

APPLICATIONS DUE OCTOBER 1, 2023, at 11:59PM PST



The National Association of County and City Health Officials (NACCHO) is the voice of the nearly 3,000 local health departments (LHDs) across the country. NACCHO provides resources to help LHD leaders develop public health policies and programs to ensure that communities have access to the vital programs and services people need to keep them protected from disease and disaster.

REQUEST FOR APPLICATIONS

Bridging Breastfeeding Continuity of Care and Nutrition Security within the First 1,000 Days: *Blueprint Cohort III*

Date of Release: Thursday, August 24, 2023

Complete Applications Due by Sunday, October 1, 2023, by 11:59pm PST

SUMMARY INFORMATION

Project Title: Bridging Breastfeeding Continuity of Care and Nutrition Security within the First 1,000 Days: Blueprint Cohort III

Proposal Due Date and Time: October 1, 2023 by 11:59 pm PST

Selection Announcement Date: October 13, 2023

Source of Funding: Centers for Disease Control and Prevention (CDC)

Number of awards: Up to 5 awards

Maximum Funding Amount: \$30,000 or \$50,000 each

Estimated Period of Performance: November 1, 2023 – July 31, 2024

Point of Contact for Questions Regarding this Application: breastfeeding@naccho.org

BACKGROUND

The first 1,000 days, the period from pregnancy through a child's second birthday, represents a critical window for establishing healthy dietary patterns that promote healthy growth and development. Fostering a positive feeding environment and healthy eating with adequate nutrition during this period promotes lifelong health by helping to reduce the risk of obesity and associated cardiometabolic disorders later in life.¹

Leading medical and government organizations recognize that optimal infant and young child feeding includes exclusive breastfeeding for the first six months and continued breastfeeding with the addition of age-appropriate complementary feeding for at least two years or longer. Human milk is the ideal first food as it is uniquely suited for infants' optimal growth and development, and it also has a substantial impact on the birthing persons' health, which makes chest/breastfeeding support critical for improving community health.

While 83.1% of infants in the United States started off breastfeeding in 2020, only 25.4% exclusively breastfed through 6 months, and only 37.6% were breastfeeding at 12 months². In addition, 1 in 7 babies in the United States experience food insecurity and therefore, many families are unable to meet national dietary recommendations. As many as one-third of U.S. infants are given complementary foods before four months³. Black and Hispanic infants are more likely to be introduced to solid foods before four months and have a higher intake of sugar-sweetened beverages compared to non-Hispanic white infants. Infants and toddlers from low-income families also have higher rates of consuming added sugars compared to their counterparts from higher-income families.⁴

Moreover, significant optimal nutrition disparities persist by race, ethnicity, socioeconomic status, and geography. Suboptimal rates of breastfeeding lead to short- and long-term health consequences for infants and lactating parents; among infants, these include increased incidence of infection, diabetes, and obesity.

1 Stoody, E. E., Spahn, J. M. & Casavale, K. O. The Pregnancy and Birth to 24 Months Project: a series of systematic reviews on diet and health. *The American Journal of Clinical Nutrition* 109, 685S-697S (2019).

2 Centers for Disease Control and Prevention (2023). National Immunization Survey. US National Breastfeeding Rates, 2020 Births

3 Orozco, J., Echeverria, S. E., Armah, S. M. & Dharod, J. M. Household Food Insecurity, Breastfeeding, and Related Feeding Practices in US Infants and Toddlers: Results From NHANES 2009–2014. *Journal of Nutrition Education and Behavior* 52, 588–594 (2020).

4 Taveras, E. M., Gillman, M. W., Kleinman, K., Rich-Edwards, J. W. & Rifas-Shiman, S. L. Racial/Ethnic Differences in Early Life Risk Factors for Childhood Obesity. *Pediatrics* 125, 10.1542/peds.2009-2100 (2010).



