SOUTH DAKOTA DEPARTMENT OF HEALTH

SOUTH DAKOTA SAFE SLEEP COLLABORATIVE

APPLICATION DEADLINE: OCTOBER 16, 2026, AT 5:00 PM CST

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SOUTH DAKOTA SAFE SLEEP COLLABORATIVE

Point of contact: Laurel Rick – Infant Health Coordinator – laurel.rick@state.sd.us	**Application Release:** August 25, 2026.
	Application Submission Deadline: October 16, 2026, at 5:00 pm CST
Available Funding: Applicants may request a maximum funding amount of $40,000 per organization. In addition to these $40,000 awards, additional funds have been designated specifically to support projects requesting lesser amounts, up to $20,000 per project. *The Wellmark Community Foundation will provide up to $120,000 in funding for this grant period. The South Dakota Department of Health will also contribute additional funds through multiple federally allocated funding sources.*	**Tentative Award Notification:** End of October/Early November 2026.
	Project Period: Please note that project timelines and end dates will vary based on the specific funding stream awarded. The final grant agreement will reflect the schedules, reporting deadlines, and completion dates mandated by that specific funding partner. The end date of the contract will be no earlier than September 30, 2027.

Apply by emailing your application to **Laurel Rick at Laurel.Rick@state.sd.us,** no later than **October 16, 2026, at 5:00 pm CST.** Late or incomplete applications will not be considered for funding.

For questions, please contact **Laurel Rick at Laurel.Rick@state.sd.us.**

Funding for this opportunity is made available through the Wellmark Community Foundation, as well as the South Dakota Department of Health using multiple federally allocated funding sources. Final awards may vary in reporting requirements or project periods based on the specific funding stream assigned.

Background

Funding Introduction

To support efforts in reducing Sudden Unexpected Infant Deaths (SUID) and promotion of safe sleep practices in South Dakota, South Dakota Department of Health, in partnership with Wellmark Community Foundation, will offer additional funding opportunities through the SD Safe Sleep Collaborative for data-driven, community-led projects that empower individuals to promote safe sleep, reduce sleep-related infant deaths, and improve infant outcomes. Infant mortality is an important factor in understanding the overall health of a population, and factors that contribute to infant deaths also affect the health of everyone in the population.

Traditional public health approaches for sudden unexpected infant death reduction do not fully address the barriers families face in practicing safe sleep, especially in communities with limited access to resources and information. By empowering community leaders, organizations, and caregivers to identify and implement targeted interventions, individuals will be more likely to engage meaningfully with the

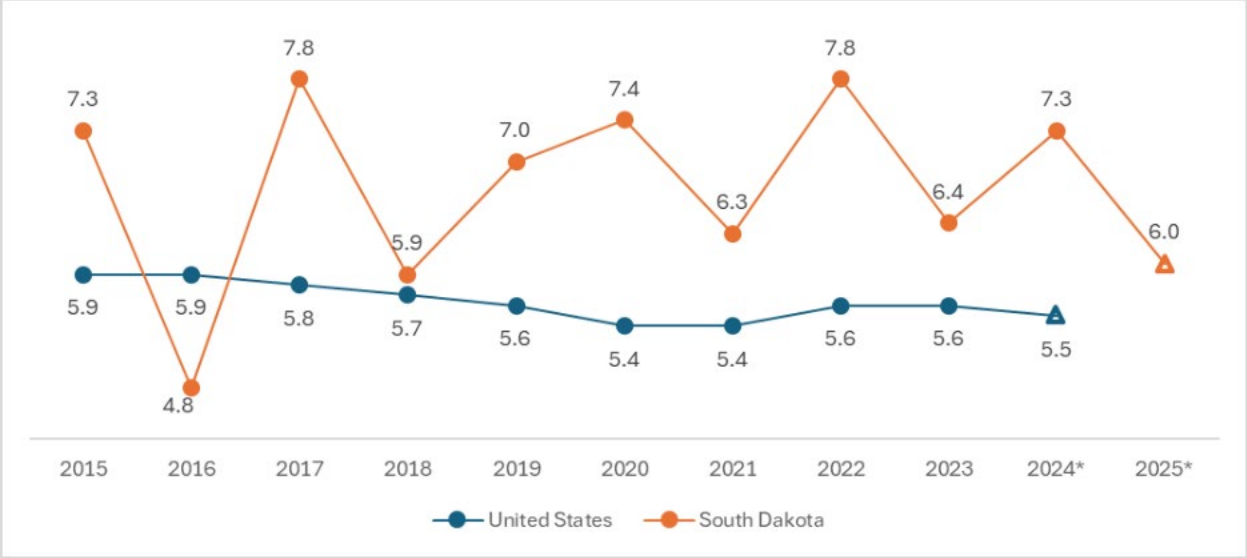
activities and adopt recommendations. Community-led approaches also allow for tailored messaging and outreach methods, increasing impact, promoting sustainability, and building capacity to address persistent gaps in sudden unexpected infant death rates across South Dakota.

