



# Request for Proposals

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Families at the HEART: Healing, Empowerment, and  
Access to Relational and Transformative Practices

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# Section 1: Overview



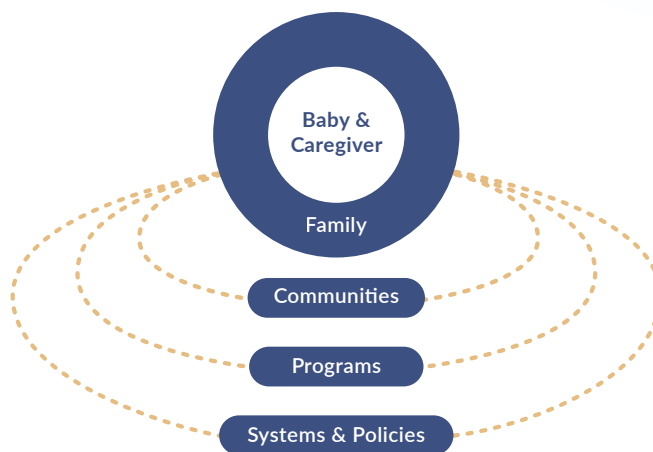
## Funding Opportunity Executive Summary

Perigee Fund is a Seattle-based philanthropic organization working nationally to support families during pregnancy and the first three years of a child's life. Guided by a deep commitment to equity, we invest in community-rooted efforts and systems change to strengthen early relationships and promote infant and caregiver mental health. Our vision is to end intergenerational trauma by ensuring families—especially those impacted by trauma, poverty, and racism—have access to the support they need to heal and thrive.

**Families at the HEART** (Healing, Empowerment, and Access to Relational and Transformative Practices) is a Perigee Fund initiative that supports the growth of community-rooted mental health models that, once expanded, will increase access for families during pregnancy and the early years of a child's life. By “models,” we mean clearly defined and documented approaches that include tools, resources, training, and expected outcomes, making the models teachable, replicable, and accessible. Rather than funding direct services or individual programs, the initiative invests in approaches uniquely positioned to address the compounding impacts of trauma, racism, and poverty—approaches shaped by community wisdom and implementation practice.

Grounded in the belief that healing begins with connection, this initiative uplifts practices centered in cultural identity, trusted relationships, and collective care. Families at the HEART aims to transform systems by strengthening the models and networks that communities already rely on for healing and well-being.

We invite applications from organizations with deep community ties, that are using therapeutic models and bringing a bold vision for [systems change](#). We are seeking leaders committed to healing-centered, culturally rooted approaches who are ready to grow their models and expand their reach. Together, we can expand access to the care families deserve: care that reflects who they are and supports their path to healing and thriving.



**Perigee's working definitions of the terms hyperlinked throughout this document can be found in the Key Definitions section on page 14.**



# Section 2: Funding Opportunity

## The Need and Opportunity to Grow Community-Rooted Healing Models that Serve Diverse Prenatal-to-Age-3 Families

At Perigee Fund, we believe that strong, nurturing relationships between babies and their caregivers are the foundation for lifelong health and well-being. Early Relationships are one of the most powerful predictors of a child's future mental, emotional, and physical outcomes. Still, nearly **one in five children under age five in the U.S. experiences a social, emotional, or behavioral concern**, many of which can be traced to disruptions in early childhood relationships between children and caregivers.<sup>1</sup> To help these early bonds flourish, families deserve support that honors their cultures, reflects their lived experiences, and builds on the strengths that help children thrive.

Research shows that **untreated parental mental health challenges, such as perinatal mood and anxiety disorders, affect up to 20% of mothers** and are linked to developmental and emotional difficulties in children.<sup>2</sup> When trauma in a parent's life goes unaddressed, it can make it more difficult to respond to a child's needs and may unintentionally continue cycles of disconnection and adversity. While mental health and trauma are deeply interconnected, they are not interchangeable—supporting families requires approaches that recognize and respond to both, together and separately. Trauma histories are not shared equally. Black, Indigenous, and People of Color (BIPOC) are more likely to experience maternal and infant mental health challenges, while also facing structural racism, stigma, and limited access to healing care. **Black and Indigenous women are two to three times more likely to experience maternal mental health complications** and are far less likely to receive culturally attuned care.<sup>3</sup>

We recognize that trauma can deeply shape the caregiving experience. Families may carry trauma related to systemic factors such as immigration, incarceration, or involvement with the child welfare system, as well as from experiences during pregnancy and birth or the ongoing demands of caring for children with complex medical, developmental, or behavioral needs. We support models that honor these experiences and support a diversity of caregiving roles—including fathers, co-parents, and multigenerational caregivers.

