

Nurse-Family Partnership Request for Application



Purpose:

The purpose of this Request for Applications (RFA) is to fund competitive grants for community-based organizations, local health departments, hospitals, other healthcare-related entities, or not-for-profit organizations (as defined by IRS Tax Determination) within the state of Indiana to implement Nurse-Family Partnership (NFP) programming. It is the intent of the Indiana Department of Health (IDOH) to fund grantees to serve as a local implementing agency that can satisfy the state's need to implement high-quality NFP home visiting services to eligible families in all 92 counties in Indiana.

Funding opportunity title:	Nurse-Family Partnership
Due dates for application:	Friday, March 20, 2026
Anticipated total available funding:	Up to \$19,000,000 annually
Estimated number of awards:	Number of awards may vary
Estimated award amount:	Amounts vary
Cost Sharing/Match Required:	No
Period of performance:	10/1/2026-9/30/2030
Eligible applicants:	Agency must be in good standing with NFP Chagent, or conditionally approved to implement NFP (if a new agency)

You (the applicant organization) are responsible for complying with instructions included in [Application Information](#) section of this Request for Applications (RFA).

Submission details:

To be considered for this competitive funding, a completed application must be received by IDOH by **no later than 5 p.m. EDT Friday March 20, 2026.**

Submit applications via email to: IDOHhomevisiting@health.in.gov

Summary of Indiana Nurse-Family Partnership Mental Health funding

The Indiana Department of Health, Division of Maternal and Child Health is accepting applications to fund statewide implementation of Nurse-Family Partnership (NFP) programming, from Oct. 1, 2026 through Sept. 30, 2030, using both state and federal funds. The purpose of this program is to support the delivery of coordinated and comprehensive high-quality voluntary home visiting services to eligible families through implementation of the evidence-based community health program, NFP. This project strives to meet the health, education, guidance, and support needs of under-resourced first-time mothers as they navigate pregnancy, childbirth, and parenting. This is accomplished through regular

nurse home visits, beginning within the first two trimesters of pregnancy and continuing through the child's second birthday. Statewide implementation of NFP must meet both state and federal requirements, including requirements for the federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) grant, the Temporary Assistance for Needy Families (TANF) grant and the Indiana NFP State Fund.

Program Goals:

The overall goal of statewide NFP implementation is to improve health and developmental outcomes for children and families in Indiana who are at risk for adverse health outcomes. This goal can be reached by the attainment of the following objectives:

1. Provide appropriate evidence-based home visiting services to eligible families residing within the agency's proposed regions.
 - a. By the end of each program year (federal fiscal year), awardee will meet the goal set to serve an anticipated caseload as identified during the RFA process.
2. Develop a system of coordinated services statewide of existing and newly-developed NFP programs to provide appropriate, targeted, and unduplicated services and locally coordinated referrals to all children, mothers, and families who are high-risk throughout Indiana.
3. Coordinate necessary services outside of home visiting programs to address needs of participants, which may include mental health, primary care, dental health, children with special needs, substance use, childhood injury prevention, child abuse/neglect/maltreatment, school readiness, housing, employment training and adult education programs.

Program Activities and Expectations:

Funds must be used to serve families through the Nurse-Family Partnership (NFP) model to provide predominantly in-person home visits (85% of home visits are required to be conducted in-person), with virtual home visits available as needed (as determined by agency need), and other program activities. NFP services must not supplant current available funding for home visiting service delivery. Applicants should explain and justify why communities are chosen for their service region.

