini-Grant programs we are offering. The Progress Report Form and Request for Reimbursement Form have also been included for informational purposes only .

The completed mini-grant request for funding application is due back in our office no later than Tuesday, September 13, 2010. Award recipients will be notified in the beginning of October.

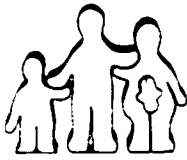
If you have any questions or concerns, please feel free to contact me at 761-0300, ext. 31250.

Sincerely,

*Jackie Avignon*

Jackie Avignon  
Program Coordinator  
[javignon@medserv.net](mailto:javignon@medserv.net)

**Attachments :**  
**2010-2011 RFP**  
**Progress Report Form**  
**Request for Reimbursement Form**



**Greater Adirondack Perinatal Network  
“Supporting Lactation in the Workplace”  
Mini-Grant RFP  
2010-2011**

Women with infants and children below age three are the fastest growing segment of today’s labor force. At least 50% of women who are employed when they become pregnant return to the labor force by the time their child is three months old. Given the substantial presence of mothers working outside the home, there is a strong need to establish lactation support in the workplace.

The benefits of continued breastfeeding though one year of an infant’s life is well documented. Children that are breastfeed for at least one year are less likely to become overweight as adults, and are less likely to become ill.

Although breastfeeding has numerous health benefits for the infant, employers benefit from encouraging breastfeeding also. By allowing women to continue to breastfeed at the workplace the employer will be creating positive employee results such as lower absenteeism, higher productivity, high company loyalty, high employee morale, and lower health care costs among their employees.

*As of 2007 NYS labor Law 206-C states that,*

*“Employers must allow breastfeeding mothers reasonable, unpaid break times to express milk and make a reasonable attempt to provide a private location for her to do so”.*

The Greater Adirondack Perinatal Network (GAP-Net), a grant program funded by the NYS Department of Health, Bureau of Women’s Health, is offering mini-grant awards in the amount of \$500 to worksites in Clinton, Essex, Franklin, Hamilton, Warren, Washington, and Saratoga counties that are interested in creating or improving lactation initiatives at their workplace.

**Priority Area:**

Women who wish to continue to breastfeed after returning to work have few and simple needs. GAP-Net will consider funding organizations that desire to:

- ❖ Create a convenient, safe, private and comfortable lactation environment for expressing or breastfeeding working women
- ❖ Create and implement policies that will support lactating women in the workplace
- ❖ Create and implement support programs for lactating women in the workplace

Applications should address the above priority areas through creative, original approaches. *Applicants are required to provide specific measurable objectives and corresponding outcomes for each goal.* This will allow GAP-Net to evaluate the impact of each mini-grant initiative. Each proposal should include baseline numbers for the chosen objective from which you plan to demonstrate improvement. For example, “through the purchase of a rocking chair for our workplace lactation room, we will increase the number of women breastfeeding by 20%, from 25 to 30 employees.” Specific steps to evaluate or follow-up with target populations relative to each objective must also be outlined (i.e., “Mothers using the lactation room will be interviewed as to the comfort of the lactation environment.”)

An itemized budget is required (see attached form). Budgets should not include funding for staff salaries. We discourage funding for the training of an individual staff member without a mechanism for replication of the training for additional staff.

**Availability of Funds:**

GAP-Net will fund 2 proposals for a maximum of \$500 each. Funding for programs/projects will conclude on May 16, 2011. Project timelines must reflect this time frame.

**Application Process:**

Please complete each section, according to specifications.

Completed proposals must be returned to the GAP-Net office no later than September 13, 2010.

Proposals will be considered only if all sections of the application form are complete according to specifications. Funding is anticipated to begin on October 15, 2010.

**Reporting Requirements:**

Awardees will be required to submit reports demonstrating progress toward program objectives including budget information as required by GAP-Net policies. Receipt of GAP-Net funding will be contingent on timely submission of all required reports. Failure to do so will result in discontinuation of funds as determined by the GAP-Net Advisory Board.

**Application Content and Format:**

All proposals are to be formatted as prescribed below. Application should not exceed nine single spaced typed pages (not including cover page, attachments(s) and budget form). Use a 12-point font with one-inch margins.

**Please number and type responses to each of the following questions completely and concisely.**

- 1.) Agency/organization name, address, telephone, fax #, and contact person.
- 2.) Specify the priority or priorities from the priority area section from page-one that your initiative will address (one-page maximum).
- 3.) Describe the proposed service or priority as follows: (four-page maximum)
  - a) Describe the size of the target population
  - b) Describe any collaborative relationships with other providers/agencies and other information necessary to provide a complete picture of what you will be doing.
- 4.) Describe the process you will use to evaluate your program activities (Are we doing what we said we were going to do?) and outcome objective (Is the program making the anticipated changes?). (One-page maximum)

5.) Include a timeline for completion of your program based on the October 15, 2010 through May 16, 2010 grant period (one-page maximum).