Despite the increasing need and power of intervening as early as possible, **only 15% of infants and toddlers with mental health concerns receive developmentally appropriate relationship-based intervention services.** Access is even more limited for families of color.<sup>4</sup> While mental health support may appear in pediatric clinics, home visiting programs, early learning settings, and community organizations, many established models of care still fall short of meeting the scale of family need. Some established models have strong evidence bases, built through long-term investment and institutional support. Yet many still struggle to adapt to families' evolving needs, grow equitably, sustain funding, or deliver consistent therapeutic care in the systems where families live, work, and seek support.

Community-rooted therapeutic models—often grounded in cultural wisdom and shaped by lived experiences—are uniquely positioned to address trauma histories, promote mental wellbeing, and navigate systemic inequities in ways that meet the needs of families with shared cultural and life experiences. Despite their relevance and potential, these models remain underfunded,



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underrecognized, and excluded from systems not designed with their leadership or communities in mind. Research and common sense suggest that **culturally tailored interventions improve engagement, satisfaction, and outcomes**—yet these approaches continue to lack adequate investment.<sup>5</sup>

The need for culturally rooted relationship-centered mental health care is urgent. Without it, cycles of trauma and inequity persist. To complement

existing investments in established models, Perigee is pleased to launch Families at the HEART—a grant initiative designed to resource community-rooted models, tailored to meet the needs of underserved BIPOC families and cultural groups. This initiative provides funding, time, and capacity-building support for these models to grow and thrive.



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## Families at the HEART: A Unique Funding Opportunity

**Families at the HEART** (Healing, Empowerment, and Access to Relational and Transformative Practice) is a three-year initiative designed to resource, strengthen, and elevate community-led [intervention models](#), centering the wisdom, experiences, and strengths of families who have been historically marginalized, especially BIPOC. By “models,” we mean clearly defined and documented approaches that include tools, resources, training, and expected outcomes, making the models teachable, replicable, and accessible.

Each selected organization will receive a **total upfront grant award of \$425,000** beginning in January 2026 to support the time and direct costs needed for planning and implementing capacity-building efforts tailored to their model and community context.

This initiative is designed to support step-change growth, helping models deepen their impact, respond to evolving needs, and expand in sustainable, healing-centered ways. Growth may take many forms, including enhancing services within existing communities, adapting models to new settings, or embedding them within broader systems.

Families at the HEART is not intended to fund direct services or short-term programs. Instead, it supports the refinement, adaptation, and long-term sustainability of [therapeutic](#) and/or [somatic](#) models. This kind of growth is time-intensive and requires intentional space, reflection, and resources beyond the demands of day-to-day service delivery.

We recognize that meaningful transformation takes time. That’s why the initiative offers not only direct funding, but also targeted support in evaluation, capacity building, technical assistance, and professional development. The initiative brings together the lived experiences of families of color, the discipline of [implementation](#)

[practice](#), and the strategic partnership of [social venture philanthropy](#), which provide hands-on guidance to help intervention models grow, strengthen infrastructure, diversify their revenue strategies, and increase impact for families.

Growth requires more than a strong model—it also requires the right internal conditions and external support systems. Families at the HEART is committed to investing in organizations so they can build that foundation for lasting, community-rooted impact.

Each organization will chart its own course—aligned with its model, mission, and community leadership—while nurturing the teams driving transformative change for families. An advisory board of field experts will help select grantees and offer ongoing guidance throughout the initiative.

While we are united by common goals, grantees will lead the development of their own strategies. Together, we aim to learn not only how culturally specific models grow, but how funding can serve as a catalyst for systemic change rooted in justice, healing, and equity.





# Section 3: Key Information

## Offerings and Expectations

Selected grantees will receive a total of \$425,000 in funding over three years to support model development efforts. This investment is designed to help organizations strengthen, sustain, and expand community-rooted, healing-centered models for [prenatal-to-age-3](#) families, providing both the time and resources needed to focus intentionally on model development.

