

March 25, 2026

MCH Strategic Initiatives Funding Opportunity

Purpose of MCH Strategic Initiatives Funding

This funding opportunity's purpose is to support Indiana's goal of improving Maternal and Child Health outcomes by funding competitive grants for community-driven projects that address their unique needs and the MCH Strategic Initiatives Priorities. This opportunity is a two-year, performance-based grant. At the end of the first two project years, a performance award opportunity (up to the original awarded amount) will be available for those recipients that demonstrate improvement in their selected outcomes. This funding opportunity has a tentative start date of Oct. 1, 2026, through Sept. 30, 2028.

MCH Strategic Initiatives Priorities

The following priorities were selected through the Maternal and Child Health Title V Block Grant 2025 Needs Assessment that sets the priorities for programming through 2030 for five population domains: Women/Maternal, Perinatal/Infant, Children, and Adolescent.



The Indiana Department of Health (IDOH) anticipates funding for up to \$3 million in community-based programs. Please request the appropriate amount of funding needed for program implementation and staff directly involved in the proposed program.

****This funding opportunity is replacing the individual MCH Title V RFA opportunity. ****

Submission Details:

Applications **must** be received by IDOH by **Friday, May 8, 2026, at 5 p.m. EST**

SUBMIT APPLICATIONS VIA EMAIL TO: idohmch@health.in.gov

Information, Eligibility and Requirements

Applicants must submit a proposal for programs that aim to address infant mortality, birth outcomes, or other MCH priorities. This proposal must also identify the population and area they plan to impact.

The Applicant Organization Must

- Be a health department, hospital, other healthcare related entity, university or educational institution, community-based organization, or a not-for-profit organization (as defined by the IRS Tax Determination)
- Utilize funds to serve populations within Indiana
- Comply with IDOH and State financial requirements
- Collaborate with traditional and non-traditional agencies or organizations
- Implement the required Components of Safe Sleep Service or Program if providing that program, see Appendix A.

Application and Review Information

Applications will be reviewed for the following components:

- A well-developed plan with achievable goals, objectives, and demonstrated impact.
- Intent to provide services in areas of the state with the highest need.
- Use of program practices that have a demonstrated impact on improving health outcomes, addressing MCH priorities.
- Proven capacity to manage grant funds, including receiving grant dollars, tracking timely and accurate invoices, and providing administrative and technical assistance support
- Ability to collect and report required programming and evaluation data to ensure compliance and performance monitoring
- If applicable, demonstrated history to meet grant expectations, including timely reporting, accurate invoices, and responsive communication to all requests for current/past Indiana Department of Health grants

The selection committee utilizes a comprehensive approach when reviewing applications and applications scores are only one component. Other considerations include reviewing existing services in the catchment area for duplication, current health outcome gaps data, and infant mortality rates.

Programs and Projects

The Maternal and Child Health Division encourages projects which focus on the following suggested topics. Applications are **NOT** limited to the following:

- Programs that emphasize preventative care, health promotion, or address recommendations from fatality review committees
- Data-driven responses to root causes of poor outcomes within targeted population domains
- Improving access and coordination of care through outreach, referrals, and follow-up services
- Programs that outreach, educate, and/or inform the targeted population domain to support improving of outcomes

The department does not anticipate funding the following:

- Programs that solely focus on perinatal navigation and care coordination without additional elements (hospital, health department, school, or organization based included)
- Direct Clinical Services within programs (example: reimbursements for medical visits, prescriptions, medical imaging services, etc.)
- Research focused programs

Program Implementation Information

- Contracts span two full calendar years and IDOH will utilize selected outcomes when awarding additional two-year awards/performance awards. The most up to date available data will be used for the determination.
- The additional two-year award/performance award (after the initial two years) is determined by IDOH.

Reporting And Performance Criteria

All applicants are required to collect data for monitoring and evaluation purposes.

- Applicants must submit quarterly reports and annual reports utilizing the IDOH reporting tool created by IDOH's Maternal and Child Health (MCH) team.
 - *IDOH will create personalized reporting tools for each grantee based on programming, goals, and objectives.*
- Applicants must report their use of funds and programming/resources provided, any subrecipients/contracts with this funding, and reflect this in the budget of the application with detailed budget justification.
- Applicants must host IDOH for a site visit upon request to ensure progress of the program.