In addition to infant mortality rates, South Dakota uses four objective measurements to determine compliance of safe sleep recommendations: percentage of infants placed to sleep on their backs, percentage of infants placed to sleep on a separate approved sleep surface, percentage of infants placed to sleep without soft objects or loose bedding, and percentage of infants room-sharing with an adult during sleep.

Infant Mortality in South Dakota: Data

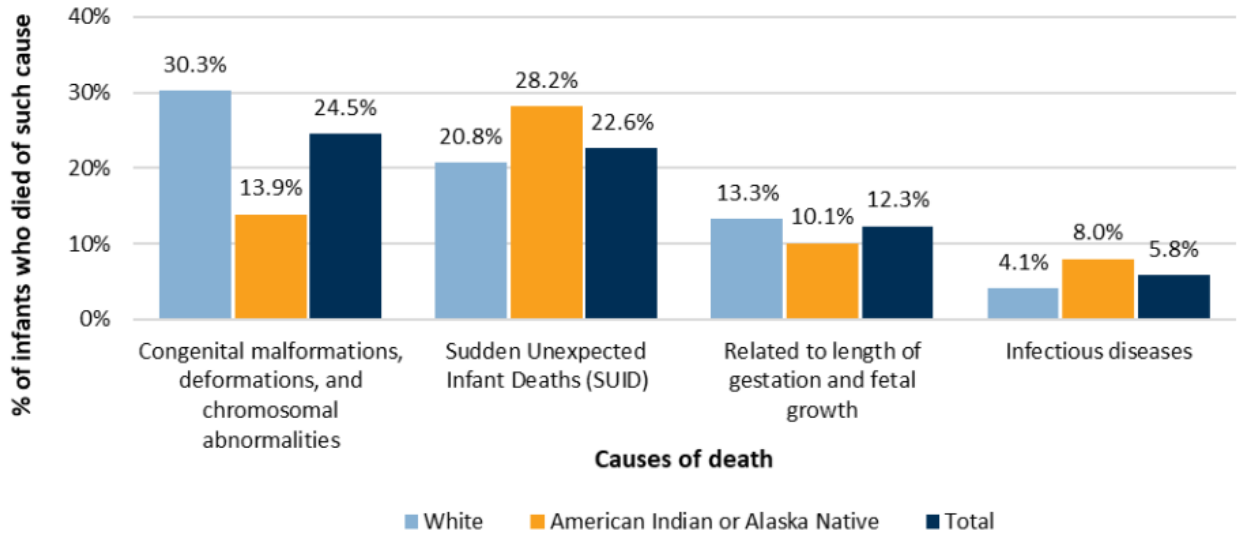
Infant mortality is a key measure of a population's health and well-being. South Dakota's rates remain consistently higher than the national average, with preventable factors such as congenital malformations, unsafe sleep conditions, and maternal health risks contributing to deaths. Over the last decade, the state's infant mortality rate has remained stable, despite national declines.

Infant mortality rates. SD, 2015 to 2025, South Dakota Vital Records and National Vital Statistics System.



The difference in infant mortality rates between populations and ethnicities in South Dakota is concerning. American Indian, non-Hispanic infants made up 20% of infant births (2015-2024) and 30% of infant deaths during that same period. African American, non-Hispanics made up 2% of infant births, and 5% of infant deaths. White, non-Hispanic infants accounted for 63% of infant births and 56% of infant deaths (SD Vital Records, 2015-2024). Understanding these patterns helps us identify discrepancies and tailor prevention strategies that are culturally responsive and community specific.