Priority for providing services under the statewide NFP implementation must be given to the following:

- Eligible families who reside in communities in need of such services, as identified in the [MIECHV 2020 statewide needs assessment](#), taking into account the staffing, community resource, and other requirements to operate NFP and demonstrate improvements for eligible families
- Low-income eligible families
- Eligible families with pregnant women who have not attained age 21
- Eligible families that have a history of child abuse or neglect or have had interactions with child welfare services
- Eligible families that have a history of substance abuse or need substance abuse treatment



- Eligible families that have users of tobacco products in the home
- Eligible families that are or have children with low student achievement
- Eligible families with children with developmental delays or disabilities
- Eligible families that include individuals who are serving or formerly served in the Armed Forces, including such families that have members of the Armed Forces who have had multiple deployments outside of the United States
- Communities identified to have high [infant mortality rates and adverse birth outcomes](#)
- Communities identified to have high [maternal morbidity and/or mortality](#)
- For programs receiving funding from the federal Temporary Assistance for Needy Families (TANF) funds, families must meet all TANF eligibility criteria:
 - Have a dependent child under the age of 18 or currently pregnant
 - Income must be under 250% of the federal poverty level
 - Income eligibility must be re-determined annually
 - Meet all residency and immigration status requirements

Program Activities and Expectations:

The NFP National Service Office, Changent, is a non-profit organization that provides local implementing agencies (LIAs) with the specialized expertise and support needed to deliver NFP with fidelity to the model, so that each community can see comparable outcomes.

The NFP Model Elements are supported by evidence of effectiveness based on research, expert opinion, field lessons, and/or theoretical rationales. LIAs must implement NFP programming in accordance with these model elements, assuring implementing agencies have a high level of confidence that results will be comparable to those measured in research.

Recipients of this award must adhere to the most recent Model Elements listed by the NFP Changent office, in accordance with the NFP home visiting model.

For more information about NFP, please visit the website at: www.nursefamilypartnership.org.

Model Enhancements:

For the purposes of this grant, an acceptable enhancement of the NFP model is a variation to better meet the needs of targeted at-risk communities that does not alter the core components of the model, such as NFPx. Model enhancements may or may not have been tested with rigorous impact research. Recipients who wish to adopt enhancements must submit written approval from the NFP Changent. It must be determined by NFP Changent and IDOH that the enhancement does not alter the core components related to program impacts, and IDOH must determine it to be aligned with statewide NFP implementation activities and expectations.



Recruitment and Enrollment:

Recipients must develop a system of coordinated referrals for enrolling new eligible families, including partnering with Indiana's home visiting referral system. Indiana's home visiting referral system is a collaboration between IDOH, the Indiana Family and Social Services Administration (FSSA) and the Indiana Department of Child Services (DCS). This initiative is building a network of services and supports to connect pregnant women to family support providers in their own community.

Recipients must implement Nurse-Family Partnership with fidelity to the model, which may include development of policies and procedures to recruit, enroll, disengage, and re-enroll participants. Enrollment policies should strive to balance continuity of services to eligible families and availability of slots to unserved families.

Dual enrollment refers to home visiting participant enrollment and receipt of services from more than one of Indiana's home visiting referral system partner home visiting programs concurrently. Toward responsible fiscal stewardship and to maintain model fidelity, recipients should develop and implement policies and procedures to avoid dual enrollment. Avoiding dual enrollment maximizes the availability of limited resources for home visiting services for eligible families and prevents duplicative collection and reporting of benchmark data.

Funding Family Designation at Enrollment:

Local implementing agencies are required to designate families to an appropriate funding source at enrollment, based on the designation of the home visitor they are assigned. Using this methodology, recipients must designate all families as MIECHV-funded that are served by home visitors for whom have at least 25 percent of his/her personnel costs (salary/wages including benefits) funded by MIECHV funding. All clients designated as MIECHV upon enrollment must be documented and reported as MIECHV throughout their participation in the program.

As part of the award process, the Indiana Department of Health will identify which home visiting personnel will receive MIECHV funding for at least 25 percent of their personnel costs.

Collaboration with Early Childhood Partners and System Coordination:

Recipients will ensure the provision of high-quality home visiting services to eligible families in at-risk communities by, in part, coordinating with comprehensive statewide early childhood systems to support the needs of those families. To do this, recipients must establish appropriate linkages and referral networks to other community resources and supports, including those represented in comprehensive statewide and local early childhood systems. An early childhood system brings together health, early care and education, and family support program partners, as well as community leaders, families, and other stakeholders to achieve agreed-upon goals to support the health and wellbeing of children and families.