Requirements and Obligations if Awarded

- Quarterly Reports are expected to be submitted on time with the following deadlines:
 - Quarter 1 Oct.1 to Dec. 31: Due Jan. 10
 - Quarter 2 Jan. 1 to March 31: Due April 10
 - Quarter 3 April 1 to June 30: Due July 10
 - Quarter 4 July 1 to Sept. 30: Due Oct. 10
- Host IDOH for site visits when requested.
- Submit invoices monthly by the deadline.
- Grant funds and program income shall not be expended for unallowable costs.
- Any changes to the original scope of work, budget, or target population must be requested in writing, and that any approved changes be documented in a written response from the state.
- Maintain communication with IDOH program staff in a timely manner.
- Follow other additional requirements of IDOH either laid out in the grantee expectations, the contract, or requested by staff members.

MCH Operations and Strategic Initiatives Application

Section	Section Heading
1	PRIMARY INFORMATION
2	PROJECT OVERVIEW
3	POPULATION DOMAINS
	<i>Women/maternal</i> <i>Perinatal/infant</i> <i>Child health</i> <i>Adolescent health</i>
4	PROGRAM OVERVIEW
	<i>4-A: Community Needs and Gaps</i> <i>4-B: Program Description</i> <i>4-C: Collaboration with Local Health Departments</i> <i>4-D: Project Goals</i> <i>4-E: Measuring Program Success and Impact</i> <i>4-F: Sustainability Plan</i>
5	REQUIRED ATTACHMENTS
	<i>5-A: Work plan</i> <i>5-B: Budget</i> <i>5-C: Other State Funding Synopsis</i>

Application Instructions

Please refer to this document for all required application information. The application **must** be completed on the application template that the MCH Operations and Strategic Initiatives Team provided and returned to IDOH by **May 8 at 5 p.m. EST**. The template provided within this document should **not** be changed in any way 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:

This section must list the name, title, and contact information of the following individuals within the applicant agency:

Program Name	
Organization Name	
Primary Contact	
Title	
Email	
Phone Number	
Signatory Contact	
Title	
Email	
Textable Phone Number	

SECTION 2 - Project Overview:

This section must provide a brief description of the program, funding amount request, counties being served by the program, and the number of individuals reached.

Provide a one-sentence description of your program or initiative.		
Total Funding Amount Requested for First 2 Years	Year 1:	
	Year 2:	
	Total Request:	
Tentative Program Funding Date	October 1, 2026 - September 30, 2028	
Counties to be served with the program		
Number of anticipated individuals reached through this program, if funded	Year 1:	
	Year 2:	
	Total:	

SECTION 3 – Population Domains:

This section must clearly identify which population domain(s) the applicant organization intends to **impact** through its proposed programming. Applicants may select one or multiple domains and should specify whether their activities will impact Women/Maternal Health, Perinatal/Infant Health, Child Health, and Adolescent Health.

What population health domain(s) is your program/initiative serving?	<input type="checkbox"/> Women/Maternal Health – Women during and beyond pregnancy/across their life course. <input type="checkbox"/> Perinatal/Infant Health – Babies immediately before birth through the first year of life (<365 days). <input type="checkbox"/> Child Health – Children ages 1 through 9. <input type="checkbox"/> Adolescent Health – Adolescents ages 10 through 21.
---	--

SECTION 4-A Community Needs and Gaps

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

- Describe the unique needs and gaps of the community in which you plan to serve. What data supports these? How does your program plan to address those needs and gaps?
- Based on the data, how does this selected program address the needs and gaps in the community?
- Describe any barriers that could potentially hinder the success of the proposed project. How will those barriers be addressed?

Please see the FAQ for data resources and note character limit of 5,000.



SECTION 4-B Program Description

The purpose of the section is to outline the proposed program. Please describe:

- The proposed project(s) or service(s) and how the program will be implemented.
- Who the target population is and how will they be identified, recruited, and retained. If different than the population domain(s) impacted, that were selected in Section 3, please describe how serving the target population impacts the population domain. *Please see FAQ for an example.*
- How will you ensure that there will not be duplication of the same service in the population/community you intend to implement your program in?
- Other organizations that will participate in the proposed project if applicable. Describe their roles, responsibilities, funding, and/or resources being provided and commitment to the project.
 - What established relationships/partnerships currently exist or need to be cultivated.
- How the program will disseminate information about the services to local community organizations and the target population.
- How you will use community and organization's voices during the planning, implementation, or quality improvement of this program.

Please note character limit of 7,500



SECTION 4-C COLLABORATION WITH LOCAL HEALTH DEPARTMENTS

Based on your selection below, please answer the corresponding questions.

Please select one: local health department not a local health department

Demonstrate the level of engagement and/or planned collaboration **for this specific proposed project** your organization will have with the local health department(s) in the identified catchment area. Please **only** complete the question relevant to your organization.

