COLUMBIA | CENTER FOR THE TRANSITION TO PARENTHOOD

2026-27 Annual CTtP Request for Applications (RFA)

COMMUNITY-BASED TRACK APPLICATION GUIDELINES

Application Deadline: September 1, 2026 (11:59 PM ET)

INSTRUCTIONS FOR APPLICANTS

Welcome! This form is for **community-based initiatives** that improve perinatal care, including:

- Community-based organization programs
- Clinical programs and health system initiatives
- Community health worker or doula training programs
- Programs addressing equity, access, or quality in perinatal care
- Technology or platforms developed with and for communities
- Implementation projects bringing evidence-based practices to community settings

In addition to the administrative and contextual questions on the portal (included below), you'll need to upload:

1. CV or Résumé (yours and key team members, if applicable)
2. Project Proposal (2 pages max)
3. Brief Project Summary (text field, max 1,500 characters)
4. Video (OPTIONAL, up to 90 seconds)
5. Community Partnerships Summary (optional, 1 page max)
6. Budget Narrative (optional, 1 page max)

Submit: All documents must be uploaded and form completed by September 1, 2026 at 11:59 PM ET.

Questions? Email TTP@cumc.columbia.edu or review the FAQ on our website: https://www.vagelos.columbia.edu/departments-centers/center-transition-parenthood/our-initiatives/funding-opportunity

SECTION 1: APPLICANT & ORGANIZATION INFORMATION

1. Full Name (First & Last)

[Drop-down honorific Dr/Mr/Ms/etc] [Text field First] [Text field Last]

2. Email Address

[Email field]

3. Phone Number

[Phone field]

4. What is your role in this organization/initiative?

[Dropdown or text field]

- Executive Director / CEO
- Program Director
- Clinical Director
- Founder
- Community Partner / Advisor
- Other: [specify]

5. Organization/Program Name *(if applicable)*

[Text field]

6. Organization Type *(Select the one that best fits)*

- Community-Based Organization (CBO)
- Federally Qualified Health Center (FQHC) or Health Center
- Health Department or Public Health Organization
- Hospital or Health System
- Non-Profit or Advocacy Organization
- Faith-Based Organization
- Grassroots Community Group
- Other: [specify]

7. Which U.S. State or Territory does your organization primarily serve?

[Dropdown with U.S. state/territory list]

SECTION 2: YOUR TEAM & PARTNERS

8. Will this project involve a team, or are you working independently?

- Working independently
- Leading a team

9. If working with a team, please list each team member's name, title, organization, and role in the project. (You can list up to 5 people; if larger team, describe key roles):

Name	Role/Title	Organization	Relevant Experience
[blank]	[blank]	[blank]	[blank]
[blank]	[blank]	[blank]	[blank]
[blank]	[blank]	[blank]	[blank]

You can add up to 5 people; if your team is larger, focus on key roles.

SECTION 3: YOUR PROJECT

10. Project Title

[Text field, limit 150 characters]

11. Brief Project Summary *(lay-friendly overview; max 1,500 characters)*

Explain what your program does and why it matters. What services or support do you provide? Whom do you serve? What problem does your program address?

[Text area, max 1,500 characters with counter]

Example: *"Building Baby Brains is a home visiting program for pregnant women and new parents in [community]. We provide education on infant development, emotional health support, and connection to clinical services. We serve primarily low-income families and prioritize serving [specific population]."*

12. Does your work align with one or more of CTtP's Blueprint Areas?
(Select all that apply; these are optional but helpful for context)

- Leveraging Digital Media and Technology
- Meeting Health Systems' Burnout with Novel Education and Solutions
- Collaborating with Community Perinatal Experts
- Providing Affordable, Accessible Perinatal Mental Health Care
- Creating Patient Support Networks
- Expanding the Role of Fathers and Partners

13. Does your work involve any of these areas? *(Select all that apply; these are optional but helpful for context)*

- Childbirth Education
- Doula Services
- Healthcare
- Lactation Support
- Multilingual Services
- Mental Health
- Midwifery Services
- Parenting Education
- Fathers/Non-Birthing Partners
- LGBTQ+
- Nutrition
- Peer Support Groups
- Community Support
- Tangible Goods and Services
- Digital Media/Tech

SECTION 4: YOUR PROJECT PROPOSAL

14. Upload Your Project Proposal *(2 pages max, single-spaced, 11-point font, 0.5-inch margins)*

Your proposal should include:

- **Program Description:** What do you do? What services do you provide? How do you serve families?
- **Community Need:** What problem are you addressing? Why does your community need this work?
- **Theory of Change or Logic Model:** How does your program lead to better outcomes for families? What are the connections between what you do and the results you hope to see?

- **Community Partnerships:** Who are your partners? How are you working together? How is your community involved in decision-making?
- **Evaluation Plan:** How will you know if your program is working? What will you measure?
- **Use of Funds:** How will the $50K support this initiative? (More detail optional—see budget narrative)

We're looking for clarity and feasibility. Tell us what you do, whom you serve, and why it matters. Detailed jargon is less important than honest storytelling.

[File upload field for PDF or Word doc]

SECTION 5: TEAM EXPERIENCE & ORGANIZATIONAL CAPACITY

15. Please briefly describe your team's expertise relevant to this project. *(1–2 paragraphs)*

Examples: "Our executive director has 12 years of experience in maternal health; our program coordinator previously worked for [organization] and trained 50+ doulas; our clinical advisor is an OB-GYN with community practice experience."

