**Application for Drug Free Moms and Babies Project Expansion**

Name of organization:

Primary Contact Name for Organization:

Title:

Address:

Phone:

Email:

Primary Contact Name for Project:

Title:

Address:

Phone:

Email:

Additional Contact information:

Name:

Title:

Address:

Phone:

Email:

Please prepare a narrative that responds to the following questions. Completed applications should be emailed by COB Monday, September 18, 2017 to Janine Breyel at [jbreyel@hsc.wvu.edu](mailto:jbreyel@hsc.wvu.edu). Please put Drug Free Moms and Babies Project Expansion application in the subject line.

1. Requested amount:
2. Description of population served, including geographical area, number of pregnant women, numbers of pregnant women with alcohol and drug abuse problems, and number or percentage of babies with intrauterine substance exposure and/or experiencing neonatal withdrawal syndrome (NAS) from the applicant clinic and/or hospital. (10 points)
3. Describe the project for which funding is sought and how behavioral health and maternity care services will be integrated in the model you are proposing. What services are (or will be) available to this population? How will these services differ from what has previously been available to the women you serve? What personnel will provide these services? How will community resources be linked/coordinated? Who are your community partners? What mechanisms are in place for follow-up with the moms and their babies for up to 2 years after birth? (25 points)
4. Funded sites must participate in the SBIRT program. Please describe how SBIRT services will be integrated into your current primary/maternity care practice. \*Please note that the Prenatal Risk Screening Instrument (PRSI) contains the screening questions necessary to identify individuals at-risk for substance use disorders; however applicants may wish to also use other tools. (15 points)
5. A key aspect of the funded pilot projects will be the provision of recovery services. Describe how you will incorporate these services into your model. (15 points)
6. Describe the screening and testing procedures that will be used. (These must, at minimum, include screening instruments, and drug testing during 1st, 2nd, and 3rd trimesters and at 6 weeks, 6, 9, 12, 18 and 24 months postpartum, and a thirteen panel umbilical cord tissue testing). (15 points)
7. Implementation Plan: List the phases of project implementation and an estimated timeline for the completion of each phase. (20 points)
8. Budget Justification:
   1. Provide detailed budget information using the attached format.
   2. Submit a Budget Narrative with specific details on how funds are to be expended. The narrative should clearly specify the intent of and justify each line item in the budget. The narrative should also describe any potential for other funds or in-kind support. The Budget Narrative is a document created by the Applicant and not a form provided in this package.

**DRUG FREE MOMS AND BABIES PROJECT EXPANSION**

**Project Budget Form**

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

Provide Detailed Budget information for the entire project that lists project expenses (some examples are provided; add items as needed). If any in-kind budget items are included, list them on the budget form.

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| --- | --- | --- | --- | --- | --- |
| **Expenses** | |  | **Amount Requested** | **In-Kind** | **Total** |
|  |  |  |  |  |  |
|  | Personnel |  |  |  |  |
|  | Consultants |  |  |  |  |
|  | Training |  |  |  |  |
|  | Drug tests |  |  |  |  |
|  | Umbilical Cord tissue tests |  |  |  |  |
|  | Equipment |  |  |  |  |
|  | Incentives |  |  |  |  |
|  | Supplies |  |  |  |  |
|  | Meeting Expenses |  |  |  |  |
|  | Travel |  |  |  |  |
|  | Other (list): |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **TOTAL** | |  |  |  |  |