Recommendations to Advance Chest/Breastfeeding Continuity of Care in the Community

Community Infrastructure Recommendations

- 1** Integrate breastfeeding promotion, protection, and support goals into existing community health improvement strategies and as a component of health promotion programs.
- 2** Create environments that proactively promote, protect, and support chest/breastfeeding throughout the community, in spaces where families live, work, play, worship, shop, travel, receive services, and raise children.
- 3** Implement a care coordination system across the prenatal through weaning stages, including the development of formal referral systems, follow-up accountability, and hand-off protocols during transitions of lactation care from one provider or setting to another.
- 4** Develop a shared community breastfeeding database system to track infant feeding consistently for community health collective impact efforts.

Lactation Workforce Recommendations

- 5** Increase community capacity to provide consistent, tailored, evidence-based lactation education and support by regularly training all individuals who provide services to the family unit.
- 6** Provide family-centered lactation care that is responsive to the intersectionality of families' multiple identities, their social determinants of health, and other factors impacting their infant feeding journey.
- 7** Assume a community champion role, beyond the provision of direct services, by identifying and engaging key stakeholders to identify and help remove structural barriers to chest/breastfeeding within systems, organizations, and the community.

Each Blueprint recommendation is supported by practical strategies targeted at different stakeholders to enable advancement of CoC in communities across the country. In addition to recommendations and strategies, the Blueprint includes CoC-related graphic templates, success stories, and a comprehensive list of relevant tools and resources. In addition, there are helpful resources included in the appendix, including the lactation equity language glossary, with the inclusive lactation terms used throughout this document, and some existing continuity of care resources for reference.

The Blueprint was spearheaded in the fall of 2018, and since then, over 100 experts working in the lactation field across the U.S. contributed to its recommendations and strategies by graciously sharing experiences and providing valuable input and feedback. For more information about the process of the Blueprint development, see Appendix Pg 73. See [Acknowledgements](#) for more information.

Continuity of Care & Breastfeeding

Lactation support providers (LSP) and breastfeeding medicine specialists provide community breastfeeding support across these settings, though the availability of providers is different in each community. The linkages between and among LSP and other service providers that enable continuous, coordinated, and consistent support to families from the prenatal period through weaning are typically weak. This movement across providers and settings is known as the **continuity of care (CoC)**, which is achieved by consistent, collaborative, and seamless delivery of high-quality services for families from the prenatal period until no longer providing human milk. CoC results in transitions of care that are coordinated and fully supportive of families throughout their chest/breastfeeding journey. In addition to care coordination, CoC in chest/breastfeeding also refers to the establishment of supportive environments where families live, work, play, and raise children, through the implementation of policies, systems, and environment (PSE) solutions.

APPLICATIONS DUE OCTOBER 1, 2023, at 11:59PM PST

To address gaps and barriers related to the chest/breastfeeding CoC in community support, NACCHO, in collaboration with USBC and experts from the field, developed *Continuity of Care in Breastfeeding: A Blueprint for Communities*. This resource includes seven (7) recommendations and 42 strategies for establishing chest/breastfeeding CoC that are tailored to local-level organizations and community stakeholders. The recommendations are listed below, and recommendations and strategies are provided in detail in the full blueprint document, available for download at [Blueprint - BreastfeedingCoC \(breastfeedingcontinuityofcare.org\)](https://breastfeedingcontinuityofcare.org).

Infant and Young Child Nutrition in the first 1,000 Days:

In the United States, there is currently a disjointed approach to breastfeeding CoC and child nutrition security programs. Human milk feeding is the first food security, however there is a need to ensure continuity in nutrition security throughout the first 1,000 days and beyond. Access to both education and healthy foods for complementary feeding is key to ensuring that children have the best start in life. There is a unique opportunity to expand and leverage existing CoC in breastfeeding support efforts within the first 1,000 days to include CoC activities applied to nutrition, such as:

- Intentionally build capacity of lactation support providers and other maternal child professionals by providing nutrition security training integrating nutrition education into lactation support programs;
- Improve consistent messaging and education among providers that extend beyond breastfeeding to include the 1,000 days nutrition approach;
- Implement strategies to improve access to healthy complementary foods;
- Develop culturally relevant nutrition marketing campaigns;
- Develop culturally responsive infant and toddler nutrition resources based on the Dietary Guidelines;
- Extend care coordination through the 1,000 days;
- Enhance partnerships with local agencies that address social determinants of health (sDOH) and referral systems with care providers;
- Develop a child nutrition community resource guide;
- Conduct community assessment specific to the local child nutrition security (existing programs, families' needs, wants and experience accessing services, key stakeholders, gaps and assets);
- Co-locate lactation support services within places with healthy foods distribution;
- Master gardening classes for families with young children;
- Improve Policies, Systems and Environments (PSE) of food banks/pantries to be more supportive of breastfeeding and healthy infant/toddler nutrition.