Main Causes of Infant Mortality: 2015-2024, South Dakota Vital Records.



Congenital malformations are the leading cause of infant mortality in SD, accounting for 25% of infant deaths (2015-2024). Sudden unexpected infant deaths caused 23% of infant deaths, followed by causes related to length of gestation and fetal growth, and infectious diseases. Sudden unexpected infant deaths (SUID) account for over 1 in 5 infant deaths in South Dakota, with unsafe sleep conditions as a major contributing factor.

Sleep-Related Infant Deaths

Of the 144 infant deaths reviewed by South Dakota's Infant and Child Death Review Committee that occurred between 2020-2024, 93 were related to sleep or an unsafe sleep environment. Unsafe sleep practices remain a major preventable cause of infant deaths in South Dakota, with 87% of sleep-related infant deaths between 2020-2024 being considered preventable. Families continue to face barriers to safe sleep adoption, including limited resources, inconsistent messaging, cultural considerations, housing instability, transportation challenges, and mistrust of systems. South Dakota's infant mortality data highlights inequities tied to geography, race and ethnicity, culture, and access to resources, further demonstrating the need for targeted, community specific interventions.

For more information on infant mortality and sleep-related infant deaths in SD, as well as what South Dakota is doing to address this, please visit the South Dakota Department of Health Infant Mortality Dashboard (https://doh.sd.gov/health-data-reports/datadashboards/infant-mortality/), Pregnancy Associated and Infant Mortality Report 2025-2024 (https://doh.sd.gov/media/2x1fx1gp/pregnancy-associated-and-infant-mortality-report-2015-2024.pdf), SD DOH Safe Sleep Webpage (https://doh.sd.gov/programs/safe-sleep/), and SD Infant and Child Death Review webpage (https://doh.sd.gov/health-data-reports/mch-data/infant-and-child-death-review-icdr/).

Purpose

Expansion of the South Dakota Safe Sleep Collaborative grant opportunity will allow SD to continue addressing unique factors that influence infant sleep practices and other causes of infant mortality. By engaging organizations, community leaders, and professionals from these communities, we will build trust, provide targeted support, and ensure safe sleep messaging is consistent, accessible, and sustainable across South Dakota. These grants are intended to support evidence-based or evidence-informed interventions that improve infant survival in South Dakota. Chosen organizations will provide information, reasoning, and evidence for the activities/interventions they plan to implement, giving insight into what is effective. By empowering trusted leaders and organizations to design and implement interventions, communities are more likely to engage meaningfully with those activities and adopt recommended practices. These interventions promote sustainability by building local capacity and fostering ownership of infant health outcomes, which will help close gaps in SUID rates across different populations.

This funding opportunity's design encourages flexible, community driven proposals that are developed and implemented by members of that community. It intentionally enables projects to operate across socioecological levels, and encourages interventions that can influence individuals, interpersonal relationships, organizations, communities, and systems.

Projects and activities **must** support any of the focus areas mentioned below, following American Academy of Pediatrics most recent safe sleep recommendations (AAP Sleep-Related Infant Deaths Updated 2022 Recommendations for Reducing Infant Deaths in the Sleep Environment) (Moon, Carlin, & Hand, 2022):

- Preventing sleep-related infant mortality
- Promoting safe sleep
- Sudden unexpected infant death prevention
- Infant mortality prevention

Activities may include but are not limited to:

- Implementation of a safe sleep education or training program, aligned with AAP Safe Sleep Guidelines.
- Safe Sleep Resource Creation that integrates culturally tailored information.
- Community Outreach Campaigns focused on safe sleep promotion and prevention of sleep-related infant deaths.
- First Candle Community Chats - https://amchp.org/database_entry/lets-talk-community-chats/
- Implementation of a safe sleep program that offers guidance on cradleboard creation and safe sleep guidelines for American Indian families, led by community leaders.
- Public health storytelling – offer families with lived experience the chance to share their stories to prevent sleep-related infant deaths.
- Conduct safe sleep focus groups or surveys to understand opportunities and challenges to safe sleep.
- Creation of cultural videos/resources educating on safe sleep and traditions, aligned with American Academy of Pediatrics (AAP) Safe Sleep Recommendations.
- Launch a father-focused initiative using male mentors, coaches, and veteran dads to promote infant/maternal safety and support.