The initiative is grounded in three common goals that will be shared across the cohort of grantees:

1. Strengthening model development and [impact](#).
2. Building financially stable growth and [adaptability](#) for the model.
3. Nurturing leadership as a driver of transformative change that can shift broader systems of care.

Grantees will join a learning cohort and receive mentorship from experienced leaders, with structured opportunities for peer collaboration, reflection, and growth.

In the first year, grantees will work with Perigee Fund and capacity partners to develop tailored, actionable, and capacity-building plans. In years two and three, they will implement those plans, engage advisors of their choosing, and access shared resources for ongoing support.

An initiative-wide evaluation partner will engage with grantees throughout the three years to support learning, measure growth, and inform broader systems change in early relational and mental health.





## Who Can Apply (Eligibility)

To be eligible for this initiative, applicants must meet all of the following criteria:

### Leadership Engagement

- ☐ Leaders have interest in, readiness for, and capacity to engage in the [step change](#) process across all the initiative's three focus areas: model development and impact; financial strategy and [adaptability](#); and leadership development.
- ☐ Leaders show a clear vision and commitment to grow and expand their model, whether by reaching more families in existing communities, adding new sites, or integrating the model into other early childhood systems and networks.
- ☐ The organizational structure shares leadership and power via meaningful participation of families in program design, strategy, and decision-making.

### Model Characteristics

- ☐ The model is [therapeutic](#) and/or [somatic](#) in nature, which may include clinical support or healing practices rooted in cultural values and traditions.
- ☐ The model centers diverse experiences of families in the prenatal-to-age-3 period, including those living in rural areas, immigrant families, families with disabilities or children with complex medical needs, veterans, and families across varied cultures, languages, and insurance types.
- ☐ There is demonstrated demand for the model from BIPOC families and cultural groups who have historically been underserved by systems of care.
- ☐ The model has been in operation for at least two years.

### Data & Funding

- ☐ The model has at least two cycles of data, with a preference for three, and has used this data to inform the [intervention](#) or [implementation](#) strategy.
- ☐ The model has been supported by at least two funding sources for at least two years.

### Organizational

- ☐ The organization must be a 501(c)(3) nonprofit, a tribal entity, a public agency, or be fiscally sponsored by a nonprofit.
- ☐ Universities or academic institutions are not eligible to apply as lead applicants, though they may participate as subcontractors.

Models that have previously received Perigee funding for model implementation or expansion are not eligible. Though this initiative is intended to engage new partners, organizations that have previously received funding for model implementation may submit an Expression of Interest for a model that has not previously been funded by Perigee.

We encourage applications from across all U.S. geographies, including rural, urban, and tribal communities, to ensure diverse regional representation.



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## Funding Purpose & Restrictions

This funding opportunity offers an up front, one-time award of **\$425,000** per grantee to resource model growth and expansion over a three-year grant period. Funding is designed to accelerate a strategic change process within a defined timeframe and includes support for implementation and capacity building.

### Intended Use of Funds

Funding may be used to support:

- Dedicated staff time for individuals actively involved in planning, capacity building, and model growth and development.
- Time and resources to explore sustainability and diversified revenue sources, including engagement with prospective public and private sector funders.
- Internal capacity-building efforts to strengthen organizational systems that enable model growth and expansion.
- Lobbying activities—when directly related to securing funding for the model.
- Direct costs to implement capacity-building plans (e.g., data collection consultation, improvements to monitoring and evaluation systems, billing specialists, updating training manuals).

### Restrictions:

- Families at the HEART is not designed to fund direct services or programs.
- This opportunity supports models focused on intervention and treatment that include mental health care. Proposals focused solely on promotion or primary prevention will not be considered.
- Perigee Fund will not fund universities or academic institutions directly, though grantees may subcontract them as needed.
- Capital expenditures are not allowed.



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## Three-Year Initiative Expected Involvement

Grantees will engage in a structured, cohort-based learning experience designed to foster shared learning, reflection, and growth. Supported by Perigee Fund, capacity-building partners, and expert advisors, grantees will benefit from ongoing mentorship and collaborative support. Grantees are expected to involve multiple team members to ensure shared ownership of learning and implementation. Leadership must commit to the step-change process by supporting the active participation of those doing the work. The cadence of engagement—through regular meetings and touchpoints—will be shaped together, honoring the needs and input of all involved.