For additional solutions to achieving optimal nutrition in infants and toddlers, check out the *Improving Infant and Young Child Nutrition during the first 1,000 days in Communities of Color*, available at bit.ly/earlychildhoodnutrition.

FUNDING OVERVIEW

The purpose of this funding opportunity is to 1) support the implementation of the Blueprint by local-level organizations working with communities with historically low rates of chest/breastfeeding ([Breastfeeding Initiation Rates and Maps by County | Breastfeeding | CDC, State Breastfeeding Reports](#)), 2) improve the first 1,000 days nutrition security landscape in those communities. NACCHO will make up to five (5) awards available, with award amounts of up to \$50,000 each. Complete applications must be submitted no later than October 1, 2023, at 11:59PM PST.

APPLICATIONS DUE OCTOBER 1, 2023, at 11:59PM PST

NACCHO will host a webinar for interested applicants on September 21, 2023, at 1:00pm ET and will provide an overview of this funding opportunity and respond to any questions. Please note that no new information will be shared during the webinar; as such, applicants need not wait for this optional meeting to begin or submit the application. The webinar will be recorded, sent out to all registrants, and posted on NACCHO's website. Register for the webinar here <https://bit.ly/RFAWebinarBlueprintCohortIII>.

All necessary information regarding the project and application process may be found in the Request for Application (RFA). Applicants may pose individual questions to NACCHO at any point during the application process by e-mailing breastfeeding@naccho.org.

PROJECT DESCRIPTION

With support from the CDC Division of Nutrition, Physical Activity, and Obesity (DNPAO), NACCHO is pleased to announce a funding opportunity to support the implementation of the Blueprint to strengthen community lactation support and improve the local nutrition security landscape within the first 1,000 days.

Through this funding opportunity, two project scopes will be available: Scope of Work A and Scope of Work B. Awardees will be required to conduct specific activities based on the project scope selected in addition to those described in a project workplan, which will be agreed upon after award acceptance.

Awardees are required to select and complete one of the two project scopes outlined below.

SOW A: Continuity of Care in Breastfeeding

Award Amount Available: \$30,000

Required Activities: At least 3 breastfeeding (Blueprint) strategies, Partnerships

Applicants are required to apply with at least two other key partners to implement strategies from at least three (3) Blueprint recommendations. Applications that select strategies from Recommendation 3 (warm handoffs from and to the hospitals), Recommendation 4 (developing a community dashboard), and Recommendation 6 (addressing social determinants of health), and those working on nutrition security activities will be given preference. Additionally, applicants aligned with the [strategic priorities of NACCHO](#), Local Health Departments, and other organizations working with communities in the Southern Region of the United States will be given priority. Note that applicants are not expected to implement every strategy listed under the selected Blueprint recommendation, but should rather focus on the strategies that best respond to their communities' needs. While there is no maximum number of recommendations that can be implemented, NACCHO encourages applicants to be realistic in their work plans, taking into consideration the project timeline, available funding, grantee and partners' capacity and current state of lactation support in their jurisdictions.