Information, Eligibility and Requirements:

To be eligible for funding, applicants who are currently implementing Nurse-Family Partnership in Indiana must be in good standing with the National Service Office, Changent. For a new implementing



agency applicants must have a letter of support from Changent that supports new implementation of NFP.

The applicant organization:

- Must be a health department, hospital, other healthcare related entity, or a not-for-profit organization (as defined by the IRS Tax Determination)
- Must serve populations within Indiana
- Must comply with financial requirements as listed in the budget section and budget template
- Must collaborate with traditional and non-traditional agencies or organizations
- Must have a letter of support from the National Service Office, Changent, to apply

Application and review information:

Applications will be evaluated, and funds will be awarded, based upon:

1. Applicant’s proposed target area has sufficient number of live births annually to provide a population base for the proposed capacity
2. Applicant’s proposed target community is identified as a priority population, as indicated by [Indiana’s MIECHV Statewide Needs Assessment 2020 Update](#)
3. Applicant’s proposed client recruitment and retention strategies demonstrate the ability to maintain 85% capacity (for NFP programs active more than one year previously). For new programs, applicants will be evaluated on proposed time it will take to begin serving families in the county and reaching 85% capacity levels
4. Applicant is in good standing with NFP Changent or is conditionally approved by NFP Changent to provide NFP services in Indiana and complies with all fidelity criteria for the NFP model
5. Applicant demonstrates established community partnerships in proposed service area and/or identifies approaches for developing new partnerships
6. Applicant provides a comprehensive budget included in the RFA and demonstrates capacity to manage the program financially
7. Availability of state or other funding supporting NFP services in the proposed county/region

Performance Measurement and Reporting:

Recipients must collect data in accordance with the NFP model and IDOH requirements. Recipients will utilize the electronic medical record system, Disease Management Coordination Network (DMCN), to improve the quality of service offered to NFP clients. Recipients must give permission to the IDOH for DMCN data extraction and analysis, including analyses to promote health of clients through MCH programs and funding. Recipients must also ensure their client consent forms address data sharing with IDOH.



Recipients must participate in performance reporting in alignment with the Health Resources and Services Administration's (HRSA) required reporting for the federal MIECHV grant. Reporting will include Forms 1, 2, and 4, quarterly reviews, and missing data clean-up.

Recipients will provide demographic, service utilization, and select clinical indicators and performance indicators and systems outcomes measures through email and data extraction from DMCN that represent activities occurring during the reporting period of Oct. 1 through Sept. 30. Subsequent annual performance reporting will be required using the same timeline. Data for IN MIECHV Annual Performance Reporting Forms 1 and 2 must be submitted by IDOH to HRSA by Oct. 30.

Note that Indiana will utilize established data analysis methods to meet HRSA expectations with support from an external data analysis vendor.

The most recent data forms* are available online at:

[Form 1: Demographic, Service Utilization, and Select Clinical Indicators](#)

[Form 2: Performance and Systems Outcome Measures](#)

[Form 4: Quarterly Data Collection](#)

*Update links and resources will be shared as provided by HRSA.

The performance indicators and systems outcomes performance report includes data collected for the 19 constructs within the six benchmark areas. These constructs include preterm birth, breastfeeding, depression screening, anxiety screening, well child visits, postpartum care, tobacco cessation referrals, safe sleep, child injury, child maltreatment, parent-child interaction, early language and literacy activities, developmental screening, behavioral concerns, intimate partner violence screening, primary caregiver education, continuity of insurance coverage, completed depression referrals, completed anxiety referrals, completed developmental referrals, and intimate partner violence referrals. Specific inclusion and eligibility criteria have been established for each measure.

IDOH requires that recipients submit via email performance reports (Form 4) on a quarterly basis that include: staff recruitment and retention and the number of nurse home visitors not trained in the NFP Chagent approved tool for parent-child interaction.

