Northeast Florida Healthy Start Coalition, Inc. – Safe Sleep Initiative Scope of Services

Provider: Northeast Florida Healthy Start Coalition, Inc. ("NEHSC" or "Recipient")

Program: Safe Sleep Initiative

Funding Amount: \$125,000

The Provider shall perform the following services:

1. Program Design Requirements:

The Safe Sleep Initiative will be implemented through a marketing campaign will educate families on the importance of ensuring babies are in a safe sleep environment, illustrate unsafe sleep practice and places, provide families with newborns safe sleep sacks for the babies to sleep in and resources.

GOAL: To decrease sleep-related deaths in Duval County to less than 10 percent of the overall infant mortality rate.

OBJECTIVE: To bring awareness about the importance of safe sleep practices through messaging with consistent language (i.e., suffocating) that resonates to family members and caregivers

STAKEHOLDERS

- Parents
- Grandparents
- Caregivers and child care providers
- Influencers of parents of young children including health care providers
- NEFHSC staff
- NEFHSC-related workgroups (i.e., Community Action Group)

The specific purposes of the program are to:

- 1. Assessment of current safe sleep information in the marketplace* to glean opportunities to integrate, refine, replace, add, etc.
- 2. Collaboration with local hospitals and health systems and other nonprofits on integration of efforts (i.e., expanding/evolving the Ready, Set, Sleep initiative by The Players Center for Child Help/Wolfson Children's Hospital)
- 3. Survey NEHSC participants regarding knowledge of safe sleep practices with intel driving strategy, tactics and messaging
- 4. Development of safe sleep social marketing campaign including social and digital media strategies, print materials, PR/media and advertising with strong call to action
- 5. Facilitate educational opportunities via NEFHSC's owned programs and services including messaging delivery by community health workers (via the Hey, Mama Mobile Pantry and other events/efforts), Leadership Academy participants/graduates, Community Action Group members, etc.

PERFORMANCE MEASURES

The Contractor will be required to submit client performance measure data, in the SAMIS Performance Measure (PM) Module, within the time frames specified by KHA. The Contractor shall also report any barriers experienced in performance measure achievement, as required. The report should also include any noteworthy activities that have occurred during the term of this Agreement, as requested. Contractors will use the KHA Data Quality Assurance Report to ensure administration points are completed and service components are attached.

DESIRED RESULT: Reduce sleep-related infant deaths

Results based accountability utilizes data to improve performance outcome measures to achieve the desired customer result. When applied, performance measurement answers the following key questions:

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Key Question	Performance	KHA Goal*	Evaluation Tool	Admin Schedule	
How Much Did We Do?	Campaign developed and launched	1	Campaign report	1 st Quarter	
How Well Did We Do	# of individuals who access campaign landing page	1,000	Monitoring and Site Visits	Quarterly + Program Completion	
	# of advertising impressions	5,000		Quarterly + Program Completion	
It?	# Organic social media metrics (share, reach, likes)	500	SAMIS Quality Assurance Report	Quarterly + Program Completion	
Is Anybody Better Off?	Sleep-related infant death rate	Less than 10% of overall infant death rate	Infant Mortality Data (Florida CHARTS)	Program Completion	

Staffing Requirements:

No staff required. Marketing services will be contracted out.

Number of Clients Served:

• 500-1000

Term of Agreement and Service Time:

October 1, 2023- September 30, 2024

Days of the Week: Saturday – Friday

Location(s):

Community Programs Office 5316-18 N. Pearl St. Jacksonville, Florida 32208

2. Program Fees and Program Income

n/a

3. Safety Requirements:

4. Parent Engagement Requirements/Adult Family Member Services

The provider will survey NEHSC participants regarding knowledge of safe sleep practices.

The provider will be required to provide necessary information to the funder in an accurate and timely manner to meet deadlines set by the Kids Hope Alliance (KHA). The provider will need to enter data into, local, state and federal data collection systems with assistance from the KHA. Failure to follow the reporting outcomes may delay reimbursement of contracts invoices, corrective action, probation and/or termination of contract.

5. Dissemination Plan

All providers are required to disseminate understandable and accessible information about the program to the community, such as the location of services and proposed activities. The purpose of information dissemination must not be focused on recruiting students into the program, but rather to inform the community and stakeholders about the importance and promise of this program. Display KHA's logo according to the guidelines at www.kidshopealliance.org/comms on provider's website and on any printed promotional material paid for using KHA funds including stationary, brochures, flyers, posters, PDF's, emails, online/digital campaigns, etc., describing or referring to a program or service funded by the KHA. The logo on provider's website must include hyperlinks to KHA's website, www.kidshopealliance.org

6. Budget

Program Consultants and Contractual:

\$110,000.00 Contractual services provided by Ruckus Marketing Firm for safe sleep campaign

Assistance for Participants:

\$3,636.36 Personal safe sleep items to be given out to families on the Hey, Mama Mobile Pantry (pack-n-plays, sleep sacks, bassinets)

Administrative Expenses:

\$11,363.64 Allocated Management and General Overhead, not to exceed 10% Program Direct Expenses above

ADDITIONAL GRANT REQUIREMENTS AND CONDITIONS:

Recipient's expenditure of City funds for the Program and the provision of services shall be subject to Chapter 77 of the Jacksonville Ordinance Code, and the terms and conditions of any contract entered into between the City and Recipient. Recipient shall use the City funds for the Program in accordance with the City Council approved Scope of Services and Program budget. The Kids Hope Alliance may amend this Scope of Services or the approved Program budget consistent with the Program's needs, provided that any substantial change to this Scope of Services or the approved Program budget will require City Council approval.