Summary of Project Activities

From November 1, 2023, through July 31, 2024, grantees are expected to work in partnership with NACCHO to complete the following:

- Participate in a kick-off call with NACCHO in November 2023;
- Modify grantee workplan based on NACCHO inputs, if necessary;
- Build a logic model with NACCHO team;
- Implement workplan activities alongside community partners;
- Participate in evaluation-related activities with NACCHO to track and measure progress towards expressed outcomes. These include completing a pre/post-assessment and one-hour interview. Participate in group calls with all grantees and individual project check-ins with NACCHO, with at least one person per partner organization participating;

APPLICATIONS DUE OCTOBER 1, 2023, at 11:59PM PST

- Work with NACCHO's technical assistance team to identify best approaches for implementation;
- Develop and submit at least two or more tools and resources that were developed as part of this project to be part of the [Resources Library - BreastfeedingCoC \(breastfeedingcontinuityofcare.org\)](https://breastfeedingcontinuityofcare.org). Examples include the following: community lactation resource directory, clinical workflow procedures for lactation support, culturally relevant social marketing campaigns, transfer of care hand-off protocols, partnership assessments, community lactation resource directory; community breastfeeding database and reporting systems, and multisector continuity of care coalition framework;
- Collect and report data during the implementation process. As such, grantees will be expected to develop the following:
 - A simple evaluation plan with measures associated with the activities proposed*
 - Submit two progress reports and a final report intended to reflect information related to implementation and progress of work at the end of the project period, and information on the monitoring and evaluation of activities conducted.

**Note that Training/Technical Assistance will be provided to all grantees by NACCHO's Research and Evaluation team for data collection and reporting, and evaluation plan*
- Promote the Blueprint and the first 1,000 days work (when applicable) by presenting at meetings, conferences, and/or submitting abstracts; examples include the following: local coalition meetings, regional and national conferences, and can be in-person or virtual (pending funding approval, NACCHO may provide financial scholarship for presenters).

SOW B: Continuity of Care in Breastfeeding PLUS Advancing Nutrition Security (Supplement)

Award Amount Available: \$50,000

Required Activities: At least 3 Breastfeeding Blueprint activities, two nutrition activities and an additional partnership

- Completion of all activities listed above in SOW A in addition to the activities outlined below.
- Establish at least one (1) additional partnership specific to nutrition security
- Participate in additional (3) Nutrition Security specific group calls; establish a baseline of work currently participating in, in the community.
- Implement at least two (2) activities to advance nutrition security within the first 1,000 days*
- Develop and submit at least two or more tools and resources used to complete activities outlined in the work plan.

*Review the [Improving Infant and Young Child Nutrition during the first 1,000 days in Communities of Color](#) for reference of activities ideas and opportunities. However, note that proposed activities do not necessarily need to come from this report.

ELIGIBILITY

ELIGIBLE APPLICANTS

Eligibility is restricted to non-profits and municipalities that are conducting the work within a defined local community/locality (e.g. a specific county, city, or a group of zip codes). Applicants may include, but are not limited to, the following: local health departments, community health centers, WIC offices, Healthy Start sites, non-profit hospitals, community action agencies, health coalitions, food pantries, breastfeeding

APPLICATIONS DUE OCTOBER 1, 2023, at 11:59PM PST

coalitions (local coalitions without 501(c)(3) status may partner with a state coalition as fiscal sponsor), and other community-based organizations.

Partnerships are critical to advancing continuity of care, so applicants should plan to collaborate with at least two or more partners to implement this project and indicate selected partners in the application. Preference will be given to applicants who are, or who partner with, a local health department, a breastfeeding expert organization, a local organization that addresses food security, an organization that represents community members and/or an organization that address community’s social determinants of health/social needs (such as community action agencies, food banks/pantries, housing and transportation agencies, and others).

Note that these organizations can be the same entity (i.e., an applicant can partner with one organization that is a breastfeeding expert organization and represents community members). At least two (2) letters of support are required describing their involvement in the project.

Organizations that received more than one cycle of previous funding for the Blueprint implementation within the past three years are not eligible for this cycle of funding.

Proposals from applicants who do not meet this eligibility will not be reviewed and will be automatically disqualified.

