Moms Helpline

Prenatal Care Referral Network Grant

Request for Applications

Indiana Department of Health

Contents

EXECUTIVE SUMMARY

The Indiana Department of Health, Maternal and Child Health Division, is accepting applications for Moms Helpline Prenatal Care Referral Network grants. Applicant organizations are responsible for complying with the instructions included in this Request for Applications (RFA).

Funding Opportunity Title:	Moms Helpline Prenatal Care Referral Network Grant
Due Dates for Applications:	May 15, 2026
Anticipated Total Available Funding:	$800,000
Estimated Number and Type of Awards:	Varied
Estimated Award Amount:	Varied
Cost Sharing/Match Required	No
Project Period:	Sept. 1, 2026 – June 30, 2027
Eligible Applicants:	See eligibility information below.

PURPOSE OF FUNDING OPPORTUNITY

This notice solicits applications. The purpose of this opportunity is to establish a network of prenatal care partners that will allow Moms Helpline to seamlessly connect pregnant women with early prenatal care.

Funding Opportunity Description

Funding Authorization

This funding is authorized by 2019 House Enrolled Act 1007 (IC 16-35-1-11 Sec.11).

Expectations

Moms Helpline anticipates that partners participating in the prenatal care referral network will be able to do the following:

- Receive and accept referrals through the Moms Helpline online referral system. (For each referral, the organization will receive an email prompting them to log in and indicate acceptance of the referral).
- Serve all pregnant women referred by Moms Helpline regardless of insurance type or ability to pay
- Ensure the woman receives appointments with a physician (obstetrician, family or general practitioner) or advance practice provider (nurse midwife, nurse practitioner, physician assistant) for all prenatal care visits, with first appointment to be within two weeks of referral, regardless of gestational age

- Serve all referred women in their own spoken language
- Provide client-level data back to IDOH confirming the appointment date for each referred woman. (This will likely require that data sharing agreements be in place).

For the purposes of this opportunity, the first prenatal care appointment should include:

- Lab confirmation of pregnancy
- Review of medications
- Medical history
- Physical exam
- Social needs assessment
- Mental health assessment
- Substance use screen (includes nicotine and alcohol)
- Screening for interpersonal violence
- Prenatal vitamin prescription
- Education on pregnancy and prenatal care
- Ultrasound or referral for ultrasound (if this is not done or scheduled at the first visit, please explain your process.)

Applicant Eligibility

Each application must be submitted by a single primary applicant. If the application is for a group of organizations, all other applicants will be considered secondary applicants and must submit a letter of support detailing how they plan to participate.

Applicant organizations (either the primary applicant or a secondary applicant) must have experience providing prenatal care.

Organizations from anywhere in Indiana are encouraged to apply. Special consideration will be given to applications that propose serving women in a county where the rate of "no early prenatal care" is higher than the statewide average, and in particular where the rate of "no early prenatal care" is higher than 30% (see the Birth Outcomes and Infant Mortality Dashboard to view the rate for each Indiana county).

Applicants may self-select which category they are in, related to the expectations described above:

- Applicants that are close to meeting the expectations and are requesting funds to fill any remaining gaps. These organizations anticipate that with awarded funds, they would be ready to start receiving referrals no later than June 30, 2027.

- Applicants that are beginning the planning process to meet expectations. The organizations will use awarded funds to develop implementation plans by June 30, 2027.

- Note: Applicants that can already meet the expectations may bypass this grant opportunity and apply directly to begin receiving referrals as soon as possible. [See application Template C]

Limit on Use of Funds/Sustainability

Applicants that request funds to support ongoing operational expenses should describe how they will support this ongoing work beyond the end of the funding period.

No more than 10 percent of awarded funds may be spent on indirect costs.