[Text area]

16. What organizational capacity do you have to implement this initiative? *(e.g., staff, office space, technology, partnerships, funding)*

[Text area]

SECTION 6: COMMUNITY VOICE & ENGAGEMENT

17. How is your community involved in shaping this work?

Do you have:

- Community Advisory Board or Council
- Ongoing feedback mechanisms (surveys, focus groups, etc.)
- Community members on staff
- Regular partner meetings
- Other: [specify]

Describe how community voice shapes your decisions.

[Text area]

18. Whom do you serve, and why did you prioritize them? *(Be specific about populations and any health inequities you're addressing)*

Examples:

"We serve pregnant women and families in rural [County], including farming families, military-connected families, and families experiencing substance use disorders. We prioritize these populations because they face perinatal health disparities: limited access to prenatal care, geographic isolation, stress from deployment or economic pressures, and stigma around substance use that prevents healthcare engagement."

"We serve pregnant women and families with incomes below 200% poverty line in our county. We prioritize Black and Latinx families because they face higher rates of maternal mortality and morbidity in our region."

[Text area]

SECTION 7: SUSTAINABILITY & GROWTH

19. What is your vision for this initiative beyond the grant period?

Will you:

- Continue with other funding sources
- Scale to reach more families
- Integrate into an existing program
- Use this as a pilot for something larger
- Other: [specify]

[Text area]

20. What other funding or support does your organization currently have? *(e.g., government grants, foundation funding, fee-for-service, in-kind donations)*

[Text area]

SECTION 8: BUDGET & FEASIBILITY

21. Budget Narrative *(Optional but encouraged; 1 page max)*

How will you use the $50K? Example breakdown:

- Staff (salary support for coordinator, trainer, etc.): $X
- Training materials or program supplies: $X
- Participant incentives or childcare during programs: $X
- Technology or equipment: $X
- Travel or community events: $X
- Evaluation costs: $X
- Indirect costs: $X

Reviewers want to understand if your project is realistic within this budget.

[File upload field, OR text area for pasting]

22. Is your project feasible within $50K?

- Yes, fully feasible
- Yes, with some adjustments to scope
- Unsure, would appreciate feedback
- No, this project requires more funding

If you selected "with adjustments" or "unsure," briefly explain.

[Text area]

SECTION 9: VIDEO & SUPPLEMENTAL MATERIALS

23. Program Video *(Optional; up to 90 seconds)*

This is optional. A video can help reviewers see your work in action and meet your team, but it is not required. If you choose to submit a video:

- Introduce your program and the community you serve
- Show your team or community partners in action if possible
- Share a brief story or example of impact
- Be authentic; production quality doesn't matter

[File upload field for MP4, MOV, or other video format]

24. Community Partnerships Summary *(Optional; 1 page max)*

If you'd like to provide more detail on your community partnerships, you can upload a separate document listing partner organizations and their roles. (List organizations, community leaders, or populations you're partnering with)

[File upload field]

SECTION 10: BACKGROUND & EXPERIENCE

25. Upload Your CV or Résumé

Please upload CVs or résumés for you and/or key team members (1–2 people max):

[File upload field]

26. Have you received grant funding before?

- Yes, from [funder]: [brief description]
- No, this would be our first external grant
- We have some grant experience but this is our first in perinatal health
- Other: [brief description]

SECTION 11: HOW DID YOU HEAR ABOUT US?

27. How did you learn about this funding opportunity?

- LinkedIn
- CTtP Website
- Word of mouth / colleague recommendation
- Email from colleague or institution
- CTtP email / newsletter
- External perinatal health/mental health email/newsletter
    - If external – please provide source
- Other (specify): [text field]

SECTION 12: CONFLICT OF INTEREST & CONTACT INFORMATION

28. Conflict of Interest Declaration

Do you or anyone on your team have a personal or professional relationship with anyone on the CTtP advisory board, working group, or CTtP leadership?

Examples: Spouse, close family member, current collaborator, shared publication in past 2 years

- No conflicts of interest to disclose
- Yes, please describe: [text area]

If you declare a conflict, we will ensure a reviewer without that conflict evaluates your application.

29. Primary Contact for Questions

Name of person to contact if we have questions about your application:

- Name: [text field]
- Email: [email field]
- Phone: [phone field]

SECTION 13: FINAL SUBMISSION

30. Confirmation

- I have read and agree to the [Applicant Guidelines & FAQ]
- I confirm all information in this application is accurate
- I understand that CTtP may not provide detailed feedback if my application is not selected, but I can reapply next year
- I have uploaded all required documents (Résumé, Program Proposal, Brief Summary, and Video if applicable)

31. Opt-In (optional)

- I opt-in to receive email updates and newsletters from CTtP
- I opt-in for my organization to be included in CTtP's National Directory of resources (free of charge), if CTtP sees fit
  - **If yes:**
    - **Organization Name**
    - **Brief Description of Organization and Perinatal Resources Offered** *(1-3 lines / 850 characters max / as you'd prefer it to be described in the National Directory)*

32. Final Submission

[Submit Button]

Thank you for applying! You will receive a confirmation email once your application is submitted.

QUESTIONS?

Email: TTP@cumc.columbia.edu

Guidelines & FAQ: https://www.vagelos.columbia.edu/departments-centers/center-transition-parenthood/our-initiatives/funding-opportunity

Want to learn more? Join our free **Informational Webinar** (July 20, 2026 at 4pm Eastern Time) for tips on writing a strong application, examples from past awardees, and a Q&A with review panel members. Register for the webinar at the link above.

Last updated: July 6, 2026