METHOD OF PAYMENT

Awardees will be supported through a fixed-price contract based on a schedule of deliverables. Applicants must submit a report (i.e., progress or final) with each invoice. The proposed schedule is as follows, based on a \$30,000 (SOW A) or \$50,000 (SOW B) project budget:

SOW A:

Deliverable	Target Date	Amount
Progress report 1 and associated work plan and evaluation deliverables	January 30, 2023	\$10,000
Progress report 2 and associated work plan and evaluation deliverables	April 30, 2023	\$10,000
Final report, success story, slide presentation recording, final work plan deliverables, participation in NACCHO evaluation activities	July 31, 2023	\$10,000

SOW B:

Deliverable	Target Date	Amount
--------------------	--------------------	---------------

APPLICATIONS DUE OCTOBER 1, 2023, at 11:59PM PST

Progress report 1 and associated work plan and evaluation deliverables	January 30, 2023	\$10,000
Nutrition security in the first 1,000 days initial baseline assessment	March 15, 2023	\$10,000
Progress report 2 and associated work plan and evaluation deliverables	April 30, 2023	\$10,000
Program activities report; advancing nutrition security in the first 1,000 days	June 15, 2023	\$10,000
Final report, success story, slide presentation recording, final work plan deliverables, participation in NACCHO evaluation activities	July 31, 2023	\$10,000

Please note that NACCHO reserves the right to make changes to the project timeline and payment schedule if necessary.

APPLICATION INSTRUCTIONS:

- 1) **Review:** Review the requirements and expectations outlined in this RFA
- 2) **Narrative:** Complete the application in [OpenWater](#) and all attachments in by 11:59PM PST on October 1, 2023.
- 3) **Workplan:** Develop a project workplan that delineates your project strategies, timeline, and roles and responsibilities. [Sample Workplan](#)
 - For SOW B, the Sample Workplan should also include the proposed project activities related to nutrition security.
- 4) **Budget:** Develop a [line-item budget](#) and [budget narrative](#) for up to \$30,000 (SOW A) or \$50,000 (SOW B).
 - If you are including fringe benefits or indirect rates, provide proof in the form of an approved rate letter (for fringe and/or indirect) or calculations (fringe). Proof is not needed for indirect rates of 10% or less. Note that restricted items will not be considered or reimbursed. See a list of unallowable costs in [Appendix A](#).
- 5) **Letters of Support:** Gather at least two (2) letters of support (SOW A) or three (3) letters of support (SOW B) from proposed partners to be uploaded with the application.
- 6) **Additional Required Information:** Please include and submit (upload) the following attachments with your application:
 - Complete and submit the [Vendor Information Form](#).
 - Complete and submit the [Completed Certification of Non-Debarment](#).
 - Submit [W-9 Form](#).
 - Complete and submit the [FFATA data collection form](#).

APPLICATIONS DUE OCTOBER 1, 2023, at 11:59PM PST

- *This form is required but if you are not able to complete the form in time for the application deadline, this form can be submitted up to three weeks after the application deadline. Please inform breastfeeding@naccho.org if you will be submitting this document after October 1, 2023.*
- Provide proof of active registration with SAM.gov in accordance with an active Unique Entity ID. Must upload proof of active registration in application (a screenshot can be uploaded).
 - *The applicant must be registered with the System for Award Management (SAM). For applicants without a Unique Entity ID, please note that it takes 7-10 business days to receive a number after registration. Please plan accordingly to ensure an active SAM Unique Entity ID at the time of submission.*
 - *Note: If an applicant's Unique Entity ID is expired at the time of contract execution, the applicant will be required to renew.*

No applications will be accepted via email. Applications submitted after the deadline will not be reviewed.

Narrative: The application document includes the following questions

SOW A:

1. Briefly share the structure of your organization, describe your defined local community, and describe the population with historically low rates of breastfeeding that you work with. (300 words)
2. Who are your project partners? Describe how you have worked together before, or envision future collaboration, and the roles each partner will play on this project. Describe how your partnership is diverse, equitable, inclusive across the partnership proposed. Describe how you and your partners are currently involved in and/or leading chest/breastfeeding efforts in the community. (500 words)
3. Describe the lactation support landscape in your local community, including breastfeeding disparities rates and indicate the barriers and gaps in continuity of care. (600 words)
4. Who will work on this project? Include key staff from all partners and/or community members and their project roles. (300 words)
5. What recommendations are you choosing to implement and why? How will your selected strategies address gaps in continuity of care in chest/breastfeeding support in your community described above? (500 words)
6. Describe the short, intermediate and long-term outcomes you intend to achieve with this project. What data are you planning to collect? What metrics would you use to demonstrate project impact/success? (200 words)
7. How will this project help advance equity in chest/breastfeeding in your community? What do you hope to see improved after the project is over? (200 words)
8. How do you plan to sustain your efforts? (200 words)