### Year One: Planning and Design

The first year will focus on **intentional planning** to identify capacity-building goals and co-design strategies for implementation. Grantees will work closely with advisors and consultants selected by Perigee Fund and additional partners to develop individualized plans that align with their mission and model. We recognize that this work is time-intensive; plans are expected to evolve through ongoing reflection and the collective wisdom of the cohort. ***Expected Activities in Year One:***

- One-on-one meetings with capacity-building advisors to develop tailored strategies and activities
- Quarterly cohort learning sessions
- In-person convening in Fall 2026
- Semi-annual check-in meetings with Perigee

At the end of year one, grantees will have developed a comprehensive capacity-building plan to strengthen and grow their intervention model.

### Years Two and Three: Implementation and Sustainability

In years two and three, grantees will focus on **implementing their capacity-building plans** and embedding sustainable practices that support model growth, adaptability, and long-term impact. Organizations will have the flexibility to engage consultants and coaches aligned with their evolving needs. In addition to using their grant funds for individualized support, grantees will have access to pooled resources for shared services identified as valuable across the cohort, such as healing-centered practices for staff or individual coaching. ***Expected Activities in Years Two and Three:***

- Continued one-on-one support from capacity-building partners
- Independent work on implementation
- Quarterly cohort learning sessions
- In-person convenings in Fall 2027 and Fall 2028
- Semi-annual check-in meetings with Perigee

### Evaluation and Learning

Throughout the initiative, grantees will collaborate with an evaluation partner designated and funded by Perigee. This partner will be funded separately and will not draw from grantee-awarded funds. This partnership will support shared learning, track progress toward initiative-wide goals, and generate insights that contribute to broader systems change in prenatal-to-3-mental health.



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## Initiative Goals and Possible Strategies

Grantees are expected to plan and implement strategies and activities that address all three goal areas of the initiative.

**1. Model Development and Impact:** Strengthen, refine, and evaluate therapeutic, healing-centered models to better serve families and communities, deepening both effectiveness and relevance. Examples of strategies that could be implemented through this grant in this domain:

- Defining key elements of model integrity and identifying challenges and opportunities to facilitate model expansion.
- Strengthening measurement, evaluation, and learning processes to improve service quality, enhance storytelling, and effectively communicate impact.
- Supporting evaluation activities that help validate evidence across a continuum, including evidence rooted in lived experience and community-designed approaches.
- Co-designing implementation tools that build collective understanding of the model or practice.
- Engaging communities to ensure models reflect cultural strengths and local wisdom.

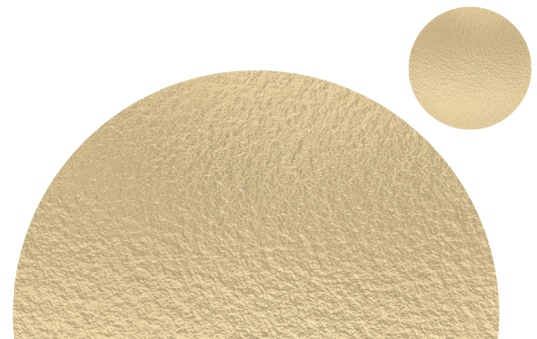


**2. Financial Stability and Adaptability:** Build the financial and operational foundation needed for long-term sustainability, adaptability, and growth. Examples of strategies that could be implemented through this grant in this domain:

- Developing a comprehensive financial strategy that outlines the total cost of services, revenue generation, and sustainable funding models for expansion.
- Creating a strategic approach that integrates risk assessment, scenario planning, and organizational agility to navigate potential challenges.
- Strengthening organizational capacity to attract and manage diversified funding streams and alternative revenue sources effectively.

**3. Leadership Nurturing:** Enhance leaders' capacity to cultivate strategic relationships, communicate the impact of their models, and influence systems, while nurturing personal growth and resilience as essential components of sustainable leadership. Examples of strategies that could be implemented through this grant in this domain:

- Expanding networks of potential funders, partners, and advocates.
- Strengthening relationships with peer leaders, models, and field-building coalitions.
- Participating in optional opportunities related to racial healing, justice, and transformative leadership.