- Host community baby showers to integrate celebration with learning, offering a chance to build community awareness and build connections.
- Projects listed in the MCH Safe Sleep Evidence Accelerator (Mayer et al., 2025). https://www.mchevidence.org/documents/accelerators/Safe-Sleep-Evidence-Accelerator.pdf
- First Responders – become a partner of the Cribs for Kids National Public Safety Initiative or other infant mortality prevention program - https://cribsforkids.org/national-public-safety-initiative/

Additional infant mortality prevention projects may be considered with prior approval from SD DOH.

Eligibility

- Interventions funded through this opportunity must target South Dakota residents and communities.
- All proposed projects must include a safe sleep component.
- Communities experiencing disproportionate rates of sudden unexpected infant death, sleep-related infant death, and infant mortality will be prioritized.

Available Funding

Applicants may request a maximum funding amount of $40,000 per organization. In addition to these primary $40,000 awards, additional funds have been designated specifically to support projects requesting lesser amounts, up to $20,000 per project. Awardees requesting lesser amounts are encouraged and will receive full consideration. All submitted budget proposals must accurately reflect the necessary and reasonable costs required to achieve the specific goals of the project.

The Wellmark Community Foundation will provide up to $120,000 in funding for this grant period. The South Dakota Department of Health will also contribute additional funds through multiple federally allocated funding sources.

Funding Parameters

- The project period will end no earlier than September 30, 2027.
- Continued funding may be available upon satisfactory completion of the original project period with the funding amount determined by past performance and funding availability.

Funding Restrictions

- Expenses not directly related to the approved work plan and not in the approved budget.
- Expenses incurred prior to receiving grant agreement.
- Any expenses that do not directly contribute to the activities in the grantee's work plan.
- Bad debts, late payment fees, finance charges, or contingency funds.

Prohibited Uses:

  - Provide inpatient services
  - Make cash payments to intended recipients of health services
  - Purchase/improve land, purchase/construct/permanently improve any building, or purchase major medical equipment

- Satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds; or
- Provide financial assistance to any entity other than a public or nonprofit private entity.

Unallowable Costs:

- Purchase of naloxone
- Purchase of syringes
- Drug disposal programs (drop-boxes, bags, or other devices, and/or take-back events) are not permissible.
- Clinical care (except as allowed by law)
- Publicity and propaganda (lobbying)
- Funds cannot be used for the preparation, distribution, or use of any material (publicity/propaganda) or to pay the salary or expenses of grants, contract recipients, or agents that aim to support or defeat the enactment of legislation, regulation, administrative action, or executive order proposed or pending before a legislative body, beyond normal, recognized executive relationships.

Please note that project timelines and end dates will vary based on the specific funding stream awarded. The final grant agreement will reflect the precise schedules, reporting deadlines, and completion dates mandated by that specific funding partner.

Scoring Criteria

- Complete applications meeting funding guidelines will be evaluated by a review committee. Final award decisions will be determined by the SD DOH and funding partner.
- Scoring will be based on the following content areas:
  - Complete and appropriate application information
  - Project Purpose
  - Proposal including short and long-term goals
  - Community Need & Target Population(s)
  - Community Engagement
  - Integration of Infant Safe Sleep
  - Feasibility
  - Budget – Realistic, appropriate, and detailed budget.
  - Sustainability
  - Outcomes and Impact
  - Innovation

Award Requirements

1. Project must meet all required criteria outlined above.
2. Project must have safe sleep component in their project and follow the most updated American Academy of Pediatrics Safe Sleep Recommendations - Sleep-Related Infant Deaths: Updated 2022 Recommendations for Reducing Infant Deaths in the Sleep Environment: https://www.aap.org/en/news-room/news-releases/aap/2022/american-academy-ofpediatrics-updates-safe-sleep-recommendations-back-is-best/ (Moon, Carlin, & Hand, 2022).

