

### **Pre-Approval Grant Request**

Request # 05802318

# **General Grant Information**

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- 1. Guilford county employee name: Pamela Lough
- 2. Guilford county employee email address: plough@guilfordcountync.gov
- 3. Name of grant: Every Baby Guilford Adopt-A-Mom grant
- 4. Department name: Public Health
- 5. Application due date: 10/18/2024
- 6. Name of the sponsor or funding agency: Every Baby Guilford Inc. (NPO)
- 7. Estimated dollar amount to be requested in this grant application: \$25,001 \$249,000
- 8. What is the source of funding for this grant?: Private Foundation
- 9. Will Guilford County be the prime recipient of grant funding or a subrecipient/contractor?: Prime
- 10. What is the period of performance (start and end date of the agreement)?: 7/1/24-6/30/25 (dates align with Smart Start funding)
- 11. When does the funder anticipate notifying grantees that their proposal was awarded or not awarded?: Already awarded in July 2024

(funds given to PH, not applied for)

- 12. Does the application indicate renewal options are available?: Yes
- 13. Funding Opportunity Description: Continuation / Renewal (awarded previously and seeking to continue the grant)
- 14. Does the grant application require any of the following?: MOU(s), N/A There is not an application for this agreement
- 15. Please enter the web address (URL) for the grant application so that we may review the relevant materials.: everybabyguilford.org
- 16. Please upload a copy of the grant guidance / funding opportunity: PRE-AUDIT CONTRACT 90006849 EVERY BABY GUILFORD.pdf
- 17. Please list the name of the Guilford County employee serving as the primary point of contact for this grant application .: Pamela Lough

18. To your knowledge, has the Guilford County department seeking to apply for this grant received grant funding from this sponsor agency in the past? \*: Yes

**19. Please briefly describe the purpose of the proposed program, service or activity to be supported by this grant funding.**: Grant funds from EBG, Inc support the Adopt-A-Mom program which connects vulnerable, uninsured

individuals to prenatal care, provideds 1 ultrasound to each participant and connects participants to

resources in the community. Funding also supports AAM appreciation incentives for participating

- physician offices.
- 20. Submission of this Notice of Intent to Submit a Grant has been reviewed by:: Department Director

21. If you selected "Other" in the question above, please list the person's name below. If you selected "None of the Above" please provide

- additional about your department's internal approval process below .: Louise Baldwin, PH Agency Business Manager
- 22. Will the proposal include a request for new or temporary positions?: No



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25. If awarded, does implementing the grant require any of the following?: Other

26. If the grant requires match, what type of match is allowed?: No match required

28. Does this grant require reporting?: Yes

29. If applicable, please tell us the frequency and type of reporting that the grant requires.: Grant reporting is implemented annually with EBG, Inc.

30. How will the grant application be submitted?: Other

31. Is this a collaborative proposal with other Guilford County departments?: No

33. Is this a collaborative proposal with any non-Guilford County entities?: Yes

**34. If this is a collaborative proposal with non-Guilford entities, please list those below.**: Guilford County Partnership for Children, Smart Start funding

35. Which of the following Board of Commissioners goals and key strategic actions does this grant align with?: Community Health & Vitality

**37. Additional Questions or Comments?**: These funds are tied to contract with Every Baby Guilford, Inc. (Non-Profit Organization) and is in collaboration with the Guilford County Partnership for Children, Inc. Smart Start funding program

#### **Finance Review Information**

Is department able to satisfy reporting needs for SEFSA, if applicable?: N/A

Dept/County able to meet Internal control/closeout requirements?: Yes

Approved By Finance Department?: Yes

#### Legal Review Information

Adequate timeframe for public notice/hearing requirements, if any?: N/A

Are the department and/or County able to satisfy conformance requirements of the award?: Yes

Legal Department Approve/Deny Comments: N/A

Is the applicant aware of and compliant with all standard certifications required?: Yes

Approved by Legal Department?: Yes



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## **Assistant County Manager Review Information**

Approved by Assistant County Manager?: Yes

### **Attachments**