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Indiana Department of Health & Project AWARE

**Project AWARE Goes to the Park Grant Request for Proposals**

**RFP Due:** *Friday, February 10th by 5:00 pm ET (Extensions will be considered on a case-by-case basis if local parks board approval is needed to submit RFP)*

**Virtual Office Hours:** *Tuesday, January 24th at 2:00pm ET (*[*link*](https://teams.microsoft.com/l/meetup-join/19%3ameeting_NWQ3ZTY3ZTUtMGVjMC00Zjk2LThjZjYtMDY1ODg5NGZmNzBi%40thread.v2/0?context=%7b%22Tid%22%3a%222199bfba-a409-4f13-b0c4-18b45933d88d%22%2c%22Oid%22%3a%22f267ead4-894b-4e41-b757-8fc31972c447%22%7d) *to join), or by request*

**Award Announcements**: On or before Friday, March 10th

**Estimated Grant Start**: June 1, 2023

**Grant ends**: September 29, 2023

Please answer this application *(starting on page 4 below)* in four (4) pages or less. Upon completion, please submit the application, [W-9](https://www.irs.gov/pub/irs-pdf/fw9.pdf), and [Direct Deposit](https://forms.in.gov/Download.aspx?id=11695) form to Jenna Sperry via email at [jsperry@health.in.gov](mailto:jsperry@health.in.gov). Please include “Project AWARE Goes to the Park Grant Application” in the subject line.

**Eligibility**

Local parks departments and not-for-profit organizations or community groups located in Indiana are eligible to apply.

**Grant Background**

The COVID-19 pandemic has exacerbated an existing youth mental health crisis across the nation, with Indiana being no exception. 47% of youth respondents to the [2021 Indiana Youth Risk Behavior Survey](https://www.in.gov/health/mch/adolescentyoung-adult-health/youth-risk-behavior-survey/) (YRBS) indicated that they felt sad or hopeless almost every day for at least two weeks in a row, so much so that they stopped doing some of their usual activities. The response to the same question in the 2015 YRBS survey was 29%.

[Project AWARE Indiana](https://www.projectawarein.org/) is committed to *Changing The Frequency* surrounding mental health awareness and education among youth and adolescents across the state. Project AWARE is the result of funding awarded to the Indiana Department of Education by the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA). With [research](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7967628/) indicating that time spent outdoors benefits youth mental health, [Project AWARE Goes to the Park](https://drive.google.com/file/d/1R6x9WpqB7Bw3UtHfBvLwGcV5w1PLP_6r/view) was created with the intention of increasing the amount of time young Hoosiers are spending in nature.

In partnership with Project AWARE, Indiana Department of Health (IDOH) Division of Nutrition and Physical Activity (DNPA), will be offering funds and technical assistance to support local parks departments and community organizations in supporting youth mental health in outdoor park spaces. **This four-month funding opportunity beginning approximately June 1, 2023, and ending September 29, 2023,** is contingent upon availability of funds and will require regular progress reporting to IDOH, DNPA.

**General Information**

The IDOH, DNPA prioritizes health equity\* in our funding initiatives. Therefore, applicants with intended grant activities to take place in communities ranking high (.5 and above) on the [CDC Social Vulnerability Index](https://svi.cdc.gov/map.html) will be prioritized for funding.

*\*The Robert Wood Johnson Foundation defines health equity as "… everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care."*

**Eligible Grant Activities & Funding Requirements:**

Create opportunities for youth to engage in outdoor spaces in a way that positively impacts youth mental health and physical activity. Two funding streams are available as a part of this grant: youth programming and professional development. Youth programming would involve directly engaging with youth through creative programming that intentionally makes the connection between engaging in nature, youth mental health benefits, and increased physical activity. Professional development would involve providing training to youth-facing staff and/or partners on topics of youth mental health to improve capacity to prevent and respond to youth mental health crises. See below for more detailed examples.