3. Meet with Infant Health Coordinator prior to project implementation to determine deliverables and develop strategies to evaluate project effectiveness.
4. Obtain approval from SD DOH prior to implementing any changes to the submitted application.
5. Obtain prior approval from SD DOH before executing any changes to the approved budget.
6. Ensure all products purchased and resources created with grant funds are approved by SD DOH and align with AAP Safe Sleep Recommendations.
7. Work alongside SD DOH to ensure consistent, aligned safe sleep programming and a shared vision for reducing sleep-related infant mortality.
8. Collaborate with the SD DOH evaluation team to develop an evaluation plan during the first quarter of funding.
9. Project leads must complete the free Cribs for Kids Safe Sleep Ambassador training prior to project implementation: https://cribsforkids.org/safe-sleep-ambassador/.
    a. Highly suggested that all involved with the project become safe sleep ambassadors.

Reporting Requirements

1. **Quarterly Reports and Meetings**
    a. Submit quarterly progress reports to track project progress and milestones. Template and deadlines will be provided, and may vary depending on specific funding stream awarded.
    b. Participate in quarterly progress meetings with SD DOH.
2. **Monthly Reports (If Requested)**
    a. If requested, submit monthly reports detailing progress towards outputs, outcomes, implementation, successes, barriers, and lessons learned. Template and deadlines will be provided.
3. **Final Report**
    a. Submit a final project report. Template and deadline will be provided.
4. **Success Stories**
    a. Submit at least two success stories using the required template and provide permission for SD DOH and funding partners to share them. Success stories are due at the conclusion of the project but may be submitted during the project period.
5. **Ongoing Engagement**
    a. Participate in ongoing progress updates, which may include phone calls, emails, or virtual meetings. Update frequency will vary based on project status and partner needs.
    b. Engage with SD DOH to support successful reporting and project implementation.
6. **Invoicing**
    a. Follow all invoicing rules detailed in final agreement. Timelines, invoice deadlines, etc. will vary based on the specific funding stream awarded. The final grant agreement will reflect the precise schedules, reporting deadlines, and completion dates mandated by that specific funding partner.

Grant Agreement

Each grantee must formally enter into a grant agreement. The grant agreement will address the conditions of the award, including implementation for the project. Grantee should read the grant agreement, sign, and once signed, comply with all conditions of the grant agreement.

No work on grant activities can begin until a fully executed grant agreement is in place and the State's Authorized Representative has notified the Grantee that work may start.

The funded applicant will be legally responsible for assuring implementation of the work plan and compliance with all applicable state requirements including worker's compensation insurance, nondiscrimination, data privacy, budget compliance, and reporting.

Anticipated Timeline

The anticipated timeline below outlines key milestones for the application and award process.

Grant Application Release	August 25, 2026
Applications Due	October 16, 2026, at 5:00 pm CST
Award Notice	End of October/Early November 2026
All Invoices Due	Invoice deadlines will vary based on specific funding stream awarded. All invoice deadlines and expectations will be disclosed prior to grant agreement completion.
Project Start & End Date	Project timelines and end dates will vary based on specific funding stream awarded. Project end dates will be no sooner than September 30, 2027. Specific expectations will be disclosed prior to grant agreement completion.

Expected Timeline for Award Decisions:

1. RFA Release
2. RFA Close
3. Application Review & Clarification
4. Award Notification
5. Contract Review & Completion
6. Onboarding
7. Ongoing Support, Evaluation, and Reporting

Helpful Resources/Links

South Dakota Resources

SD DOH Safe Sleep Webpage - https://doh.sd.gov/programs/safe-sleep/

South Dakota Infant and Child Death Review - https://doh.sd.gov/health-data-reports/mch-data/infant-and-child-death-review-icdr/

Safe Sleep Guidelines & Resources

Sleep-Related infant Deaths: Updated 2022 Recommendations for Reducing Infant Deaths in the Sleep Environment: https://www.aap.org/en/news-room/news-releases/aap/2022/american-academy-ofpediatrics-updates-safe-sleep-recommendations-back-is-best/

AAP Infant Safe Sleep Toolkit: https://www.aap.org/en/patient-care/safe-sleep/

Cribs for Kids Safe Sleep Academy: https://safesleepacademy.org/

Cribs for Kids Safe Sleep Ambassador Training: https://cribsforkids.org/safe-sleep-ambassador/

