

# Free Support Group Expansion Organization Application Overview Fall 2025

## Organization

- Name of organization
- Year founded
- Organization address
- Are you a 501(c)(3) (IRS Determination Letter upload)
- Website
- Mission statement (500 characters)
- Social handles/sites
- Contact name, email, phone number

#### **Geographic Area Served**

- Region (Northwest, Northeast, Central, Southwest, Southeast, or St. Louis Metro)
- Counties served

#### **Qualifications and Experience**

Provide an overview of your organization, including its history, size, structure, and relevant experience. (Max 2,500 characters)

Provide a description of your organization's primary activities, programming, and initiatives. (Max 2,000 characters)

Describe your team composition (team structure, roles, etc.). Provide an overview of who will be involved in this project and their responsibilities. (Max 1,000 characters)

Describe the primary population your organization serves, including any eligibility or participation requirements. Include a demographic breakdown of population served (age, race, gender, education, income, etc.). (Max 1,500 characters)

#### **Strategic Alignment**

Describe how the WPF free parent support group aligns with your organization's overall efforts to improve postpartum care delivery and maternal health outcomes. (Max 2,000 characters)



What motivates your organization to participate in this initiative? Why is this work important to you, and how do you plan to support and sustain the existing program model within your organization? (Max 2,500 characters)

### **Implementation and Support**

It is integral to our programming that we provide free diapers, childcare and a meal at in-person support groups. (The home hub hosts in-person groups once per month and virtual groups all other weeks.) Describe any connections you might have to those services in your area. If you don't currently have access to those services, please describe how you might access them. Please know WPF will also help with this research and implementation. (Max 1,500 characters)

This program will include training in our model of care. Outside of this, does your team have any additional training in perinatal mental health? If so, please share who is being trained, what the training covers, and how it will help strengthen your support group programming. (Max 1,500 characters)

This stipend is for 8 weeks of programming. If possible, do you anticipate wanting to offer groups beyond the 8-week mark? If so, explain ways your organization could maintain this program over time. Be sure to address fluctuations in funding, staff and people resources, or any other elements that may affect the program's ongoing operation and success. (Max 2,500 characters)

Is there anything else you want us to know? (Max 1,000 characters)

#### **Commitment to Evaluation:**

As part of this program, you agree to track and report the following: participation, participant satisfaction, individual social-emotional learning, cost-effectiveness, and increased support during the perinatal period. WPF may add additional metrics as needed.

By checking this box, you agree that you will track all the required metrics and share them back with WPF on the schedule outlined by WPF. (Check box)

#### Whole Parent Foundation Values:

We value inclusion, diversity, equity, and accessibility, and we take actionable steps toward honoring these concepts. We believe every parent and caregiver—regardless of race, nationality, sexual orientation, gender, age, or ability deserves access to



accessible, culturally humble, compassionate mental health care. We do not make assumptions about our clients; rather, our approach is client-centered and client-led, allowing the client to feel in control of their care. We are also committed to trauma-informed support, knowing that many of our clients have experienced multifaceted discrimination. We seek to provide our clients with wraparound care, including referrals for physical needs, such as housing and food assistance.

By checking this box, I confirm that I have read and understand Whole Parent Foundation's core values, and that our organization's work aligns with these principles. (Check box)