**Budget Format:**

Provide the following budget information outlining all expenses associated with your program. Mini-grant funding will not be available for personnel. Please be as detailed as possible (i.e., If you want resource material, please list specific items and their costs, etc.).

- A.) Program supplies and materials
- B.) Equipment
- C.) Promotional Expenses
- D.) Travel
- E.) Other Expenses
- F.) Total direct cost of A thru E

Indicate an in-kind or other additional support for the proposed program.

Please submit electronically to [javignon@medserv.net](mailto:javignon@medserv.net) or if submitting a paper application please send an original and three copies (unbound) of your proposal to:

Jackie Avignon, Program Coordinator  
Greater Adirondack Perinatal Network  
9 Carey Road  
Queensbury, NY 12804  
(518) 761-0300 ext 31253

**Must be Received in our office no later than September 13, 2010**

**Greater Adirondack Perinatal Network**  
**“Supporting Lactation in the Workplace”**  
**Mini-Grant RFP**  
**2010-2011**  
**Budget Form**

Complete the following budget form outlining all grant expenses associated with your program. Please be as detailed as possible (i.e., If you want resource material, please list specific items and their costs, etc.) Sales Tax is not reimbursable, please exclude from estimates.

A.) Program supplies and materials:

	\$ _____
	\$ _____
	\$ _____
<b>SUB-TOTAL</b>	\$ _____

B.) Equipment:

	\$ _____
	\$ _____
	\$ _____
<b>SUB-TOTAL</b>	\$ _____

C.) Promotional Expenses:

	\$ _____
	\$ _____
	\$ _____
	\$ _____
<b>SUB-TOTAL</b>	\$ _____

D.) Travel:

	\$ _____
	\$ _____
	\$ _____
<b>SUB-TOTAL</b>	\$ _____

E.) Other Expenses:

	\$ _____
	\$ _____
	\$ _____
<b>SUB-TOTAL</b>	\$ _____

F.) **TOTAL DIRECT COST** (A-E)

	\$ _____
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Please indicate any in kind or other additional support for the proposed program:

	\$ _____
	\$ _____

**Greater Adirondack Perinatal Network  
2010 – 2011 Lactation in the Workplace  
Mini-Grant Program  
Request for Reimbursement**

Employer Name: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Expenditures for this period from (dates) \_\_\_\_\_ to \_\_\_\_\_  
(including supplies, equipment, promotional, travel and other, excluding sales tax)

Paid to: <i>Attach copy of receipts</i>	Description	Amount Excluding Tax:
		\$
<b>Total Expenses</b>		<b>\$</b>

Total dollar amount requested for reimbursement for this period: \$ \_\_\_\_\_

Send attention to: \_\_\_\_\_

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

**Copies of receipts and invoices of expenditures must be included with this  
reimbursement request.**

**Submit to:** Greater Adirondack Perinatal Network, Jackie Avignon, 9 Carey Road, Queensbury, NY 12804 or e-mail to [javignon@medserv.net](mailto:javignon@medserv.net)

**Greater Adirondack Perinatal Network**  
**Supporting Lactation in the Workplace Mini-Grant Program**  
**Progress Report: 2010 - 2011 Grant Year**

Please submit a completed report (use additional sheets if necessary) to the Greater Adirondack Perinatal Network outlining your program's progress for **each period** listed below:

October 15, 2010 - January 10, 2011  
January 11, 2011 - May 16, 2011

Interim Progress Report Due - January 20, 2011  
Final Progress Report Due - May 26, 2011

Project and/or Organization Name: \_\_\_\_\_

Project Contact Person: \_\_\_\_\_

Report covers period from \_\_\_\_\_ to \_\_\_\_\_

- 1) Briefly describe the program activities conducted for your project during this period including the volume and type of services provided for clients, providers, etc.
  
- 2) For the period covered by this report, briefly explain any changes made from your original application, and the reasons for the changes.
  
- 3) What are the major strengths or accomplishments of your program?
  
- 4) Have there been any weaknesses or deficiencies? What will you do to improve them?
  
- 5) Do you plan to continue this program? If yes, how will you do so? (Complete this question for the final progress report only).
  
- 6) List any additional comments or concerns.

Please complete the REQUEST FOR REIMBURSEMENT form for expenditures you have made during this period. Copies of receipts and invoices for expenditures must be included. Sales tax is not reimburseable, please exclude. Reimbursement of expenses may be done prior to reporting dates.

Return by due dates to: Greater Adirondack Perinatal Network, Jackie Avignon, 9 Cary Road, Queensbury, NY 12804  
Attn: Mini-Grant Program or <mailto:javignon@medserv.net>