Data & Dashboards

Pregnancy-Associated and Infant Deaths in South Dakota: 2015-2024 Report - https://doh.sd.gov/media/2x1fx1gp/pregnancy-associated-and-infant-mortality-report-2015-2024.pdf

South Dakota Department of Health Infant Mortality Dashboard - https://doh.sd.gov/health-data-reports/data-dashboards/infant-mortality/

Evidence & Best Practice Tools

Safe Sleep - What Works Evidence Accelerator: https://www.mchevidence.org/documents/accelerators/Safe-Sleep-Evidence-Accelerator.pdf

National Center for Education in Maternal and Child Health – https://www.mchevidence.org/

References

Mayer, R., Le, L., Burns, B., Watson, K., & Richards, J. (2025). *Safe sleep: What works evidence accelerator. Summarizing effective strategies for MCH*. National Center for Education in Maternal and Child Health.

Moon, R. Y., Carlin, R. F., & Hand, I. (2022). Sleep-related infant deaths: Updated 2022 recommendations for reducing infant deaths in the sleep environment. *Pediatrics, 150(1)*, e2022057990.

Definitions

Term	Definition
Sudden Unexpected Infant Deaths (SUID)	A sudden and unexpected death, whether explained or unexplained (including SIDS), occurring during infancy. This includes sudden infant death syndrome (SIDS), accidental suffocation and strangulation in bed (ASSB), infections, poisonings, and deaths where the cause is unknown.
Sudden Infant Death Syndrome (SIDS)	Cause assigned to infant deaths that cannot be explained after a thorough case investigation, including a death scene investigation, autopsy, and review of the clinical history.
Sleep-Related Infant Death	A sudden unexpected infant death that occurs during an observed or unobserved sleep period, or in a sleep environment.

Wedging or Entrapment	A form of suffocation or mechanical asphyxia in which the nose and mouth or thorax is compressed or obstructed because of the infant being trapped or confined between inanimate objects, preventing respiration. A common wedging scenario is an infant stuck between a mattress and a wall (or a bedframe) in an adult bed.
Accidental Suffocation or Strangulation in Bed (ASSB)	An explained sudden and unexpected infant death in a sleep environment (bed, crib, couch, chair, etc.) in which the infant's nose and mouth are obstructed, or the neck or chest is compressed from soft or loose bedding, an overlay, or wedging causing asphyxia.
Room Sharing	Parent(s) and infant sleeping in the same room on separate surfaces.
Co-Sleeping	This term is commonly used in other publications and is not recommended because it lacks clarity, being variably used for sleeping in close proximity (eg, room sharing) and/or sleep surface or bed sharing.
Bed Sharing	Parent(s) and infant sleeping together on any surface (bed, couch, chair). Medical examiners prefer the term "surface sharing.

Definitions provided by American Academy of Pediatrics Sleep-Related Infant Deaths: Updated 2022 Recommendations for Reducing Infant Deaths in the Sleep Environment. (Moon, Carlin, & Hand, 2022).

Point of Contact

Laurel Rick – Infant Health Coordinator – laurel.rick@state.sd.us

Applications should be submitted via email to: Laurel Rick, Infant Health Coordinator (laurel.rick@state.sd.us).

Please submit your completed application by: October 16, 2026, at 5:00 pm CST.

South Dakota Safe Sleep Collaborative Application can be found on the following page.

South Dakota Safe Sleep Collaborative

Funding Application

(Provided by South Dakota Department of Health)

Please complete the following application, save digitally, and email to Laurel.Rick@state.sd.us by **October 16, 2026, at 5:00 pm CST**.

Note: During the review process, the project team may request clarification about your application. You may also be asked to meet with the SD DOH team to address questions, expand on specific portions of the application, or discuss outcome measures in more detail.

All information submitted in this application is considered a proposal and is subject to change. Final project details, budgets, and timelines are not locked in until both parties sign the final grant agreement. During the review and negotiation phase, adjustments may be made to align with funding rules and program goals.