Example projects that can be funded through this grant include, **but are not limited to**:

* Funding Stream 1: Youth Programming *(programs must have an explicit mental health focus and include a physical activity component; also see funding restrictions on next page)*
  + Implement various types of [ecotherapy programs](https://www.webmd.com/balance/features/nature-therapy-ecotherapy#:~:text=Nature%20therapy%2C%20also%20called%20ecotherapy,green%20therapy%2C%20or%20horticulture%20therapy.) for children and youth, such as nature walks, adventure activities, or therapeutic gardening.
  + Create [Story Trails](https://www.nar.realtor/blogs/spaces-to-places/storybook-trails-where-kids-can-walk-and-learn-at-the-same-time) incorporating a story related to mental health, student wellbeing, mindfulness, etc. and lead guided walks with groups of children.
    - Tip: Consult with a local or school librarian to select, or even write a story.
  + Organize a large, one-time event aimed at bringing youth and their families to a park or outdoor space to introduce them to the mental health benefits of nature-related activities.
  + Implement a nature backpack program in which children can check out a backpack to carry around a park with nature exploration contents (e.g., binoculars) and a mental health activity guide.
* Funding Stream 2: Professional Development
  + Provide [Youth Mental Health First Aid](https://www.mentalhealthfirstaid.org/take-a-course/) training to youth-facing staff and partners.
  + Provide [Question. Persuade. Refer.](https://qprinstitute.com/) (QPR) training to youth-facing staff and partners.
  + Provide [Nature & Forest Therapy](https://www.natureandforesttherapy.earth/) training to one or two youth-facing staff members.

Applicants are eligible to apply for up to $10,000 in funding for each funding stream. Applicants may apply for both funding streams (up to $20,000 total), **but must display capacity to complete both activities in a short period of time.**

**Grant Requirements:**

1. Report on progress regularly (monthly or bi-monthly) to IDOH, DNPA, including a final report with relevant data reported.
2. Submit invoices for reimbursement to IDOH, DNPA in a timely manner.
3. Designate a staff member, with dedicated staff time, to lead the implementation of grant activities and be the point of contact for the IDOH, DNPA.
4. Ensure activities listed in this grant agreement meet applicable local, state, and federal regulations. Ensure permitting approvals are obtained, if required, for all grant activities.

**Additional recommended grant activities include:**

* For the youth programming stream, involve external stakeholders in the design and implementation of programming. Examples include families, schools, libraries, youth-serving organizations, or other community stakeholders.

**Funding Restrictions (funds cannot be used for the following):**

* Advertising, public relations, or promotional materials
* Meals or alcoholic beverages (light snacks under $3 per person per day are allowable)
* Mileage or other automobile costs
* Contributions, donations, or gifts
* Entertainment
* Honoraria, lobbying, or other political activities
* Major construction
* Stipends

**Application Process**

* Complete the RFP and submit it by **5:00 pm (ET) on** **February 10, 2023** (if more time is needed due to obtaining parks board approval, please reach out as soon as possible requesting an extension).
  + ***Optional:*** Attend virtual office hours if you have questions **(2:00 pm ET January 24, 2023).** Questions may also be emailed to[**jsperry@health.in.gov**](mailto:jsperry@health.in.gov)or[**pefritz@health.in.gov**](mailto:pefritz@health.in.gov).
* All proposals will be reviewed by the IDOH/IDOE grant review team.
* Due to the quick timeline of this opportunity, you may be asked to register as a vendor with the State of Indiana prior to award announcements being made.
* Some applicants may be selected to participate in informal interviews with the grant review team. Interviews will be 20 minutes, including a 5-minute presentation followed by 10-15 minutes of Q&A.
  + Interviews will be held between **February 20, 2023, and February 28, 2023**.
* Funding awards will be announced on or before **March 10th.** If you are selected for funding:
  + ***Your funding will begin approximately on June 1, 2023, and will end on September 29, 2023.***

**- Application begins on next page -**

**Project AWARE Goes to the Park Grant Application**

**I. Proposal Cover Sheet**

*Due: Friday, February 10th by 5:00 pm ET (unless individually granted an extension)*

Please answer this application (Sections I, II, III, and IV) in four (4) pages or less. Upon completion, please submit the proposal to Jenna Sperry via email at [jsperry@health.in.gov](mailto:jsperry@health.in.gov). Please include “Project AWARE Goes to the Park Grant Application” in the subject line.

