1. **Is the 12 pages limit for the proposal narrative double or single space?**

   The proposal narrative can be either double or single spaced based on the hospital’s needs. Please see the Guidelines Section (page 13) of the RFP for additional information regarding proposal formatting.

2. **Is this the last cycle for the Baby Friendly Hospital Project?**

   This will be the last cycle of funding from the current allocation if the awards that move forward for recommendation/approval encumber the remainder of the allocation.

3. **Does the funding allow for sustainability efforts or is it solely for achieving the Baby-Friendly designation? If the hospital achieves designation in 2 years, would a third year of funding be available for sustainability activities such as data collection and training?**

   The funding does not allow for the support of sustainability efforts. Hospitals should write their proposal based on where they are in the process of becoming Baby-Friendly and should focus on achieving their designation.

4. **Is data to determine eligibility only based on the California Department of Public Health Newborn Screening data or can hospitals use other data to determine eligibility?**

   Eligibility is based on California Department of Public Health Newborn Screening data. A consistent data source across LA County is necessary to ensure standardization and fairness in awarding of funds.

5. **How many hospitals are eligible for funding and how much funding is available?**

   There are currently fifteen hospitals who are eligible based on having exclusive breastfeeding rates below the LA County average of 46.8% and who are not currently funded by First 5 LA.

   Of the $9 million originally allocated to support hospitals to implement the Baby Friendly Hospital Project there is a balance of $2,658,052 available to fund Cycle 3 hospitals. This amount would fund approximately 5 – 6 hospitals based on a maximum award per hospital of $473,000. The number of hospitals funded depends on the number of hospitals applying and the amounts being requested.
6. **Why does the RFP ask hospitals to identify costs over a 13 month period?**

First 5 LA makes an effort to schedule contracts on a July – June fiscal year. Because we expect a contract start date of June 1, 2013, the first contract will be for a 13-month period. The two subsequent contracts will be for 12 and 11 months for a total of 36 months.

7. **Is the $473,000 maximum funding amount per hospital to be equally divided over the 3 years?**

The total award for the project is not to exceed $473,000 per hospital. This amount does not need to be equally divided over the 3 years. Budget amounts should be justified based on scope of work and need. Please note that equipment purchases are only allowed in Year 1 so hospitals should plan accordingly.

8. **The Budget example shows funding for a Director position, is funding available for positions other than the Project Coordinator and Data Entry staff? Also, can hospitals combine the Project Coordinator and Data Entry positions into one full-time position instead of two part-time positions?**

The funding supports two part-time positions, a Project Coordinator and a Data Entry person, the sample budget is in error. A revised budget will be forwarded via email to agencies who would like a copy. If other positions contribute time to the project their salaries can be included in the matching funds column. Budgets should reflect matching funds whenever applicable.

The Project Coordinator and Data Entry part-time positions can be combined into one full-time position. In the proposal, applicants proposing a full time staff will also need to address sustainability of Baby-Friendly practices and policies upon completion of program funding. Regardless of the staffing structure proposed, all applicants are subject to the $473,000 maximum for the entire project.

9. **How often is reporting required?**

After contract execution, grantees will be required to submit quarterly progress reports and monthly invoices that correspond to the negotiated Scopes of Work and Budget.

In addition, First 5 LA Research and Evaluation staff will conduct key informant interviews with project staff to collect baseline data on current hospital practices and every year after to collect information on adoption of new policies and procedures that lead to improved health outcomes.

The Research and Evaluation Department also requires two annual reports (mid-year and end-of-year) to collect and report various data elements once Baby Friendly practices are established (mothers’ demographics, breastfeeding within first hour of birth, breastfeeding education and supports provided, etc.).
10. Can hospitals use subcontractors to provide education?

Yes, the budget allows for contracted services for training. Hospitals must provide a copy of the Memorandum of Understanding or Contract prior to billing for contracted services and cannot pay a subcontractor more than $150/hour. See page 16, bullet #9 of the RFP.

If hospitals choose to use a subcontractor to provide training they need to ensure the training fulfills Baby-Friendly USA requirements.

11. Are there a specific number of hours and requirements for training to achieve the Baby-Friendly designation?

Yes, we encourage you to contact Baby-Friendly USA (www.babyfriendlyusa.org) for specific training requirements as it relates to achieving the Baby-Friendly designation. Below is an excerpt from their guidelines regarding training:

“Training for nursing staff on maternity should comprise a total of 20 hours, inclusive of the 15 sessions identified by UNICEF/WHO plus 5 hours of supervised clinical experience. The facility should determine the amount and content of training required by staff in other units and roles by their anticipated workplace exposure to mothers and babies. Physicians, Midwives, Physician Assistants and Advanced Practice Registered Nurses (APRNs) with privileges for labor, delivery, maternity, and nursery/newborn care should have a minimum of 3 hours of breastfeeding management education pertinent to their role.

The content and number of hours of training for staff working outside maternity will be developed by each facility, based on job description and workplace exposure to breastfeeding couples. Clinical competency verification will be a focus of all staff training.” Excerpted from the Baby Friendly Hospital Initiative Guidelines and Evaluation Criteria Official Document, page 8.

12. Are the Neonatal Intensive Care Unit (NICU) staff included in the funding?

Yes. Training of the NICU staff can be included in the Baby-Friendly Hospital Project. The content and number of hours of training for staff working outside the maternity unit needs to be developed by each facility, based on job description and workplace exposure to breastfeeding moms. Hospitals will first need to ensure that funding is focused on meeting the BFUSA requirements for training and determine if there is funding available for additional training. Training NICU staff is not a BFUSA requirement but currently all Baby-Friendly designated hospitals have trained NICU staff. And if NICU staff rotate and periodically work on maternity units then they should receive Baby-Friendly training.