Lead Organization Profile

Organization Name:		
Mailing Address:		
City:	**State**:	**Zip Code**:
Organization Description:		
Primary Contact Name and Title:		**Phone #**:
Primary Contact Email:		**Date**:
Has your organization received funds through SD Department of Health in the past year to support safe sleep and/or infant health initiatives? *If yes, please explain.*		

Type of Organization

☐ **501©(3) Public Charity**

☐ **Private Foundation**

☐ **Tribal Entity**

☐ **Government/Municipal**

☐ **For-Profit Entity**

☐ **Other – please describe: _____**

Project Team & Key Staff

Name & Position	Organization	Email Address	Role in Project

**Please add more rows as needed.

Financial Contact for this Grant Application

Name of Financial Contact for this Application:
Email:
Phone Number:

Project Description

Project Title:

Overview of Proposed Project:

Target Community/Population for Project: *Describe the community or communities who will be served and impacted by the proposed project.*

Alignment with South Dakota Safe Sleep Collaborative Goals *(*select all that apply).*

☐ Preventing sleep-related infant mortality
☐ Promoting Safe Sleep
☐ Sudden unexpected infant death prevention
☐ Other (please describe relationship to sleep-related infant deaths, preventing infant mortality, and/or improving infant outcomes): _____.

Project Goal: *What is the big picture goal of this project? Describe the long-term change your project intends to achieve.*

Project Objective(s): *What do you hope to achieve by the end of this project? Create an objective or objectives for the project. Objectives are the measurable steps that describe how the project will achieve the goal.*

SD DOH evaluation team will provide support as needed to ensure that each objective follows the SMART acronym: specific, measurable, achievable, realistic, time-bound.

- **Objective 1.**
- **Objective 2.**

Problem(s) Being Addressed by Project *(*select all that apply and explain):*

☐ Economic Stability – income, employment, poverty, access to housing
Explain:
☐ Education – level of education, access to education
Explain:
☐ Healthcare Access and Quality – insurance coverage, healthcare provider access, quality of care
Explain:
☐ Neighborhood and Built Environment – safety, quality of housing, transportation
Explain:
☐ Social and Community Context – social support, community and cultural norms
Explain:
☐ Environmental Factors – air and water quality, toxin exposure, health food access
Explain:
☐ Other – please describe: _____

Activity Workplan

This activity workplan should describe all major activities planned for the project period. Repeat the table below as needed.

Activity 1

Activity 1 Description: *What will be done? Briefly describe the specific activity and high-level implementation details, such as any planned collaboration with community partners or other organizations, target populations, location of activity, etc.*

Related Objective: *Which project objective does this activity support?*

Evidence Source for Activity/Intervention: **Select all that apply*

- ☐ National Center for Education in Maternal and Child Health - https://www.mchevidence.org/
- ☐ MCH Evidence Center – Safe Sleep Evidence Accelerator https://www.mchevidence.org/documents/accelerators/Safe-Sleep-Evidence-Accelerator.pdf
- ☐Best Practice Initiative (U.S. Department of Health and Human Services)
- ☐ Guide to Clinical Preventive Services (Task Force on Community Preventive Services)
- ☐ MMWR Recommendations and Reports (Centers for Disease Control and Prevention)
- ☐ Model Practices Database (National Association of City and County Health Officials)
- ☐ National Guideline Clearinghouse (Agency for Healthcare Research and Quality)
- ☐ Promising Practices Network (RAND Corporation)
- ☐ Other (describe): _____

Deliverable(s): *What are the deliverables for this activity? (Examples: number of families reached, trainings completed, materials developed, etc.)*

Expected Outcome(s): *What impact will this activity have? (Examples: increase in safe sleep knowledge or behavior, community engagement, increase in skills, etc.).*

Process Measure(s): *How will activity progress be tracked? (Examples: number of trainings held, number of families receiving resources, training certificates collected, trainings completed, surveys, etc.)*

Outcome Measure(s): *How will activity outcomes be measured? (Examples: pre/post-surveys for trainings, feedback on newly developed resources, etc.).*

Anticipated Implementation Timeline: *Provide an estimated timeline using months or quarters (exact dates are not required).*
Additional Information:

Activity 2

Activity 2 Description: *What will be done? Briefly describe the specific activity and high-level implementation details, such as any planned collaboration with community partners or other organizations, target populations, location of activity, etc.*
Related Objective: *Which project objective does this activity support?*
Evidence Source for Activity/Intervention: **Select all that apply* ☐ National Center for Education in Maternal and Child Health - https://www.mchevidence.org/ ☐ MCH Evidence Center – Safe Sleep Evidence Accelerator https://www.mchevidence.org/documents/accelerators/Safe-Sleep-Evidence-Accelerator.pdf ☐Best Practice Initiative (U.S. Department of Health and Human Services) ☐ Guide to Clinical Preventive Services (Task Force on Community Preventive Services) ☐ MMWR Recommendations and Reports (Centers for Disease Control and Prevention) ☐ Model Practices Database (National Association of City and County Health Officials) ☐ National Guideline Clearinghouse (Agency for Healthcare Research and Quality) ☐ Promising Practices Network (RAND Corporation) ☐ Other (describe): _____
Deliverable(s): *What are the deliverables for this activity? (Examples: number of families reached, trainings completed, materials developed, etc.)*
Expected Outcome(s): *What impact will this activity have? (Examples: increase in safe sleep knowledge or behavior, community engagement, increase in skills, etc.).*
Process Measure(s): *How will activity progress be tracked? (Examples: number of trainings held, number of families receiving resources, training certificates collected, trainings completed, surveys, etc.)*
Outcome Measure(s): *How will activity outcomes be measured? (Examples: pre/post-surveys for trainings, feedback on newly developed resources, etc.).*

Anticipated Implementation Timeline: *Provide an estimated timeline using months or quarters (exact dates are not required).*

Additional Information:

Activity 3

Activity 3 Description: *What will be done? Briefly describe the specific activity and high-level implementation details, such as any planned collaboration with community partners or other organizations, target populations, location of activity, etc.*

Related Objective: *Which project objective does this activity support?*

Evidence Source for Activity/Intervention: **Select all that apply*

- ☐ National Center for Education in Maternal and Child Health - https://www.mchevidence.org/
- ☐ MCH Evidence Center – Safe Sleep Evidence Accelerator https://www.mchevidence.org/documents/accelerators/Safe-Sleep-Evidence-Accelerator.pdf
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- ☐ National Guideline Clearinghouse (Agency for Healthcare Research and Quality)
- ☐ Promising Practices Network (RAND Corporation)
- ☐ Other (describe): _____

Deliverable(s): *What are the deliverables for this activity? (Examples: number of families reached, trainings completed, materials developed, etc.)*

Expected Outcome(s): *What impact will this activity have? (Examples: increase in safe sleep knowledge or behavior, community engagement, increase in skills, etc.).*

Process Measure(s): *How will activity progress be tracked? (Examples: number of trainings held, number of families receiving resources, training certificates collected, trainings completed, surveys, etc.)*

Outcome Measure(s): *How will activity outcomes be measured? (Examples: pre/post-surveys for trainings, feedback on newly developed resources, etc.).*
Anticipated Implementation Timeline: *Provide an estimated timeline using months or quarters (exact dates are not required).*
Additional Information:

Sustainability Plan

How will you continue or build upon this project after the award period?
Are there opportunities to integrate safe sleep messages into ongoing community programs?

Technical Assistance: *Please describe where your project might need additional support from SD DOH (examples include evaluation, outreach, data collection, materials, training, etc.):*

Budget & Budget Justification

Total Amount Requested for Project: _____

Please fill out a row of the table below for each item/activity of the project. Not every column will apply to every activity. All information submitted in this application is considered a proposal. Adjustments might be recommended during the review phase to align with funding rules and program goals.

Item/Activity	Relevant Links (If Not Applicable, Leave Blank)	Justification & Explanation	Unit Cost	Quantity Purchased	Total Cost

Total Amount Requested (Maximum of $40,000 per project)					

**Please continue adding rows for as many activities or items as needed.*

Additional Information

Anticipated Project Barrier(s):
Possible Solutions:
If your project is not selected for an award, what types of support or resources from SD DOH would still be helpful to your organization?
Additional Information You Would Like SD DOH to Know While Making Funding Determinations:

Apply by emailing your application to **Laurel Rick at Laurel.Rick@state.sd.us,** no later than **October 16, 2026, at 5:00 pm CST.** Late or incomplete applications will not be considered for funding. Applications may be submitted in Word or PDF format.

For questions, please contact **Laurel Rick at Laurel.Rick@state.sd.us.**

Thank you for your application.