SOW B: SOW A (the above), and:

9. What is the current nutrition security landscape in your community? (300 words)
10. What is the current nutrition security work that you are engaged in? (500 words)
11. What activities will you participate in to advance nutrition security work locally? (500 words)
12. What does success look like for your project? What will you have accomplished to improve the community nutrition security landscape by the end of the grant period? (300 words)

SELECTION PROCESS

APPLICATIONS DUE OCTOBER 1, 2023, at 11:59PM PST

NACCHO will score applications based on the selection criteria listed below and according to the point values for each section listed above.

Applications will be scored by based on the following criteria:

- ***Organizational/Partnership Capacity:*** (30 points) Applicant and/or partners have experience implementing lactation support programs and other nutrition security services in their communities. Ideally, the partnership implementing this project should include a mix of representatives from the following: local health departments, chest/breastfeeding expert organizations, and/or organizations who work on the food security space, that represent and/or provide direct services to historically oppressed communities, and/or address community's social determinants of health/social needs (such as community action agencies, food banks/pantries, housing and transportation agencies, faith-based organizations, and others). All partners describe a history of commitment to collaboration. Application includes description of key staff that is appropriate for the project, and describe fair partnerships centered in diversity, equity, inclusion. All partners have clear roles and responsibilities.
- ***Proposed Approach:*** (40 points) Applicant's project approach is realistic and achievable and likely to address existing gaps in continuity of care and nutrition security for young children. The work plan includes at least three recommendations from the blueprint, including recommendation 3, 4 and 6. The work plan includes at least two nutrition security activities.
- ***Commitment to Addressing Equity:*** (15 points) All successful applications will have identified inequities related to breastfeeding and nutrition security and propose activities that will address these inequities. All successful applications will serve Black, Indigenous, People of Color (BIPOC) or other populations that are historically oppressed through meaningful engagement.
- ***Community Need:*** (5 points) (1) Extent to which organization understands community needs and (2) organization, jurisdiction, or region would benefit from a stronger continuity of care for lactation support.
- ***Sustainability:*** (5 points) The application describes a realistic sustainability plan.
- ***Budget:*** (5 points) Line-item budget and budget narrative is reasonable and in line with project activities. The line-item budget does not include allowable costs.

SOW B: Additional points will be awarded to SOW B applicants:

- ***Feasibility:*** (20 points) Do the proposed activities align with nutrition security work in the applicant's community. How likely will the proposed projects affect the landscape, partnerships, and nutrition systems with a specific locality. Does the community's needs correspond to the project proposal?

NACCHO may follow up with applicants via phone or email for additional information.

SUBMISSION INSTRUCTIONS

Applications must be submitted through the [online application system](#) by 11:59 PST on October 1, 2023.

Applicants should:

- Review the requirements and expectations outlined in this RFA.

APPLICATIONS DUE OCTOBER 1, 2023, at 11:59PM PST

- Read [NACCHO's standard contract](#) and provide a copy to the individual with signing authority for the LHD or entity that would be contracting with NACCHO, including any relevant financial or legal offices for advanced consideration.
- The submitted application must include the following items to be deemed complete:
 - The narrative proposal response format sections [outlined above](#).
 - Anticipated [budget](#)
- [Vendor Information Form](#), [W-9](#), [Certification of Non-Debarment](#), and [FFATA data collection form](#). *Upload in application.*
- Proof of active registration with SAM.gov in accordance with active Unique Entity ID. *Upload in application* (a screenshot of proof of registration can be uploaded).
 - Note: If an applicant's Unique Entity ID is expired at the time of contract execution, the applicant will be required to renew.
 - Required to submit application
- Back up documentation to show approved Fringe and Indirect rates if they exceed 10% de minimus rate; if no approved rates, please provide on letterhead explanation of Fringe and Indirect rates. *Upload in application.*
- NACCHO will confirm receipt of all applications within three to five business days, however, receipt does not guarantee verification of completeness. All applicants will be notified of their status the week of October 10, 2023. All questions may be directed to breastfeeding@naccho.org.

