

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 by **5 p.m. EDT** on **March 20, 2026**.

SECTION 1 Primary Information	
Program name	
Organization name	
Project director	
Title	
Email	
Primary contact	
Title	
Email	
Work phone number	
Signatory contact	
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.



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.

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.



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.



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

SECTION 5: Required Attachments

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

