

# Nurse-Family Partnership Request for Application



Please [reference the NFP RFA Guidance](#) document for required information in each section.  
Please complete the following form and return to [IDOHhomevisiting@health.in.gov](mailto:IDOHhomevisiting@health.in.gov) by **5 p.m. EDT** on **March 20, 2026**.

SECTION 1 Primary Information	
<b>Program Name</b>	
<b>Organization Name</b>	
<b>Project Director</b>	
Title	
Email	
<b>Primary Contact</b>	
Title	
Email	
Work Phone Number	
<b>Signatory Contact</b>	
Title	
Email	
Work Phone Number	



### Section 3 Program Overview

Section 3 - A community need: This section must provide a clear picture of the proposed community to be served through this NFP programming.

Section 3-B program description: This section must provide a clear picture of the proposed NFP services.

A large, empty rectangular box with a thin black border, occupying the upper two-thirds of the page. It is intended for the user to write their recruitment strategies.

Section 3-C recruitment: In this section, describe recruitment strategies for clients and how the program will work to achieve enrolling clients that align with the MIECHV priorities.

Section 3-D project goals: This section should describe how the program intends to achieve the proposed goals, outcomes, and objectives. Please provide project SMART goals (Specific, Measurable, Attainable, Relevant, Time based). Must have a minimum of three goals with two objectives each.

Section 3-E partnerships: This section should include a description of how this program will partner with community members and organizations.

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.

Section 3-G Data and evaluation: Describe your organization's ability to collect data to adequately demonstrate progress being made to achieve project goals and objectives.

Section 3-H Continuous quality improvement: Describe how the organization currently utilizes continuous quality improvement (CQI).

**Section 4: Budget  
Justification**

Please fill out the Budget Template provided and provide justification for each line item below.

Salaries and fringe

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Consultants

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Contractual

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Supplies
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Equipment
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Travel
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Other

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## **SECTION 5: Required Attachments**

Please attach all additional required documents.

Attachment A: Work Plan

Attachment B: Budget

Attachment C: Letter of Support

Attachment D: Organizational Chart

Attachment E: Position and Job Descriptions

Attachment F: Other State Funding Synopsis