***Note that all data regarding MIECHV clients should include only those families designated as MIECHV at enrollment as defined as a family served during the reporting period by an NFP nurse home visitor funded by MIECHV and that is identified as a MIECHV family at enrollment.**

Recipients must also submit narrative Quarterly Progress Reports including descriptions of the scope of activities in the categories outlined and consistent with those purposes, including updates on progress in achieving project goals and objectives. These reports will be submitted through email.

Quarterly reporting periods are defined as follows. Reports will be due no later than 15 days after the end of each reporting period:



- **Q1 – Oct. 1 – Dec. 31**
- **Q2 – Jan. 1 - March 31**
- **Q3 – April 1 - June 30**
- **Q4 – July 1 – Sept. 30**

Quarterly reports will assist in tracking this information at the state-level for grants oversight and monitoring purposes and to be better able to target technical assistance resources, as necessary.

Monthly Reports are expected to be submitted to IDOH via email by the fifth business day of the month. Monthly reports will assist in tracking and monitoring current program capacity.

Annual Reports are expected to be submitted to IDOH via email by Oct. 30 or as identified by IDOH. The annual report will assist in tracking information at the state level to be better able to target technical assistance resources, as necessary.

Evaluation:

Recipients must assure participation in any national or state evaluation activities, if selected to participate.

Continuous Quality Improvement:

Recipients are required to implement two Continuous Quality Improvement (CQI) activities and report progress of those activities regularly to the state. Recipients will submit information for the biannual MIECHV CQI Plan as needed. The state will provide various opportunities for CQI capacity building throughout the project period. No plan is required for submission with this application, but applicants must demonstrate the capacity to meet all CQI requirements.

Indiana Nurse Family Partnership: APPLICATION

Summary of Funding

This program will provide funding in federal fiscal year (FY) 2027 through 2030. Approximately \$19 million annually is expected to be available to fund multiple awards for statewide implementation of NFP programming.

This funding amount is calculated based on the anticipated award amount by HRSA as part of the MIECHV grant, continuation of the Temporary Assistance for Needy Families (TANF) funds, and available state funds for NFP programming.

Requesting Funds

Funds should be requested to support a proposed caseload of family slots by region following the NFP home visiting model. Based on review of the application, IDOH staff will either approve or request clarification to the proposed caseload of family slots by fiscal year and any proposed model enhancement(s). The funding award is dependent upon the approved, agreed upon plan.



Recipients should remember that inability to meet proposed caseloads may result in de-obligated funds, which may impact future funding.

The caseload of family slots (associated with the maximum service capacity) is the highest number of families (or households) that could potentially be enrolled at any given time if the program were operating with a full complement of hired and trained home visitors. All members of one family or household represent a single caseload slot. A full caseload for one nurse home visitor is approximately 25 families. The count of slots should be distinguished from the cumulative number of enrolled families during the reporting period. It is known that the caseload of family slots may vary by federal fiscal year pending variation in available funding in each fiscal year.

Recipients that have been active for a year or longer should maintain an active enrollment of at least 85 percent of their maximum service capacity.

Funds

Recipients will not receive more than the total grant award ceiling estimated.

IDOH may draw upon multiple funding streams, including the Maternal, Infant, and Early Childhood Home Visiting program, Temporary Assistance for Needy Families (TANF), and the Indiana NFP State Fund to support Indiana NFP local implementing agencies (LIAs) statewide. While IDOH will integrate these funding sources, LIAs are required to comply with all MIECHV, TANF and state reporting requirements, fiscal oversight and guidelines as necessary.

Application Instructions

The application **must be completed using the application template** provided and returned to IDOH by 5 p.m. EDT **Friday, March 20**. The template provided should not be changed and will serve as the page limit. Please ensure font is legible and application is concise. Any applications received that are not on the template or past the deadline will not be accepted for review. During the review process, IDOH may request additional information from applicant organizations.

Section 1: Primary Information

List the name, title, and contact information of the following individuals within the applicant agency:

- Program name
- Organization name
- Project director
- Primary contact
- Signatory contact



Section 2: Project Overview

This section must provide a brief description of the proposed program, funding amount requested, regions served, and the anticipated caseload.