For applicants who are local health departments, please answer the following questions:

1. Please share how this proposed project complements relevant Health First Indiana (HFI)-funded projects/ core public health services.
2. Are you focusing on an MCH KPO with HFI dollars?
 - a. If yes, how will this complement your current plan, work, and KPOs? Would this funding expand or create a new initiative for HFI? Why are additional funds needed?
 - b. If not, would this funding expand or create a new initiative for LHD?

For applicants who are *not* local health departments (LHD), please answer the following questions:

1. Please share how the proposed project has or will be communicated with the local health department/s for the program. LHD's prior knowledge of the application is strongly encouraged.
 - a. What is/was the process of contacting and communicating with your LHD?
2. If you are partnering with an LHD, please share their role in the project and how this will complement their core public health services.
3. Does your organization currently receive funds from an LHD? Do you receive funds for this program? If so, why are additional funds needed?

Please note character limit of 4,000



Section 4-D: Project Priorities and Goals

This section should describe how the program is working towards at least one priority and intends to achieve the proposed goals, outcomes, and objectives. One goal should be specifically about the improvement of the proposed MCH outcome measure(s).

- Describe the specific MCH priorities that your program aims to address.
- Provide the project goals, objectives, and outcomes for the proposed program(s).
 - Describe how these align with the priority or priorities
 - Ensure SMART objectives are used: Specific, Measurable, Achievable, Realistic, Time-bound.

Please note character limit of 4,000



SECTION 4-E Measuring Program Success and Impact

This section should describe your organization's ability to collect data and adequately demonstrate progress being made to achieve project goals and objectives. Please be sure to include the following:

Program Success

- Discuss how your plan to measure your proposed MCH outcome(s)
- How will your goals, objectives, and outcomes show impact and success for your program.
 - Describe how achievement of the goals will produce meaningful results.
 - What data will you use to show that your program's effectiveness and impact on the target population/area?

Data Management

- The plan for data management, analysis, and dissemination.
- All methods of quality improvement that take into consideration health outcomes and privacy protection.
- The capacity to submit quarterly reports that are complete and timely.

Please note character limit of 5,000



SECTION 4-F Sustainability Plan

This section should outline a plan for how program activities will be sustained at the conclusion of this funding opportunity, and how the program will move forward beyond this investment. This plan may include, but is not limited to:

- Plan to ensure dedicated staff are funded after the conclusion of this grant funding.
- Plan for how services will be continued in the region after the funding opportunity ends or how you plan to refer clients you can no longer serve to other resources.
- Plan to continue and expand on collaborating partnerships.

SHOULD NOT BE LIMITED TO APPLYING FOR FUTURE STATE OR FEDERAL FUNDING.

Please note the character limit of 5,000



SECTION 5-A Completed Work Plan

Complete the provided work plan document and be sure that it includes the following:

- Ensure the project objectives and activities match those stated in the application
- Link the objectives to the activities within the project period using local or state data
- Explain how the activities will impact the selected outcome/priority

Completed

SECTION 5-B Completed Budget:

The budget and budget justification worksheet must be submitted with the application as a separate Microsoft Excel document. **Do NOT submit a different format.** Please see the Budget Worksheet document for further instructions.

Completed

SECTION 5-C Other Sources of Funding

Include an overview and amount of what other Federal, State Agency, Indiana Department of Health, Health First Indiana and/or MCH funding you currently hold. Please provide a general synopsis of what the funding is being used for and who your contact with the other entity is. Format as a PDF.

Completed



Questions?

Applicants are encouraged to watch the record **Technical Assistance (TA)** webinars designed to support successful completion of the application and ongoing program implementation. Office Hours will be hosted on the following dates:

- Webinar: Thursday, April 9th at 11am EST
 - [Register Here](#)
- Office Hours: Wednesday, April 15th at 1pm EST
 - [Register Here](#)
- Office Hours: Wednesday, April 29th at 11am EST
 - [Register Here](#)

To ensure fair consideration for all applicants, questions about the requirements or the application process must be submitted in writing via email. Submit questions via email to ido@mch@health.in.gov

Please use the following email subject line: QUESTION - Operations and Strategic Initiatives Funding Opportunity

Applicants are encouraged to submit questions no later than **5 p.m. EST, April 24, 2026**. Answers will be compiled into a single document that will be updated on a rolling basis weekly and will be posted online for all applicants.

FAQ and Information is or will be posted to the Funding Opportunity page here:

[Health: Grant Opportunities \(in.gov\)](#)