AWARD INFORMATION

Type of Application and Award:

Type(s) of applications sought: New Grant Awards

Summary of Funding:
- IDOH expects to award up to $800,000
- IDOH intends to sign contracts with multiple respondents to fulfill the requirements in this RFA
- Funding is dependent on satisfactory recipient application
- IDOH will communicate via email
- The project period of performance is Sept. 1, 2026 – June 30, 2027

SUMMARY OF TIMELINE

Dates are a general estimate and subject to change without notice.

Event	Date
Posting of Request for Applications	March 2, 2026
Webinar with Applicants Meeting link	March 10, 2026
Deadline to Submit Written Questions to PCRN@health.in.gov	May 4, 2026
Responses to Written Questions Posted to Website	Responses will be posted every Thursday starting March 12. Final responses will be posted on May 7.
Application Due Date Send to PCRN@health.in.gov	**Friday, May 15, 2026 By 5 p.m. EST**
Award Announcements	June 15, 2026
Project Begins	Sept. 1, 2026
Interim Reports	Nov. 1, Feb. 1, May 1
Project Concludes	June 30, 2027
Final Reports	July 31, 2027

APPLICATION AND SUBMISSION INFORMATION

To ensure fair and equitable consideration to all applicants, questions about the requirements or the application process must be submitted in writing via email.

Applicants are encouraged to submit questions to PCRN@health.in.gov no later than May 4, 2026. The questions and answers will be compiled into a single FAQ document that will be posted online each week for all applicants with final responses posted Thursday, May 7, 2026.

When submitting questions, **please include the email SUBJECT LINE: Prenatal Care Referral Network RFA Questions.**

Address to submit applications

To be considered for this competitive funding, a completed application must be received by IDOH **NO LATER THAN 5 p.m. EST Friday, May 15, 2026. Applications should be sent to** PCRN@health.in.gov.

When submitting applications, **please include the email SUBJECT LINE: Moms Helpline Prenatal Care Referral Network Application.**

Application Instructions

Please refer to this document for all required application information, including the checklist below.

Please note that depending on which category your organization is in, you will select one of three application templates:

- **Template A: Implementation** – This **funding application** is for organizations that are close to meeting the expectations and are requesting funds to fill any remaining gaps. These organizations anticipate that with awarded funds, they would be ready to start receiving referrals no later than June 30, 2027.

    - **Note:** We anticipate holding periodic grantee meetings for awardees for technical assistance and collaboration among grantees.

- **Template B: Planning** – This **funding application** is for organizations that are beginning the planning process to meet expectations. The organizations will use awarded funds to develop implementation plans by June 30, 2027.
    - **Note**: The deliverable for this group will be an implementation plan, which will include:
        - Which expectations your organization or group of organizations meets as of July 1, 2027.
        - A list of remaining gaps that you organization or group of organizations does not meet.
        - A plan, budget, and timeline to meet the remaining expectations.

- o The first draft of the implementation plan for awardees in this group will be **due March 31, 2027**.
- Template C – This **partner application** is for organizations that already meet the expectations and would like to move directly toward receiving referrals. (**No funds are being requested**.)

The application must be completed on the applicable template provided. The template provided should not be changed and will serve as the page limit. Please ensure application is concise. Any applications received that are not on the template or past the submission deadline will not be accepted for review.

Application checklist

1. **Completed application template**: Each applicant should submit a completed application template (Template A, B, or C as outlined above).

2. **Budget**: Each applicant that is requesting funding should also submit a completed budget spreadsheet. Please start by completing the details tab of the spreadsheet, as this will populate some fields of the overview tab for you.

3. **Letters of support**: Any application that describes collaboration among multiple organizations must include a letter of support from all secondary applicants. (The application will be completed by the primary applicant).

During the review process, IDOH may request additional information from applicant.

EVALUATION CRITERIA

Review Process:

Applications will be reviewed for completeness, and funds will be awarded based on application quality and assessed need.

CONTACT

Stephanie Beverly
Director of Community Engagement and Systems Building
PCRN@health.in.gov