Please reference the [NFP Region Map](#) for defined regional service areas. Applicants must provide services to an entire region but may add additional proposed individual counties. Applicants may propose serving one or more regional service areas. Justification for the proposed service area will be provided in Section 3-A.

Section 3: Program Overview

Section 3-A: Community Need:

This section must provide a clear picture of the proposed community to be served through NFP services. Describe the community needs for services of the NFP home visiting program:

- Identify the at-risk communities where you intend to provide NFP services, which does not supplant current available funding for home visiting service delivery. Explain why you propose to provide services in the identified communities and the current need for NFP in the community. Include documentation from identified data sources, including how it aligns with the highest risk counties in the MIECHV 2020 [statewide needs assessment](#).
 - Describe any target subpopulations to whom you propose to serve, among eligible families living in proposed region
- Identify the number of low-income births per year within the community or region in which the organization would propose to provide NFP services. How was this determined? (include full citation for data source).
- If proposing to serve a county(ies) in collaboration with another NFP agency, please provide a justification for dual NFP programming in identified area and documentation of collaboration with the other NFP agency. Please attach any documentation of a memorandum of understanding as attachment G.
- If proposing model enhancement, such as NFPx, please provide justification for community need. In addition, please provide Changent approval for this model enhancement as attachment H.

Section 3-B: Program Description:

This section must provide a clear picture of the proposed NFP services. Describe how the proposed NFP program will be implemented to serve the proposed region(s) or community:

- Identify the current capacity of the organization to implement NFP effectively with fidelity to the model, based on available resources and support from NFP Changent.
 - Describe how services will be provided on a no-cost and voluntary basis to eligible families, including any policies and procedures.



- Describe how your agency will ensure high-quality reflective supervision, through one-to-one clinical supervision, case conferences, team meetings, and field supervision.
- Describe how your agency will implement any proposed enhancement to the NFP model that does not alter the core component of the model (if you propose a substantial change in methodology, provide documentation of the NFP Changent agreement with your plans to ensure fidelity to the model).
- Describe how you will meet previously described program activities and expectations (as listed in the Program Goals section), including those related to:
 - Priority for serving high-risk populations
 - Reducing Indiana’s infant mortality rate and improving birth outcomes
 - Maintain at least 85% of maximum service capacity
- Describe any major barriers to providing NFP services in the selected counties and plans to address those barriers
- Describe proposed activities with the NFP Changent (including state or regional representatives), including any:
 - Planned technical assistance, training, and/or professional development activities provided by NFP Changent
 - Planned or expected monitoring for fidelity by the NFP Changent
- Describe your capacity to meet all continuous quality improvement requirements, including two formal CQI activities per year and reporting requirements
- Discuss technical assistance that may be requested from IDOH staff, IDOH-supported technical assistance providers, NFP Changent, and/or another provider to support resolution of named challenges
- Describe how you will meet all fiscal requirements, including maintaining separate accounting for the different funding sources

Section 3-C: Recruitment and Retention:

In this section, describe client recruitment and retention strategies to reach the target populations and maintain required capacity levels. How do you plan to recruit and retain eligible participants into the program?

- Describe how the target population will be identified, recruited, and retained. (Target population as identified as a priority population above)
 - Policies the organization will utilize to address recruitment, enrollment, disengagement, and re-enrollment of eligible participants



- Identify the policies and procedures utilized to avoid dual enrollment in more than one state or federally funded home visiting program
- Describe how you will reach the target population and provide them with information about the program or services offered
- Describe how you will engage families to incorporate their input and feedback in your programming
- Briefly discuss any difficulty recruiting, enrolling, or retaining families and any steps taken to address this difficulty

Section 3-D: Project Goals:

This section should describe how the program intends to achieve the proposed goals, outcomes, and objectives. The goals and outcomes should reflect those seen in the [work plan](#).

- Provide the overall project goals, outcomes, and objectives for the proposed program(s). Ensure SMART objectives are used: Specific, Measurable, Achievable, Realistic, and Time-bound
- Describe how achievement of the goals will produce meaningful and relevant results
- Identify how the program will support the needs of the identified regions

Section 3-E: Partnerships:

This section should include a description of how this program will partner with community members and organizations.