12 Month - Contract Year 2

SAMIS Code	12 Month - Contract Year 2					
Code		КНА				
	Categories and Line Items	Funding	Budget Narrative	Description		
569.12	Direct Expenses					
	A. Salaries and Wages					
	-					
	1. Title -	\$0.00				
	2. Title -	\$0.00				
	3. Title - 4. Title -	\$0.00 \$0.00				
	4. Title -	\$0.00				
	Subtotal Salaries and Wages	\$0.00				
	B. Payroll Taxes and Benefits (%)					
596.21	1 FICA (7.65%)	\$0.00				
596.22	2 Retirement	\$0.00				
596.23	3 Life and Health Insurance	\$0.00				
596.24	4 Workers Compensation	\$0.00				
596.25	5 Unemployment Compensation	\$0.00				
	6 Other Benefits Subtotal Payroll Taxes and Benefits	\$0.00 \$0.00				
	Castotai i ayron raxes and Denema	\$0.00				
	C. Program Consultants and Contractual	\$110,000.00	Contractual services provided by Ruckus Marketing			
730			Firm for safe sleep campaign			
1		\$0.00				
	Subtotal Program Consultants & Contractual	\$110,000.00				
4010	D. Travel	***				
	Subtotal Travel	\$0.00				
	E. Participant Educational Materials	\$0.00				
750	E. Turuopani Eudodionai matorido	40.00				
760	F. Consumable Program Supplies	\$0.00				
	G. Assistance to Participants	\$3,636.36	Personal safe sleep items to be given out to families			
770	G. Assistance to Farticipants	\$3,030.30	on the Hey, Mama Mobile Pantry (pack-n-plays, sleep			
///			sacks, bassinets)			
730	H. Field Trip Expenses	\$0.00				
139	I. Office Expenses	\$0.00				
133						
	J. Operating Capital Outlay					
790	Machinery & Equipment	\$0.00				
791	Computers & Software					
		\$0.00				
	Subtotal Operating Capital Outlay	\$0.00				

