

Safety PIN Funding Opportunity

Innovative Approaches to Addressing Infant Mortality

Please complete the following form and return to IDOHMCH@heath.in.gov by

5:00PM EST on March 15, 2024

Before completing the application, our organization has read the **Funding Opportunity Guidance** found here: [Health: Grant Opportunities \(in.gov\)](#) *Check here when Complete:*

SECTION 1 Primary Information		
Program Name		
Organization Name		
Primary Contact		
Title		
Email		
Phone Number		
Signatory Contact		
Title		
Email		
Textable Phone Number		
SECTION 2 Project Overview		
Provide a one-sentence description of your program or initiative.		
Total Funding Amount Requested for First 2 Years	Year 1:	
	Year 2:	
	Total:	
Program Tentative Funding Date	May 1, 2024- April 30, 2026	
Counties Serving		
Number of anticipated individuals reached through this program if funded	Year 1:	
	Year 2:	
	Total:	

SECTION 3 Program Overview

SECTION 3-A PROGRAM DESCRIPTION:

SECTION 3-B PROJECT GOALS: Provide Project **SMARTIE** goals (Specific, Measurable, Attainable, Relevant, Time-based, Inclusive, Equitable). Must have a minimum of 3 goals with 2 objectives each.

SECTION 3-C EQUITABLE ACCESS:

SECTION 3-D DATA AND EVALUATION:

SECTION 3-E SUSTAINABILITY PLAN:

SECTION 3-F COLLABORATION WITH LOCAL HEALTH DEPARTMENTS (LHD)

1. Communicated with LHD(s)

2. Partnering with LHD(s)

3. Organization is a LHD

SECTION 4 REQUIRED ATTACHMENTS

Attach Completed Work Plan

Attach Completed Budget

Attach Other Sources of Funding