|  |  |  |
| --- | --- | --- |
| **Organization Information** | | |
| Organization Name: | | |
| CDC’s overall [SVI rating](https://svi.cdc.gov/map.html) for the primary location(s) where activities will be held (e.g., local park address). If the activity will be held at one specific location, please insert the **census tract SVI** (use the “Geographic Unit” toggle). If the activity will have a county-wide presence/effect, insert **county SVI**. F*ollow link and enter address in search bar on top right corner of the map, then click on the color surrounding the map pin)*:  Address(es):  SVI(s): | | |
| **Application Contact Person** | | |
| Name: | Position: | |
| Address: | | |
| Phone Number: | Email: | |
| **Fiscal Contact** *(the individual who would sign the contract and submit invoices)* | | |
| Name: | Position: | |
| Address: | | |
| Phone Number: | Email: | |
| **Proposed Grant Coordinator** *(the individual who would lead grant implementation – this can be the same person as the application contact person)* | | |
| Name: | Position: | |
| Address: | | |
| Phone Number: | Email: | |
| **Supervisor’s Signature** *(please indicate title):* | | |
| **Funding Stream** *(check one or both)* | | |
| Youth Programming | | Professional Development |

**- Application continues on next page -**

**II.** **Organization Background, Capacity, and Support**

1. Please describe your organization’s current (and past, if applicable) engagement with children and adolescents. If your organization engages with youth through partnerships with any local youth-serving organizations or groups (e.g., school or district, homeschool group, YMCA, etc.), please also describe that partnership here.
2. How has your organization’s leadership supported past youth engagement and/or mental health programming or training, if applicable? Please also describe their level of support for the proposed grant activities.
3. Please tell us about your organization’s capacity and approach to meeting the requirements of this grant. For example, will there be dedicated staff time to this opportunity, or has your organization received commitment from partners to implement these activities/receive training? *If grant funding will be used to compensate employees, please indicate this in your budget outline below.*

**III. Project Plan**

1. Please provide an overview of your proposed program and/or training.
2. How will the proposed activities improve youth mental health in your community? If applying for the youth programming funding stream, how will the proposed activities also improve physical activity?
3. If applying for the youth programming funding stream, please describe the age ranges and number of youths your program will aim to engage.
4. Who will be your key community partners and collaborators to implement this program and/or receive training? Attaching letters of support to this application from community partners is strongly encouraged, but not required.
5. How will this program or training impact health inequities\* in your community?
6. What outcomes do you hope to achieve by implementing this programming and/or by receiving this training?
7. Is there anything else you would like to share about the proposed project(s)?

\**At IDOH, we define health inequities as the differences in health status and mortality rates across population groups that are systemic, avoidable, unfair, and unjust. IDOH recognizes that health inequities exist for individuals because of characteristics such as age, sex, race, ability, sexual orientation, gender identity, socioeconomics, and national origin.*

# IV. Grant Budget

See funding requirements on page 2 and unallowable costs on page 3. “Miscellaneous” or “other” budget items will not be accepted. Budget is subject to change based on allotted grant funding. You will be contacted if this change occurs, and given the chance to alter your budget.

|  |  |
| --- | --- |
| **Grant Budget** *(6/1/23-9/29/23)* | |
| Item | Proposed amount ($) |
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|  |  |
|  |  |
|  |  |
|  |  |
| **Total** | |

**Budget Justification** (optional)

If there are any items you feel that you need to explain, please use this space to do so.

Reminder: Please email this application, along with your organization’s completed [W-9](https://www.irs.gov/pub/irs-pdf/fw9.pdf), [Direct Deposit form](https://forms.in.gov/Download.aspx?id=11695), and any letters of support (if applicable) to [jsperry@health.in.gov](mailto:jsperry@health.in.gov). *Attachments will not count towards the application’s 4-page limit.*

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*Thank you for completing this request for proposals to receive the Project AWARE Goes to the Park Grant. Your work is important to supporting the health and well-being of our young Hoosiers. Your submission will be carefully reviewed by our team, and you will be contacted regarding next steps (see application process on page 3). Please reach out to Jenna Sperry at* [*jsperry@health.in.gov*](mailto:jsperry@health.in.gov) *if you have any questions.*