



Notice of Funds Available (NOFA) & Request for Applications

Safe Haven Baby Box Grant

ABOUT

The Arkansas Safe Haven law allows delivery of a child who is thirty (30) days old or younger to a medical provider, law enforcement agency, fire department, or medical provider staff member. The child may be left in a designated safety device (often called a baby box) that is voluntarily installed by the medical provider, law enforcement agency, or fire department. The baby box must be physically located on a structured wall of or inside a hospital, law enforcement agency, or fire department; and located in an area that is conspicuous and visible to the employees of the hospital, law enforcement agency, or fire department.

The Safe Haven Baby Box Grant program provides funding to eligible organizations to assist with the costs associated with implementing a Safe Haven Baby Box.

STATUTORY AUTHORITY

Ark. Code Ann. §§ 9-34-202 and 203.

APPLICATION OPEN DATE

Grant Application Open Date: September 9, 2024

This grant program will remain open to receive applications on an ongoing basis.

APPLICATION RESTRICTIONS

Applications are restricted to:

- City, County Hospitals with an emergency room
- Law Enforcement Agencies
- Fire Departments

Applicants must be located within the state of Arkansas.

Review the guidelines for the program at the following link:

[Arkansas Safe Haven - Arkansas Department of Human Services](#)

CONTACT INFORMATION

If applicants have any questions about the Safe Haven Baby Box Grant or need assistance in completing a grant application, please submit requests at: IGS.Applications@dfa.arkansas.gov.

PROGRAM OVERVIEW

INTRODUCTION

The Department of Finance & Administration-Intergovernmental Services, will provide grants to city and county hospitals with an emergency room, law enforcement agencies, and fire departments to reimburse fifty percent (50%) of the costs associated with implementing a Safe Haven Baby Box (newborn safety device).

ELIGIBILITY

Grant funds may only be used for costs associated with implementing a Safe Haven Baby Box that meets the requirements set forth in A.C.A. § 9-34-202. Applicants are eligible to apply for grant funding to cover up to 50% of the cost.

Eligible Organizations Include:

- City, County Hospitals with an emergency room
- Law Enforcement Agencies
- Fire Departments (including volunteer departments)

REQUIREMENTS

Requirements for Eligible Organizations (see following):

- Requirements specified in A.C.A. § 9-34-202 and 203.
- [Arkansas Safe Haven - Arkansas Department of Human Services](#)

GRANT APPLICATION INFORMATION

The Safe Haven Grant Application is available through a web form located on the DFA- IGS website, <https://www.dfa.arkansas.gov/office/intergovernmental-services/grant-programs/>

AWARD DETERMINATIONS

EVALUATION

DFA-IGS will review applications for eligibility, allowability and completeness. Applications meeting those requirements will be awarded a grant, subject to funding availability.

AWARD NOTIFICATION

DFA-IGS staff will contact the applicant agencies as funding determinations are made. If awarded funding, the successful applicant ("Grantee") will receive an award letter that will include the following information:

- Grantee name,
- Grantee maximum award amount (up to 50% of costs), and
- Any other requirements to receive reimbursement (e.g., W9 Form).

The award letter notification will be sent via email and must be reviewed, signed, and returned to DFA-IGS via email to IGS.Applications@dfa.arkansas.gov.

REIMBURSEMENT

Each applicant will be required to provide copies of **actual invoices** and **proof of payment** for costs associated with implementing a Safe Haven Baby Box. For reimbursement, grant recipients must provide supporting documentation that proves expenditures were made.

ELIGIBLE INVOICES

- Invoice from vendor
- Expenditure report
- Check register report

ELIGIBLE PROOFS OF PAYMENT

- Paid invoice from vendor(s).
- Detailed receipt of cost.
- Canceled (cleared) check.
- Bank or credit card statement showing payment to vendor(s).

INELIGIBLE PROOFS OF PAYMENT

- Handwritten receipts and documents.
- Construction orders.
- Checks that have not been processed or canceled.
- Internal documents, accounting records or ledgers.
- Receipts lacking verifying details.

APPENDIX A: FORMS

VENDOR REGISTRATION WITH THE STATE OF ARKANSAS

Applicants must be a vendor with the State of Arkansas to receive reimbursement. To register as a vendor, Complete the W9 Form located at: <https://www.dfa.arkansas.gov/office/intergovernmental-services/grant-programs/resources/>

Send the completed application and forms to the Department of Finance and Administration, Intergovernmental Services at IGS.Applications@dfa.arkansas.gov

APPLICATION FORM

Application Checklist

☐ Application Form

☐ W9 Form

☐ Voided check

Organization Information

Applicant Organization: _____

Mailing Address: _____

Physical Address: _____

Contact Person: _____ Title: _____

Phone: _____ Fax: _____

Email: _____

Signature of Authorized Official: _____

Printed Name of Authorized Official: _____

Planned location of Safe Haven Baby Box

Requested grant amount (max 50% of costs associated with implementing a Safe Haven Baby Box)