***************************************	Subtotal Operating Capital Outlay K. Lease/Rent					
800	K. Lease/Rent 1. Equipment	\$0.00				
800 801	K. Lease/Rent 1. Equipment 2. Building	\$0.00 \$0.00 \$0.00				
	K. Lease/Rent 1. Equipment	\$0.00				
	K. Lease/Rent 1. Equipment 2. Building Subtotal Lease/Rent	\$0.00 \$0.00 \$0.00				
	K. Lease/Rent 1. Equipment 2. Building	\$0.00 \$0.00 \$0.00				
801	K. Lease/Rent 1. Equipment 2. Building Subtotal Lease/Rent L. Maintenance	\$0.00 \$0.00 \$0.00				
801	K. Lease/Rent 1. Equipment 2. Building Subtotal Lease/Rent L. Maintenance 1. Equipment 2. Building	\$0.00 \$0.00 \$0.00 \$0.00				
801 810 811	K. Lease/Rent 1. Equipment 2. Building Subtotal Lease/Rent L. Maintenance 1. Equipment	\$0.00 \$0.00 \$0.00				
801	K. Lease/Rent 1. Equipment 2. Building Subtotal Lease/Rent L. Maintenance 1. Equipment 2. Building	\$0.00 \$0.00 \$0.00 \$0.00				
810 811 821	K. Lease/Rent 1. Equipment 2. Building Subtotal Lease/Rent L. Maintenance 1. Equipment 2. Building M. Insurance	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00				
801 810 811	K. Lease/Rent 1. Equipment 2. Building Subtotal Lease/Rent L. Maintenance 1. Equipment 2. Building	\$0.00 \$0.00 \$0.00 \$0.00				
810 811 821	K. Lease/Rent 1. Equipment 2. Building Subtotal Lease/Rent L. Maintenance 1. Equipment 2. Building M. Insurance N. Conferences and Staff Training	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00				
810 811 821 840	K. Lease/Rent 1. Equipment 2. Building Subtotal Lease/Rent L. Maintenance 1. Equipment 2. Building M. Insurance	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00				
810 811 821	K. Lease/Rent 1. Equipment 2. Building Subtotal Lease/Rent L. Maintenance 1. Equipment 2. Building M. Insurance N. Conferences and Staff Training	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00				
810 811 821 840	K. Lease/Rent 1. Equipment 2. Building Subtotal Lease/Rent L. Maintenance 1. Equipment 2. Building M. Insurance N. Conferences and Staff Training O. Membership Fees and Subscriptions	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00				
810 811 821 840	K. Lease/Rent 1. Equipment 2. Building Subtotal Lease/Rent L. Maintenance 1. Equipment 2. Building M. Insurance N. Conferences and Staff Training	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00				
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810 811 821 840	K. Lease/Rent 1. Equipment 2. Building Subtotal Lease/Rent L. Maintenance 1. Equipment 2. Building M. Insurance N. Conferences and Staff Training O. Membership Fees and Subscriptions	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00				
810 811 821 840	K. Lease/Rent 1. Equipment 2. Building Subtotal Lease/Rent L. Maintenance 1. Equipment 2. Building M. Insurance N. Conferences and Staff Training O. Membership Fees and Subscriptions	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00				
801 810 811 821 840 850	K. Lease/Rent 1. Equipment 2. Building Subtotal Lease/Rent L. Maintenance 1. Equipment 2. Building M. Insurance N. Conferences and Staff Training O. Membership Fees and Subscriptions	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00				
810 811 821 840	K. Lease/Rent 1. Equipment 2. Building Subtotal Lease/Rent L. Maintenance 1. Equipment 2. Building M. Insurance N. Conferences and Staff Training O. Membership Fees and Subscriptions	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00				
801 810 811 821 840 850	K. Lease/Rent 1. Equipment 2. Building Subtotal Lease/Rent L. Maintenance 1. Equipment 2. Building M. Insurance N. Conferences and Staff Training O. Membership Fees and Subscriptions	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00				
801 810 811 821 840 850	K. Lease/Rent 1. Equipment 2. Building Subtotal Lease/Rent L. Maintenance 1. Equipment 2. Building M. Insurance N. Conferences and Staff Training O. Membership Fees and Subscriptions P. Advertising Q. Food (limit to 2% of budget) R. Other Allowable Costs	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00				
801 810 811 821 840 850	K. Lease/Rent 1. Equipment 2. Building Subtotal Lease/Rent L. Maintenance 1. Equipment 2. Building M. Insurance N. Conferences and Staff Training O. Membership Fees and Subscriptions P. Advertising Q. Food (limit to 2% of budget)	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00				
801 810 811 821 840 850	K. Lease/Rent 1. Equipment 2. Building Subtotal Lease/Rent L. Maintenance 1. Equipment 2. Building M. Insurance N. Conferences and Staff Training O. Membership Fees and Subscriptions P. Advertising Q. Food (limit to 2% of budget) R. Other Allowable Costs Subtotal Other Allowable Costs	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00				
801 810 811 821 840 850	K. Lease/Rent 1. Equipment 2. Building Subtotal Lease/Rent L. Maintenance 1. Equipment 2. Building M. Insurance N. Conferences and Staff Training O. Membership Fees and Subscriptions P. Advertising Q. Food (limit to 2% of budget) R. Other Allowable Costs	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00				
801 810 811 821 840 850	K. Lease/Rent 1. Equipment 2. Building Subtotal Lease/Rent L. Maintenance 1. Equipment 2. Building M. Insurance N. Conferences and Staff Training O. Membership Fees and Subscriptions P. Advertising Q. Food (limit to 2% of budget) R. Other Allowable Costs Subtotal Other Allowable Costs DIRECT EXPENSES TOTAL	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00				
801 810 811 821 840 850	K. Lease/Rent 1. Equipment 2. Building Subtotal Lease/Rent L. Maintenance 1. Equipment 2. Building M. Insurance N. Conferences and Staff Training O. Membership Fees and Subscriptions P. Advertising Q. Food (limit to 2% of budget) R. Other Allowable Costs Subtotal Other Allowable Costs	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00				
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801 810 811 821 840 850	K. Lease/Rent 1. Equipment 2. Building Subtotal Lease/Rent L. Maintenance 1. Equipment 2. Building M. Insurance N. Conferences and Staff Training O. Membership Fees and Subscriptions P. Advertising Q. Food (limit to 2% of budget) R. Other Allowable Costs Subtotal Other Allowable Costs DIRECT EXPENSES TOTAL Administrative Expenses Allocated Management and General Overhead, not to	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00				

Spreadsheet Instructions

- 1. Complete the funding period, agency information, project name and contract number at the top of the form.

Enter line items in categories where appropriate
 Enter line items that relate to your program in categories such as Salaries and Wages, Program Consultants, Other Consultants, Assistance to Participants and Other Allowable Costs. There are additional rows that remain accurate, are hidden if you need more

- Enter budget amounts in the KHA Funding and Match columns (you can include here Cash Contributions as well as the value of In-kind Only enter amounts in black cells. Red cells denote formulas. Please do not make any entries in red cells.

4. Enter a narrative for each line item in the cell located on the same row of that line item. Use only one narrative cell per line item. Type as much information in that cell to completely describe the budget for that line item. For cells that have lengthy narratives, you will have to widen the "row" so that it reveals all of the text of that cell.