

# College Ambassador Program

2022-2023 School Year

## Request for Proposal



Proof Alliance is committed to preventing alcohol-exposed pregnancies by creating awareness of the risks associated with alcohol use during pregnancy and increasing the number of people who plan their pregnancies and engage in healthy behaviors before becoming pregnant. In support of this work, we seek applications from colleges and universities that are interested in engaging their student population with the information they need to make safer choices about pregnancy and alcohol use.

**Grants up to \$2,500 are available to colleges and universities in Minnesota that:**

- Educate students on the importance of preconception health and planned pregnancies to decrease the risk of unintentional prenatal alcohol exposure
- Encourage safer choices related to alcohol use and sexual activity
- Increase awareness of the risks associated with alcohol use during pregnancy

**These grants will fund universities who are interested in hosting public in-person and/or online events in order to share these messages in their community.**

*These grants are made possible by funding from the Minnesota Department of Health.*

**Grant Applications Due:** September 21, 2022 by 4:00 PM CST  
1876 Minnehaha Avenue West, Saint Paul, MN 55104

**Grant Recipients Announced:** p: (651) 917-2370 f: (651) 917-2405  
September 2022

**Grant Time Frame:** October 2022-June 2023

**Questions?** Contact Jennifer Stieve at [Jennifer.Stieve@proofalliance.org](mailto:Jennifer.Stieve@proofalliance.org).

Application materials can be found here: <https://bit.ly/ProofCAPgrant>

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## Grant Eligibility, Guidelines, and Deadlines

## About

Fetal alcohol spectrum disorders (FASD) refer to a range of effects that can occur when a fetus is exposed to alcohol. The effects of drinking alcohol while pregnant last a lifetime. Prenatal alcohol exposure is the leading cause of preventable birth defects in the United States, and an estimated 1 in 20 U.S. children have an FASD. Here in Minnesota, an estimated 8,000 babies are born each year with possible brain injury from prenatal alcohol exposure.

## Purpose

Proof Alliance is seeking proposals from qualified applicants to host in-person or online events that will give students information related to the prevention of alcohol-exposed pregnancies. The events will educate students on the importance of preconception health and planned, alcohol-free pregnancies. Examples of events that promote FASD prevention include, but *are not limited to*:

Please consider your university size and organizational capacity when planning and budgeting for your event.

<b>Example A:</b>	<b>Example B:</b>	<b>Example C:</b>	<b>Example D</b>
Mocktail Contest	Prevention Health Fair	FASD Game Night <i>(may be held virtually)</i>	FASD Art Contest <i>(may be held virtually)</i>
Have students compete in a mocktail making contest, with staff, students, and/or community members as the judges. Drink delicious mocktails, and send everyone home with alcohol-free recipes.	Host a prevention health fair. Collaborate with local organizations, school clubs, and students to share health information related to prevention, including sexual health and alcohol use.	Host a game night that is both fun and educational. Play a “Jeopardy”-like game (or other trivia games) to share information about FASD, preconception health, and alcohol use. Serve mocktails and snacks.	Participants are encouraged to express FASD prevention ideas in various art forms (photographs/posters, videos/animation, music, etc.). The works of the finalists will be exhibited and prizes will be distributed.
Approximate budget range: \$1,000 - \$1,500	Approximate budget range: \$500 - \$1,000	Approximate budget range: \$500 - \$1,000	Approximate budget range: \$500

## Eligibility

The College Ambassador Program gives funding preference to colleges and universities across the state of Minnesota.

In general, funding will **not** be awarded for:

- Grants to individuals
- Revenue generating events
- Public service announcements
- Advertising/marketing campaigns
- Conferences/trainings
- Curriculum development

## Review Process

All grant applications will be evaluated by a review committee comprised of professionals from the maternal child health community, Proof Alliance board members and staff. You can view the [review form here](#) to see what criteria your application will be rated on. Proof Alliance reserves the right to conduct follow-up interviews with applicants to discuss the grant proposals and any areas that require clarification.

## Use and Disbursement of Funds

All grant funds are distributed on a reimbursement basis only. Grantees must not exceed individual budget line items. Proof Alliance has the right to refuse reimbursement on line items that are over the approved budget; if this happens, your organizations will be responsible for covering the remaining costs. Please note the “Prizes” line item must not be greater than 15% of the project budget. Please see included “Budget Worksheet” for details.

## Anti-Discrimination Policy

Applying grantees agree that they are committed to compliance with all applicable anti-discrimination laws and do not unlawfully discriminate on the basis of race, religion, color, national origin, sex, sexual orientation, age, marital status, disability, familial status, status with regard to public assistance, or other legally protected category or characteristic, in their employment, programs or activities.