CONTRACT TERMS

Agreement with NACCHO standard contract terms and conditions ([here](#)) and scope of work ([Appendix B](#)) is a requirement. Applicants should review all terms and conditions to determine whether or not they are appropriate for submitting a proposal. **No modifications to the terms, contract language, or scope of work will be made. Contractors that cannot agree to NACCHO's contract language should not apply for this initiative.** If you are an applicant from Florida, please contact NACCHO immediately for a copy of the Florida standard contract.

BREASTFEEDING RESOURCES

CDC Breastfeeding, Infant and Toddler Nutrition

<https://www.cdc.gov/breastfeeding/index.htm>

[Breastfeeding Initiation Rates and Maps by County | Breastfeeding | CDC.](#)

<https://www.cdc.gov/nutrition/infantandtoddlernutrition/foods-and-drinks/when-to-introduce-solid-foods.html>.

NACCHO Breastfeeding resources (capacity briefs, journal articles, implementation guides, webinars):

<https://www.naccho.org/programs/community-health/maternal-child-adolescent-health/breastfeeding-support>

Breastfeeding in the Community: Work Plan and Budget Alignment Essentials

<https://www.naccho.org/uploads/downloadable-resources/Work-Plan-Breastfeeding.pdf>

US Breastfeeding Committee

<http://www.usbreastfeeding.org/>

1000 days Nutrition:

[Nutrition in the First 1,000 Days: A Foundation for Lifelong Health - 1,000 Days \(thousanddays.org\)](https://thousanddays.org)

U.S. Dietary Guidelines for Infants and Toddlers

[Home | Dietary Guidelines for Americans](#)

Nutrition Security

[Food and Nutrition Security | USDA](#)

"[2022 County Health Rankings National Findings Report](#)." The report features county-level data on community conditions to help families thrive, including child care and paid family and medical leave.

Community action kit to promote, protect and support breastfeeding

<https://www.wibreastfeeding.com/wp-content/uploads/2014/10/Community-Action-Kit.pdf>

Breastfeeding Needs Assessment

<https://www.naccho.org/uploads/downloadable-resources/Issue-Brief-Needs-Assessment-FINAL.pdf>

****Additional resources to support the implementation of the strategies can be found directly on the Blueprint document under each Blueprint recommendation at <http://www.breastfeedingcontinuityofcare.org/blueprint> or in the national library of continuity of care resources <https://www.breastfeedingcontinuityofcare.org/coclibrary>**

APPENDICES

APPENDIX A:

1. Recipients may not use funds for clinical care except as allowed by law.
2. Recipients may not use funds for research, incentives such as gift cards, or vehicles.
3. Food and beverage requests will be approved on a case-by-case basis and will require the submission of further documentation.
4. Prohibition on certain telecommunications and video surveillance services or equipment (Pub. L. 115-232, section 889): Recipients and subrecipients are prohibited from obligating or expending grant funds (to include direct and indirect expenditures as well as cost share and program funds) to:
 - a. Procure or obtain,
 - b. Extend or renew a contract to procure or obtain; or
 - c. Enter into contract (or extend or renew contract) to procure or obtain equipment, services, or systems that use covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in Pub. L. 115-232, section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).
 - i. For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera

APPLICATIONS DUE OCTOBER 1, 2023, at 11:59PM PST

Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).

