



Supporting Racial Equity in Safe Sleep and Breastfeeding for Young BIPOC Mothers & Fathers Fund TEMPLATE Application

Please note, this document is intended for planning purposes. To submit your application, visit mibreastfeeding.org/young-parents and click on the link to include your answers

If you have questions, email any MIBFN team member, or hello@mibreastfeeding.org

- Name of organization or person providing services: _____
- Name of primary contact person for this application: _____
- Address of organization or person providing services: _____
- Email address of organization or person providing services: _____

Service Area (select all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> All Upper Peninsula | <input type="checkbox"/> Kalamazoo | <input type="checkbox"/> Hannahville Indian Community |
| <input type="checkbox"/> All Lower Peninsula | <input type="checkbox"/> Leelenaw | <input type="checkbox"/> Keweenaw Bay Indian Community |
| <input type="checkbox"/> All Michigan | <input type="checkbox"/> Kent | <input type="checkbox"/> Lac Vieux Desert Band of Lake Superior Chippewa Indians |
| <input type="checkbox"/> Alcona | <input type="checkbox"/> Macomb | <input type="checkbox"/> Little River Band of Ottawa Indians |
| <input type="checkbox"/> Alpena | <input type="checkbox"/> Marquette | <input type="checkbox"/> Little Traverse Bay Bands of Odawa Indians |
| <input type="checkbox"/> Antrim | <input type="checkbox"/> Midland | <input type="checkbox"/> Match-e-be-nash-she-wish Band of Potawatomi Indians of Michigan |
| <input type="checkbox"/> Baraga | <input type="checkbox"/> Montmorency | <input type="checkbox"/> Nottawaseppi Huron Band of the Potawatomi Indians |
| <input type="checkbox"/> Benzie | <input type="checkbox"/> Muskegon | <input type="checkbox"/> Pokagon Band of Potawatomi Indians |
| <input type="checkbox"/> Berrien | <input type="checkbox"/> Newaygo | <input type="checkbox"/> Saginaw Chippewa Indian Tribe |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Oakland | <input type="checkbox"/> Sault Ste. Marie Tribe of Chippewa Indians |
| <input type="checkbox"/> Cheboygan | <input type="checkbox"/> Ostego | |
| <input type="checkbox"/> Chippewa | <input type="checkbox"/> Ottawa | |
| <input type="checkbox"/> Delta | <input type="checkbox"/> Presque Isle | |
| <input type="checkbox"/> Dickenson | <input type="checkbox"/> Saginaw | |
| <input type="checkbox"/> Emmet | <input type="checkbox"/> St. Clair | |
| <input type="checkbox"/> Genesee | <input type="checkbox"/> Washtenaw | |
| <input type="checkbox"/> Grand Traverse | <input type="checkbox"/> Wayne | |
| <input type="checkbox"/> Gratiot | <input type="checkbox"/> Bay Mills Chippewa Indian Community | |
| <input type="checkbox"/> Ingham | <input type="checkbox"/> Grand Traverse Bay Band of Ottawa and Chippewa Indians | |
| <input type="checkbox"/> Iron | | |
| <input type="checkbox"/> Isabella | | |
| <input type="checkbox"/> Jackson | | |



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- Are you applying for the Mothers Fund, Fathers Fund, or Both? Check all that apply.
 - Mothers Fund (\$10,000 award, 4 applicants will be awarded)
 - Fathers Fund (\$10,000 award, 3 applicants will be awarded)

- Describe the priority population(s) that you serve. *Note, if you do not serve families of color with parents ages 21 and younger, you are not eligible for this fund. Funding priority will be given to applicants who serve Black and/or Indigenous families.*

- Please describe how you identify your race/ethnicity. *Note, if you do not identify as a person of color, you are not eligible for this fund. Funding priority will be given to applicants who identify as Black and/or Indigenous.*

- Describe your breastfeeding support services and programs that would be strengthened by this financial support and specifically serve BIPOC mothers and/or fathers ages 21 and younger - use as much space as you need. We expect most answers will be about 250 words.



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- How will you amplify and promote safe sleep practices among the families you serve? Use as much space as you need. We expect most answers will be about 250 words.

- What drives your passion for serving young BIPOC breastfeeding families in your community? Use as much space as you need. We expect most answers will be about 250 words.

- Tell us about your organization (your services, your mission, etc.) - use as much space as you need. We expect most answers will be about 250 words.



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- How much is your organization’s annual budget?

Please note, priority will be given to organizations and applicants whose funding is currently less than \$100,000 per year

- \$0 to \$100,000
- \$100,001 or more

- If you are applying to support young BIPOC mothers* - How would you use \$9,000 to support your work serving young BIPOC **mothers**? Examples include, compensating time to do breastfeeding support consultations, support groups, coalition meetings; purchasing technology and/or applications to support your services; etc. (use as much space as you need. We expect most answers will be about 250 words)

- If you are applying to support young BIPOC fathers* - How would you use \$9,000 to support your work serving young BIPOC **fathers**? Examples include, compensating time to do breastfeeding support consultations, support groups, coalition meetings; purchasing technology and/or applications to support your services; etc. (use as much space as you need. We expect most answers will be about 250 words)



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- Please upload a budget ([link to optional budget template](#))

DECISION MAKING SYSTEM: Point system, based on the following criteria

- Did you answer all of the questions in the application?
- Do you serve families of color?
- Do you primarily serve families who identify as Black and/or Indigenous?
- Do you identify as a person of color?
- Do you identify as Black and/or Indigenous?
- Is your current funding less than \$100,000 per year?
- Is your plan to use the funds actionable and feasible within the next 4 months?