

# Indiana NFP Mental Health Application Template



Please **reference the Request for Application** 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 2 Project Overview		
Oct. 1, 2026 - Sept. 30, 2030		
Provide a one-sentence description of your program or initiative.		
Total funding amount requested for first two years	Year 1:	
	Year 2:	
	Year 3:	
	Year 4:	
	Total:	
Program funding date	Oct. 1, 2026 – Sept. 30, 2030	

Anticipated number of NFP clients screened, referred and receiving mental health services by county or region								
County/region to be served								
Year 1 (10/1/26- 9/30/27)	Clients screened							
	Clients referred							
	Clients receiving services							
Year 2 (10/1/27- 9/30/28)	Clients screened							
	Clients referred							
	Clients receiving services							
Year 3 (10/1/28- 9/30/29)	Clients screened							
	Clients referred							
	Clients receiving services							
Year 4 (10/1/29- 9/30/30)	Clients screened							
	Clients referred							
	Clients receiving services							

SECTION 3 Program Overview
SECTION 3-A Community Need: This section must provide a clear picture of the proposed community to be served through the mental health services.



SECTION 3-B Program Description: This section must provide a clear picture of the proposed mental health services.



SECTION 3-C 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.



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SECTION 3-D Partnerships: This section should include a description of how this program will partner with community members and organizations to help continue mental health supports for their program.

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SECTION 3-E Mental Health Outcome Barriers and Gaps: The purpose of the section is to describe how you will address potential barriers and gaps to program participation.



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

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#### SECTION 4: Budget Justification

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

Salaries and Fringe

Consultants

Contractual

Supplies



Equipment
Travel
Other

<b>SECTION 5: Required Attachments</b>
Please attach all additional required documents.
ATTACHMENT A: Work Plan





ATTACHMENT B: Budget
ATTACHMENT C: Organizational Chart
ATTACHMENT D: Position and Job Descriptions
ATTACHMENT E: Other State Funding Synopsis