## Questions?

We welcome your questions regarding the application process. View our Frequently Asked Questions [here](#), or contact Jennifer Stieve at [Jennifer.Stieve@proofalliance.org](mailto:Jennifer.Stieve@proofalliance.org) or 651-917-2370.

## Checklist

Proof Alliance looks forward to reviewing your complete grant application. Applications must be received by **Friday, September 2 at 4:00 PM CST.**

**Applications must be submitted by e-mail to [Jennifer.Stieve@proofalliance.org](mailto:Jennifer.Stieve@proofalliance.org).**

When applying, please include the following:

- Grant Application (Apply online at <https://bit.ly/ProofCAPgrant>)
- Budget Worksheet ([Download Excel file here](#) or visit <https://bit.ly/ProofCAPgrant>)
- Most current financial statement
- Proof of tax status (W9 and/or IRS Determination Letter)

Visit <https://bit.ly/ProofCAPgrant> to access the application materials.

We will make reasonable accommodations to all qualified applicants with disabilities. If you are an individual with a disability who needs assistance or cannot access the online grant application, please contact Jennifer Stieve at [Jennifer.Stieve@proofalliance.org](mailto:Jennifer.Stieve@proofalliance.org) or call 651-917-2370. Please indicate what assistance you need.

Decisions will be made by September 2022. Applicants will be notified by email.



## College Ambassador Program Grant Application

**Organization:**

Legal Name of Lead Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Website: \_\_\_\_\_

Facebook: \_\_\_\_\_

Twitter: @ \_\_\_\_\_

Instagram: @ \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_

State Tax ID Number: \_\_\_\_\_

**Grant Point-of-Contact:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**Person Authorized to Sign Contracts:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**Grant Overview:**

Implementing Agency (if different from Lead Organization): \_\_\_\_\_

County or Counties/Tribal Nation(s) Served: \_\_\_\_\_

Event Name: \_\_\_\_\_

Grant Amount Requested from Proof Alliance: \_\_\_\_\_

Have you ever received a College Ambassador Program grant from Proof Alliance?

Yes  No If yes, what year(s)? \_\_\_\_\_

### 1. Describe Your Event or Activity

Please describe the type of event or activity you will implement, including the type (in-person/online), date, and time of the event. Please note that in general, Proof Alliance prioritizes funding for *original* events hosted specifically through the grant, rather than adding in a prevention component to an already existing event. For examples of highly successful past events, please see our [Past Grantee Highlights](#).

How will you incorporate educational information and activities about preconception health, alcohol use, and the importance of planned, alcohol-free pregnancies? Be specific and comprehensive in your explanation. (Examples include: feature an educational presentation, host FASD trivia/games, share a student-created social media campaign about FASD, distribute alcohol-free drink samples, etc.)

The event will be:  Free of Charge  Cost (specify): \_\_\_\_\_

If there will be a cost to attend, please explain why:

How will you evaluate the effectiveness of this event? (i.e. survey, interview students in attendance, evaluation form, pre- and post-test, etc.)

### 2. Define Your Target Audience

Total number of attendees you expect to reach:

If you have hosted a College Ambassador Program grant-funded event in the past, are you planning to increase your reach from past years? If not, why?

### 3. Outline the Promotion of Your Event

Describe specifically how your event will be promoted in your community to encourage attendance/participation, including (but not limited to) posters/flyers, list serves, websites, social media, class announcements, and/or community calendars. Please note how many people you expect to reach within each category. Be sure to include these items in your budget if costs will be incurred.

#### **4. Planning Committee**

If a committee, student organization, or other community partners will help plan and carry out the event, please list their names, title or position, and the agency or company they are associated with. Describe what the goals are for the planning committee and how often you will meet. Please include if you will be using student volunteers or workers during the planning or implementation of the event.

#### **5. Organization's Contributions**

Describe any financial contributions your organization is willing to make for the event.

#### **6. Sponsors/Community Partners**

Will there be other sponsors or community partners that will contribute to the event? If so, please describe what kind of contribution they will make. For example, an organization that is contributing financially, in-kind donations, and/or volunteer hours, etc.

#### **7. Explain Your Focus on FASD**

Please describe why your organization is interested in hosting an in-person or online FASD prevention event in your community. Please also describe any preventative efforts/outreach your organization has utilized in the past to increase awareness of FASD, binge drinking, and/or unintended pregnancy.

#### **8. Complete Your Budget Worksheet**

Please download and fill out the [Excel file](#) Budget Worksheet for all anticipated expenses related to the event and describe what the funds will be allocated for. Please remember to submit your most current financial statement and proof of tax status (W9 and/or IRS Determination Letter) in addition to your Budget Worksheet.