

**South Dakota Department of Health**

# Breastfeeding-Friendly Business Grant

Grant Application Release: **July 14, 2022**

Application Due Date: **August 10, 2022 at 5pm CST**

Award Notice: **September 2022**

Grant Period: **September 15, 2022 - September 15, 2023**

Award Amount: **Up to $2,000. Up to 10 South Dakota worksites.**

This Grant includes the following components:

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#### **Overview:**

#### The South Dakota Department of Health (SD DOH) and SDSU Extension partnered together in 2016 to create the South Dakota Breastfeeding-Friendly Business Initiative. The initiative encourages businesses to pledge their support for breastfeeding customers and employees.

#### The Breastfeeding-Friendly Business Pledge states that a business will:

#### Provide a welcoming environment where breastfeeding mothers are able to breastfeed in public spaces within the business.

#### Encourage a welcoming attitude from staff, management, and to the fullest extent possible, other customers.

#### Place the *Breastfeeding Welcome Here* window cling in each public entrance to the business establishment.

#### Accommodate breastfeeding employees to allow appropriate time and space necessary to pump, to the best of their ability.

#### Currently over 700 South Dakota businesses have pledged their support and proudly hang the *Breastfeeding Welcome Here* window cling at their business. This grant ensures businesses not only pledge their support but have the resources to provide a breastfeeding-friendly environment in compliance with state and federal breastfeeding laws.

#### Breastfeeding is recognized as the best source of nutrition for most infants. Strategies to support breastfeeding mothers and babies are some of the most effective measures to protect and promote the health of all infants. The American Academy of Pediatrics recommends only breastfeeding for about 6 months, followed by continued breastfeeding as baby foods are introduced, with continuation of breastfeeding for 1 year or longer as desired by both mother and infant. Lack of support to breastfeed or pump at work is a persistent barrier for women to start and continue to exclusively breastfeed.

#### The Affordable Care Act amended Section 7 of the Fair Labor Standards Act requires employers to provide eligible employees with reasonable breaks to express breast milk for her nursing child for one year after the birth of the child. In addition, employers are required to provide a place – other than a bathroom – that is shielded from view and free from intrusion of coworkers and the public for nursing mothers to express breast milk during the workday.

#### South Dakota codified law 25-5-35 states, “Breastfeeding permitted in certain locations. A mother may breastfeed her child in any location, public or private, where the mother and child are otherwise authorized to be present as long as the mother is in compliance with all other state and municipal laws. However, no municipality may outright ban breastfeeding in public places.”

#### The Breastfeeding-Friendly Business Grant supports the state and federal law by providing 10 South Dakota worksites up to$2,000 to…

#### create a new lactation space,

#### improve an existing space, and/or

#### come up with innovative, space-saving ideas to meet staff breastfeeding needs for employees primarily working outdoors and/or who frequently travel.

#### The grant includes assistance from SD DOH including but not limited to: policy development, use of the [Employer Breastfeeding Accommodation Form](http://healthysd.gov/wp-content/uploads/2016/03/Breastfeeding-Accommodation-Form_FINAL.pdf), and resource sharing based on need/request.

## Eligibility:

All types and sizes of South Dakota worksites are eligible to apply such as for-profit businesses, non-profit organizations, hospitals, clinics, childcare centers, schools, colleges, universities, technical schools, churches, public buildings, pools, parks, recreation centers, etc.

**Grantee Expectations:**

#### Awarded applicants are expected to work with SD DOH to complete the following activities by the end of the grant period:

* 1. Take SD Breastfeeding-Friendly Business [Pledge](https://www.healthysd.gov/breastfeeding).
	2. Develop and implement a workplace breastfeeding support policy based on federal law and the [SD DOH Breastfeeding Model Policy](http://healthysd.gov/wp-content/uploads/2016/03/BESTFeedSupportPolicySingle.pdf), including use of the [SD Employer Breastfeeding Accommodation Form](http://healthysd.gov/wp-content/uploads/2016/03/Breastfeeding-Accommodation-Form_FINAL.pdf).
	3. *Before* and *after* pictures of lactation space (if applicable).
	4. Complete and submit final progress report by September 15, 2023 including receipts from all purchases. A report template will be provided to grant recipients.
	5. Agree to allow SD DOH to share any submitted documents such as pictures, policies, and final progress reports for project promotion and evaluation.

**Tentative Timeline:**

#### The awarded worksites will develop a final timeline in partnership with SD DOH

|  |  |
| --- | --- |
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**Funds Cannot Be Used For:**

* Indirect cost and salary associated with employees working on grant deliverables.

#### **Funds Can Be Used For:**

#### Use the Checklist of Best Practices on page 5 to consider the elements of the physical environment and communications to create a breastfeeding-friendly environment.

**Selection Criteria:**

Applications will be rated on a 100-point scale on the following evaluation criteria. Applications must be no longer than three pages in length, excluding attachments.

Organization Description – 20 points

* Extent to which applicant describes organization/worksite.
* Extent to which applicant describes current efforts related to worksite breastfeeding support and accommodation.
* Extent to which applicant describes employee/visitor need for breastfeeding support and space accommodation.

Project Proposal - 40 points

* Extent to which the applicant clearly describes how the grant funds will be used including policy, system, and environmental changes; short and long-term goals; and communication strategies.
* Extent to which applicant identifies how participation will impact the worksite including benefits and potential barriers.
* Extent to which applicant clearly describes evaluation plan.