- What established relationships/partnerships do you currently have in the proposed community?
 - Describe the linkages and referral networks the organization currently utilizes to support the needs of families. Identify how the organization plans to continue to maintain and enhance these linkages and referral networks
 - Describe any key activities that promote coordination of services for eligible families
- What new relationships/partnerships are you planning to make to support this work?
 - Describe how you will establish and communicate a shared vision for a high-quality early childhood system in partnership with health, early care and education, and family support program partners in the identified community
 - Describe how you will disseminate information about the program to local community organizations and other partners

Section 3-F: Health Outcome Barriers and Gaps:

The purpose of the section is to describe how you will address potential barriers and gaps to program participation and health outcomes.



- Describe the unique needs and health outcome gaps of the community in which you plan to serve. What data supports these? How does this program address those needs and gaps?
- Describe how the program will plan to meet the language needs of clients
- Describe how you will specifically reduce barriers to service access to help improve health outcomes in the community
- Describe the potential barriers to the success of the project and how these barriers will be addressed

Section 3-G: Data and Evaluation:

In this section, describe your organization’s ability to collect data to adequately demonstrate progress being made to achieve project goals and objectives and meet all reporting requirements, including:

- The plan for data collection, entry and management, and any analysis or dissemination of data to stakeholders
- Identify how the organization will meet the HRSA required performance reporting in alignment with Indiana’s MIECHV Performance Measurement, Data Collection, and Data Analysis Plan. A summary of the MIECHV performance measures is available online at: [MIECHV Data, Evaluation & Continuous Quality Improvement](#)
- Explain the program’s staffing capacity to submit completed monthly, quarterly, and annual reports on time
- Provide assurance of program’s ability to participate in evaluations as required by the state

Section 4: Required Attachments

Section 4-A: Work Plan

Complete the provided work plan document and complete the following:

- Ensure the project goals and objectives match those stated in the application
- List in chronological order the activities to occur within the project period (October 2026 – September 2027)

*If awarded funding, an updated work plan will need to be submitted on an annual basis

Section 4-B: Budget

The budget worksheet must be submitted with the application as a separate Microsoft Excel document.

Do not substitute a different format. The budget must correlate with project duration:

- October 1, 2026 through September 30, 2030

Create separate budgets for each Fiscal Year (FY) using the appropriate tabs for each worksheet:

The budget is an estimate of what the project will cost. In this section, demonstrate that:



- All expenses are directly related to project
- The relationship between budget and project objectives is clear
- The time commitment to the project is identified for staff categories that are **directly** involved in the project and is adequate to accomplish project goals

In-state travel information must include miles, mileage reimbursement rate, and reason for travel. Travel reimbursement may not exceed State rates. Please check for consistency among all budget information. In completing the budget, remember that all amounts should be rounded to the nearest penny.

Use of Grant Funds

Grant funding will:

- Pay salary and fringe for the staff necessary to implement NFP programming. This includes nurse home visitors, supervisory staff, and support staff.
- Pay Nurse-Family Partnership (NFP) Changent licensure fees, nurse consulting, and data collection system data support
- Pay for office supplies includes, but is not limited to chart files, scales, file folders, newsletter/communications printing, blood pressure cuffs, thermometers, binders, pens, pencils, markers, stationery, etc.
- Pay mileage for nurses and support staff to do home visits, provide supportive services and resources, attend community meetings and conferences, and conduct outreach activities per the Indiana State Travel Policy
- Pay for airfare and lodging for staff to attend the NFP Symposium if hosted in-person
- Pay for client support services and training for clients for education and materials supporting pregnancy and parenting skills, which includes Partners in Parenting Education (PIPE), and Ages and Stages Questionnaire (ASQ) material such as handouts, books, assessments, etc. ASQ is a parent-completed child monitoring system questionnaire.
- Pay for estimated model and technical skills training for Nurse Home Visitors required by the NFP Changent. Such as training for parent-child interaction tools, all NFP Changent unit training (i.e. Unit 1, Unit 2, Unit 4), and other required training mandated by the NFP Changent.
- Pay for nurse home visitor training to improve the nursing skills and other skills related to home visiting. Some of these trainings could include, but are not limited to, CPR/first aid, motivational interviewing, lactation certification, and mental health certifications.
- Pay for Nurse Supervisor training to improve the nursing skills, plus supervisory skills such as process improvement, reflective supervisory skills (model element), team leadership, etc.
- Pay for Data Coordinator's training to enhance data quality, reporting and analysis. Pay for data support and training opportunities for nurse home visitors and other staff.
- Pay for translation and interpretative services for outreach and support of clients and additional supports need for hiring and retaining bilingual/bicultural staff.
- Client support materials as needed to support the health and wellbeing of the family, including but not limited to diapers, wipes, safe sleep materials, grocery and/or gas cards. Additional policies and documentation are required to ensure that clients consent to not use funds for any unallowable costs.



Examples of expenditure items that will not be allowed

- Construction of buildings, building renovations
- Depreciation of existing buildings or equipment
- Contributions, gifts, donations
- Entertainment, food
- Automobile purchase
- Interest and other financial costs
- Costs for in-hospital patient care
- Fines and penalties
- Fees for health services
- Accounting expenses for government agencies
- Bad debts
- Contingency funds
- Executive expenses (car rental, car phone, entertainment)
- Fundraising expenses
- Legal fees
- Legislative lobbying
- Equipment, unless prior approval from IDOH
- Out of State travel, unless prior approval from IDOH
- Dues to societies, organizations, or federations
- Incentives

Section 4-C: Letter of Support

Due to the intensive level of community and organizational planning required to develop a feasible NFP Implementation Plan, in order to be considered for funding the State requires all applicants to submit a letter of support from the NFP Changent stating they have a current contract in good-standing or have been deemed conditionally ready to implement the program.

Section 4-D: Organizational Chart

Include an organizational chart showing all staff that are planned to work in this program.

Section 4-E: Position and Job Descriptions

Include short bio-sketches for key personnel currently in positions that will be funded by this program and job descriptions for all key positions.

Section 4-F: Other State Funding Synopsis

Include an overview and amount of what other State Agency, Indiana Department of Health, MCH, and/or private funding you currently hold to support NFP programming and when those funds expire. Please provide a general synopsis of what the funding is being used for and who your contact is with. Format as a PDF. If private funding is used, please provide a sustainability plan.

Section 4-G (If applicable): Documentation of Collaboration



Include documentation of collaboration with another agency if agency is proposing to serve a county in collaboration with another agency. This documentation can include an agreement, such as a memorandum of understanding.

Section 4-H (If applicable): Model Enhancement Documentation

Include documentation of Changent’s approval of agency implementing any model enhancements such as NFPx.

Additional Information

Summary of Timeline

To be considered for this competitive funding, a completed application must be received by IDOH by **no later than 5 p.m. EDT Friday, March 20, 2026.**

Submit applications via email to: IDOHhomevisiting@health.in.gov

Posting a Request for Applications (RFA)	Feb. 2, 2026
Webinar/open office for Q & A	Feb. 11, 2026
Deadline to submit written questions	March 13, 2026
Application due date	5 p.m. EDT Friday, March 20, 2026
Anticipated award announcements	June 1, 2026
Home visiting begins	Oct. 1, 2026
Project concludes	Sept. 30, 2030

An informational webinar will be held from 11-12:30 p.m. EST Wednesday, Feb. 11, 2026 to discuss the application and answer questions.

Frequently Asked Questions (FAQs) will be posted on the [IDOH Maternal and Child Health Funding Opportunities webpage](#).

To ensure fair and equitable consideration to all applicants, questions about the requirements or the application process must be **submitted in writing by 5 p.m. EST/EDT March 20, 2026 via email to IDOHhomevisiting@health.in.gov**.

Points of Contact

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