- ii. Telecommunications or video surveillance services provided by such entities or using such equipment.
 - iii. Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise, connected to the government of a covered foreign country. President's Emergency Plan for AIDS Relief (PEPFAR) funding is exempt from the prohibition under Pub. L. 115-232, section 889 until September 30, 2022. During the exemption period, PEPFAR recipients are expected to work toward implementation of the requirements
5. Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
 6. Travel Costs – Hotel, meals and incidentals generally are unallowable if they exceed on a daily basis the Federal Travel Per Diem Rates published by the General Services Administration. There are many rules and exceptions in applying this rule. Please contact NACCHO with specific questions about these exceptions.
 7. Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
 8. Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - o publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
 - o the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action,
 - o or Executive order proposed or pending before any legislative body
 9. Funding restrictions stated in [CDC-RFA-OT18-1802](#) apply

APPENDIX B:

Bridging Breastfeeding Continuity of Care and Nutrition Security within the First 1,000 Days: Blueprint Cohort III

Scope of Work

SOW A: Continuity of Care in Breastfeeding

Award Amount Available: \$30,000

Required Activities: At least 3 breastfeeding (Blueprint) strategies, Partnerships

Applicants are required to apply with at least two other key partners to implement strategies from at least three (3) Blueprint recommendations. Applications that select strategies from Recommendation 3 (warm handoffs from and to the hospitals), Recommendation 4 (developing a community dashboard), and Recommendation 6 (addressing social determinants of health), and those working on nutrition security activities will be given preference. Additionally, applicants aligned with the [strategic priorities of NACCHO](#), Local Health Departments, and working with communities in the Southern Region of the United States will be given priority. Note that applicants are not expected to implement all the strategies listed under the selected Blueprint recommendation, but rather should focus on the strategies that best respond to their communities' needs. While there is no maximum number of recommendations that can be implemented, NACCHO encourages applicants to be realistic in their workplans, taking into consideration the project timeline, available funding, grantee and partners' capacity and current state of lactation support in their jurisdictions.

Summary of Project Activities

From November 1, 2023, through July 31, 2024, grantees are expected to work in partnership with NACCHO to complete the following:

- Participate in a kick-off call with NACCHO in November 2023;
- Modify grantee workplan based on NACCHO inputs, if necessary;
- Build a logic model with NACCHO team;
- Implement workplan activities alongside community partners;
- Participate in evaluation-related activities with NACCHO to track and measure progress towards expressed outcomes. These include completing a pre/post-assessment and one-hour interview. Participate in group calls with all grantees and individual project check-ins with NACCHO, with at least one person per partner organization participating;
- Work with NACCHO's technical assistance team to identify best approaches for implementation;
- Develop and submit at least two or more tools and resources that were developed as part of this project to be part of the [Resources Library - BreastfeedingCoC \(breastfeedingcontinuityofcare.org\)](#). Examples include the following: community lactation resource directory, clinical workflow procedures for lactation support, culturally relevant social marketing campaigns, transfer of care hand-off protocols, partnership assessments, community lactation resource directory; community breastfeeding database and reporting systems, and multisector continuity of care coalition framework;
- Collect and report data during the implementation process. As such, grantees will be expected to develop the following:
 - A simple evaluation plan with measures associated with the activities proposed*
 - Submit two progress reports and a final report intended to reflect information related to implementation and progress of work at the end of the project period, and information on the monitoring and evaluation of activities conducted.

APPLICATIONS DUE OCTOBER 1, 2023, at 11:59PM PST

- **Note that Training/Technical Assistance will be provided to all grantees by NACCHO's Research and Evaluation team for data collection and reporting, and evaluation plan*
- Promote the Blueprint and the first 1,000 days work (when applicable) by presenting at meetings, conferences, and/or submitting abstracts; examples include the following: local coalition meetings, regional and national conferences, and can be in-person or virtual (pending funding approval, NACCHO may provide financial scholarship for presenters).

SOW B: Continuity of Care in Breastfeeding PLUS Advancing Nutrition Security (Supplement)

Award Amount Available: \$50,000

Required Activities: At least three (3) breastfeeding Blueprint activities and two (2) nutrition activities, partnerships

- Completion of all activities listed above in SOW A in addition to the activities outlined below.
 - Review opportunities and solutions established in the report, [*Improving Infant and Young Child Nutrition during the first 1,000 days in Communities of Color*](#).
- Establish at least one (1) additional partnership specific to nutrition security
- Participate in additional (3) Nutrition Security specific group calls; establish a baseline of work currently participating in, in the community.
- Implement at least two (2) activities to advance nutrition security within the first 1,000 days.
- Develop and submit at least two or more tools and resources used to complete activities outlined in the work plan