Team Roster - 10 points

* Extent to which applicant includes all required information on team roster.

Budget – 30 points

* Extent to which applicant clearly justifies the need for requested items.
* Inclusion of a Letter of Support from building administration.

All applications will be reviewed by a committee of Department of Health staff.

Applications can be submitted via **e-mail** to:

**Liz Marso**

**Liz.Marso@state.sd.us**

Please submit your completed application by: **August 10, 2022 @ 5:00 pm CST**

Note: If you are looking for assistance in developing a breastfeeding-friendly environment, but are NOT in need of funding, contact SD DOH at any time.

####

***Checklist of Best Practices to Consider for Optimal Breastfeeding Accommodations:***

☐ ***Physical Environment: Indoor Lactation Space***

|  |  |
| --- | --- |
| **ESSENTIAL ELEMENTS:** | **PREFERRED ELEMENTS:** |
| **Clean, private space** with:* Access to electricity (outlets)
* Comfortable seating
* Ability to secure entry to avoid intrusion

**Routine cleaning regimen** for private space, provided by the business**Privacy Signage**  | **Access to:*** Refrigerator or personal cooler (to store expressed milk)
* Multi-user breast pump (to pump more quickly and efficiently)
* Sink with hot and cold running water (to clean breast pump supplies)
* Microwave (to sterilize breast pump supplies)

**Room décor:*** Natural or soft lighting
* Clock
* Full-length mirror to help mothers check/adjust clothing
* Calming décor, comfortable temperature, and pictures of babies (to encourage milk flow)
* Table for breast pump
* Wastebasket
 |

☐ ***Physical Environment: Mobile Lactation Space - Employees working primarily outdoors or traveling***

|  |  |
| --- | --- |
| **ESSENTIAL ELEMENTS:** | **PREFERRED ELEMENTS:** |
| **Clean, private space** with:* Pop-up tent or outdoor shelter
* Breast pump battery pack
* Collapsible seating

**Privacy Signage** | **Access to:*** Hand sanitizer
* Vehicle windshield cover, if applicable
* Collapsible flat surface to hold breast pump
 |

☐ ***Communications***

|  |  |
| --- | --- |
| **ESSENTIAL ELEMENTS:** | **PREFERRED ELEMENTS:** |
| **Schedule/Sign-up Sheet** for use of mother’s room (online or posted)Program manager or **contact person** at organization available to answer questions regarding nursing mother’s program | **Access to:*** Training/education for coworkers and supervisors on the necessity and benefits of expressing breast milk in the workplace
* Bulletin board with information about lactation consultants, guidance counselors, pumping schedule, local events, etc.
* Pamphlets or other educational materials on pregnancy, breastfeeding, parenting, etc.
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**Breastfeeding-Friendly Business Grant Application**

**Worksite Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**# of Full-Time Employees:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Part-time & Seasonal Employees:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Worksite Physical Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Worksite Mailing Address** (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Name and Title**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Email and Phone Number:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ORGANIZATION DESCRIPTION

* **Brief description of your organization/worksite:** Include any applicable information necessary to help describe your current business and business environment.

[Insert text here]

* **Current Lactation Accommodations/Policy:** Describe current worksite breastfeeding support and accommodation policies and/or efforts, if any. Describe employee/visitor need for breastfeeding support and space accommodation.

[Insert text here]

PROJECT PROPOSAL

* **Activities:** Describe how the grant funds will be used including the following:
	+ Policy, system, and/or environmental changes that will be made to support a breastfeeding-friendly environment.
		- * i.e. Planned location of new lactation space or how the current space with be improved; how the space will be supported, monitored, and maintained by employees/supervisors and building management (i.e. will it be added to existing janitorial staff duties or will an employee be responsible for cleaning the space); or use of innovative, space-saving ideas for mobile lactation spaces.
	+ Short and long-term sustainable goals.
	+ Communication strategy to publicize changes to employees, visitors, and customers.

 [Insert text here]

* **Expected Benefits/Barriers:** Include how participating in the grantwill impact your workplace.

[Insert text here]

* **Evaluation:** What outcomes do you anticipate this project having? How will you measure your progress toward these outcomes and the overall impact of the project? (i.e. tracking space usage, pre/post survey, policy implementation)

[Insert text here]

Contact Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ATTACHMENTS

1. **Team Roster:** Use the template provided in Appendix A to clearly identify a team roster, including your project lead which will be the primary point of contact. Co-leads will also be accepted. You may include up to seven members on your project team.
2. **Budget:** Use the template provided in Appendix B to clearly identify and justify how grant funds will be used.
3. **Letter of Support:** Attach a letter of support from building management.
4. **Before Photos:** Attach no more than 5 photos showing the space you are wishing to update. At the conclusion of the funding you will submit the “after” photos if applicable.

Applications can be no longer than three pages in length, excluding attachments.

##### Appendix A: Team Roster Template

|  |  |  |
| --- | --- | --- |
| **Name & Title** | **Contact Information** | **Project Responsibilities** |
| **Lead**1. |  Email: Phone: |  |
| 2. |  Email: Phone: |  |
| 3. |  Email:Phone: |  |
| 4. |  Email:Phone: |  |
| 5. |  Email:Phone: |  |
| 6. |  Email:Phone: |  |
| 7. |  Email: Phone: |  |

**Appendix B: Budget Template**

|  |  |  |
| --- | --- | --- |
| **Item** | **Amount** | **Justification**Be as detailed as possible |
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