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## Review and Selection Process

### **| Information Session**

Perigee will address questions in the information session on **Thursday, July 17th at 10:00 a.m. PT** in English and on **Tuesday, July 22nd at 10:00 a.m. PT** in Spanish. We will publish a recording of both information sessions on our website.

### **| Phase 1: Expression of Interest (EOI)**

**Due at 5:00 p.m. PT on Friday, August 15, 2025**

Expression of Interest submissions will be accepted via our [Perigee Partner Portal](#) until 5:00 p.m. PT on Friday, August 15, 2025.

EOIs will be reviewed by the Perigee team and an advisory group of community and field experts.

### **| Phase 2: Full Proposal & Virtual Interviews**

**Up to 12 finalist organizations** will be invited to submit a full proposal based on alignment with initiative goals and demonstrated readiness. Each finalist organization will also participate in a virtual group interview with Perigee staff and the anticipated capacity-building providers.

Full proposals will be reviewed by the Perigee team and an external review panel of field experts. Final funding decisions will be made by Perigee Fund, informed by the advisory group's input and with attention to geographic diversity across the selected cohort.

**Up to six organizations** will be selected for funding. Finalist organizations not selected will receive a \$1,000 honorarium in recognition of their time and effort.



## Timeline Overview



|                        |   |
|------------------------|---|
| Expression of Interest | <b>July 8, 2025   <i>Expression of Interest Period Opens</i></b><br>Questions can be found on the Perigee Fund website.   |
|                        | <b>July 17, 2025 (10:00 a.m. PT)   <i>English Information Session</i></b><br>A recording of the English session will be published on the Perigee Fund website.  |
|                        | <b>July 22, 2025 (10:00 a.m. PT)   <i>Spanish Information Session</i></b><br>A recording of the Spanish session will be published on the Perigee Fund website.  |
|                        | <b>August 15, 2025 (5:00 p.m. PT)   <i>Expressions of Interest Due</i></b><br>Submit EOIs via the <a href="#">Perigee Partner Portal</a> .                      |
| Proposal               | <b>Mid-September, 2025   <i>Up to 12 Finalists Invited to Interview and Participate in the Proposal Process</i></b>   |
|                        | <b>September 29 - October 24, 2025   <i>Virtual Interviews Conducted</i></b><br>Finalists participate in virtual interviews while proposals are in development. |
|                        | <b>October 31, 2025 (5:00 p.m. PT)   <i>Completed Proposals Due</i></b><br>Submit proposals via the Perigee Partner Portal.                                     |
| Award                  | <b>Mid-December, 2025   <i>Applicants Notified of Award</i></b><br>Up to six applicants will be selected and notified of funding decisions.                     |
|                        | <b>January 1, 2026 - December 31, 2028   <i>Grant Period</i></b><br>Families at the HEART funding and program activities underway.                              |

If you have questions about this RFP, please submit them in writing, in the language of your choice, to [rfp@perigeefund.org](mailto:rfp@perigeefund.org). As we receive questions, Perigee staff will create and routinely update a [Frequently Asked Questions \(FAQ\) page](#) on our website so that all applicants have access to the same questions and answers. Perigee will also address questions in the information session and will publish a recording of the information session on our website.



# Section 4: Key Definitions



This glossary represents Perigee’s working definitions of terms used throughout this RFP in absence of universally accepted definitions.

**Adaptability** is the ability to remain flexible across systems, finances, and in response to external circumstances in order to be responsive to family needs, while upholding the core principals and model effectiveness.

**Culturally Rooted:** Strongly connected to a particular culture and reflective of its values and traditions.

**Data Criteria:** Information collected by running your program or model three different cycles with three different groups of people. Each cycle gives you a chance to learn what’s working, make improvements, and show how your approach supports families over time.

**Expansion** is the process of broadening the reach, scope, and impact to serve more individuals or communities while maintaining or enhancing model effectiveness. Expansion is a building block for increasing family access.

**Impact** is the overall effectiveness with families.

**Implementation Practice:** Applying and adapting evidence-based implementation approaches to real world settings to achieve desired outcomes.

**Model or Intervention:** The intervention model has defined and documented approaches that include tools, resources, training, and expected outcomes—making them teachable, replicable, and accessible.

