



## MY HEALTHY BABY INFRASTRUCTURE GRANT APPLICATION

State Form 57821 (6-25)

INDIANA DEPARTMENT OF HEALTH

### INSTRUCTIONS:

1. Please complete the following form and return to [myhealthybaby@health.in.gov](mailto:myhealthybaby@health.in.gov) by 5:00 p.m. EST on July 11, 2025.

SECTION 1 Primary Information	
Organization Legal Name	
Organization Address (Remit-to address)	
Program Contact Name & Title	
Contact Email	
Additional Contract Contacts	
Signatory Name	
Signatory Title	
Signatory Email	
Signatory <b>Textable</b> Phone Number	
Tax ID/EIN	
IDOA Bidder ID (if known/applicable)	
Vendor Number	
Approximately how many families did your <b>home visiting</b> program(s) serve in the past 12 months?	
Total dollar amount requested	

SECTION 2 Program Overview
If your program <b>currently receives referrals</b> from My Healthy baby, please list counties served below:

## SECTION 2 Program Overview

If your program **is not currently part of the My Healthy Baby referral network**, please briefly describe how your program meets the following eligibility criteria:

- Includes voluntary perinatal home visiting as the primary service delivery strategy
- Has been well established in the local community for at least one year
- Targets outcomes including breastfeeding, safe sleep, tobacco cessation, and birth spacing.
- Serves families during pregnancy and through at least the first year after the baby is born.

## SECTION 3A Funding Request

Select how the funds will your program (You can select more than one)

- ☐ **Professional development training** or expenses related to one or more of the [My Healthy Baby Standards](#).
- ☐ **Technology enhancements** to better deliver services.
- ☐ **Language access costs** to serve non-English speaking clients.
- ☐ **Client** enrollment and/or retention.
- ☐ Other

### SECTION 3B Funding Request Justification and Detail

If you are requesting funds for **professional development training** or expenses related to one or more of the My Healthy Baby Standards, in the box below:

1. State how much money is being requested in this category.
2. Briefly describe how the funds will be spent.
3. Briefly describe how these funds will assist your program.

Response should be entered in the box below. If not requesting anything in this category, you can put "N/A" in the box.

If you are requesting funds for **technology enhancements** to better deliver services, in the box below:

1. State how much money is being requested in this category.
2. Briefly describe how the funds will be spent.
3. Briefly describe how these funds will assist your program.

Response should be entered in the box below. If not requesting anything in this category, you can put "N/A" in the box.

### SECTION 3B Funding Request Justification and Detail

If you are requesting funds for **language access costs to serve non-English speaking clients**, in the box below:

1. State how much money is being requested in this category.
2. Briefly describe how the funds will be spent.
3. Briefly describe how these funds will assist your program.

**Response should be entered in the box below.** If not requesting anything in this category, you can put "N/A" in the box.

If you are requesting funds for **client enrollment and/or retention**, in the box below:

1. State how much money is being requested in this category.
2. Briefly describe how the funds will be spent.
3. Briefly describe how these funds will assist your program.

**Response should be entered in the box below.** If not requesting anything in this category, you can put "N/A" in the box.

### SECTION 3B Funding Request Justification and Detail

If you are requesting funds for **other** costs that you have not seen mentioned above, in the box below:

1. State how much money is being requested in this category.
2. Briefly describe how the funds will be spent.
3. Briefly describe how these funds will assist your program.

**Response should be entered in the box below.** If not requesting anything in this category, you can put "N/A" in the box.