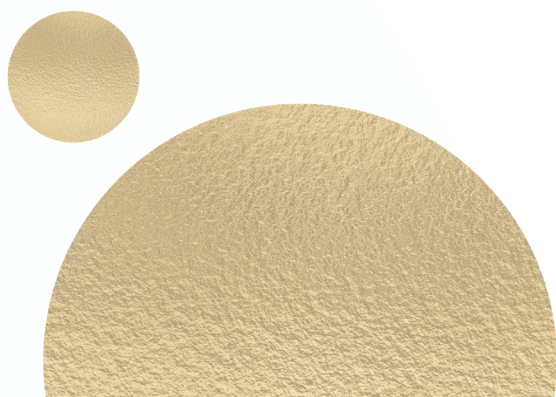
**Prenatal-to-Age-3 Mental Health:** Perigee uses the term “prenatal-to-age-3 mental health” to encompass the relational nature of mental health for babies and their caregivers throughout pregnancy, infancy, and early childhood. Prenatal-to-age-3 mental health includes:

- Caregiver mental health during pregnancy and early parenting, particularly maternal mental health (MMH). MMH typically refers to a range of mental health and substance use challenges that, because of biological and/or social factors, occur during and/or after pregnancy. Non-birthing parents of all genders can also experience mood and anxiety disorders and substance use disorders during the pregnancy and postpartum period.
- Infant and early childhood mental health, defined as early social-emotional development, takes place in the context of caregiver dyad, community, and culture.

Perigee thinks about support for prenatal-to-age-3 mental health broadly, across promotion, prevention, intervention, and treatment. Compelling applicants will likely work across multiple areas, but Families at the HEART is not designed to fund promotion models.

**Social Venture Philanthropy:** A form of impact investing where philanthropic organizations allocate resources to social causes using methods like traditional venture capital.

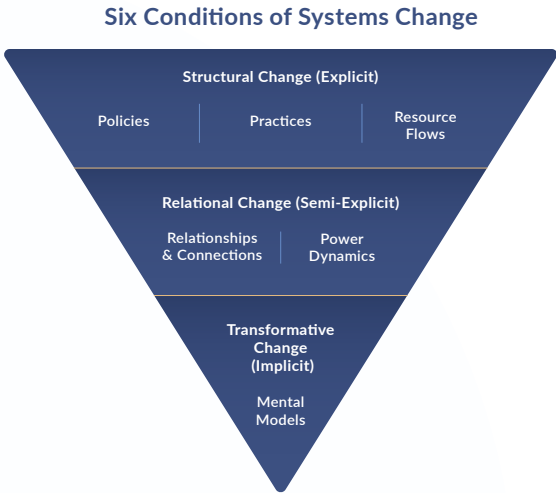
**Step changes** are concrete, incremental, and ideally cumulative advances toward achieving longer term goals that will happen after the three-year grant period.



**Somatic:** Somatic treatment models in infant and early childhood mental health, focused on the parent-child dyad aim to address trauma and attachment issues through body-based approaches. These models recognize the interconnectedness of physical and emotional experiences, particularly in the early years when children are largely nonverbal. Instead of solely relying on verbal communication, they use movement, touch, and other sensory experiences to help parents and infants regulate emotions, improve communication, and foster secure attachments.

**Systems Change:** Systems change is defined as “shifting the conditions that are holding the problem in place.” This definition comes from the Social Innovation Generation (SIG) group in Canada and is used by **FSG** in the 2018 article, “The Water of Systems Change.” Drawing from extensive literature about systems change, the “Water of Systems Change” defines six conditions that often hold social or environmental problems in place. Some are explicit or semi-explicit, and others are implicit.

For this RFP, Perigee defines systems change as the work of shifting conditions in an ecosystem so that maternal, infant, and early childhood mental health support is more available and accessible to families. The work of each grantee will likely include the three levels of structural, relational, and transformative change, as they work to ensure mental health support is more equitably available for families.



*FSG’s “inverted triangle” framework*

**Therapeutic** is the intervention or practice aimed at treating existing conditions that support the infant’s emotional, social, and developmental well-being, often focusing on the parent-child relationship. While models that connect families with therapists or therapy are encouraged, Perigee holds the view that in many cases models can be therapeutic without involving a clinical therapist.



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