

June 30, 2025

## Safety PIN Funding Opportunity

Innovative Approaches to Addressing Infant Mortality in Indiana

Please complete the following form and return to [IDOHMCH@health.in.gov](mailto:IDOHMCH@health.in.gov) by

**5:00PM EST on August 8th, 2025**

Before completing the application, our organization has read the Funding Opportunity Guidance found here: [Funding Opportunities](#). *Check here when Complete:*

SECTION 1 Primary Information		
<b>Program Name</b>		
<b>Organization Name</b>		
<b>Primary Contact</b>		
Title		
Email		
Phone Number		
<b>Signatory Contact</b>		
Title		
Email		
Textable Phone Number		
SECTION 2 Project Overview		
Provide a one-sentence description of your program or initiative.		
Total Funding Amount Requested for First 2 Years	Year 1:	
	Year 2:	
	Total:	
Program Tentative Funding Date	January 1, 2026- December 31, 2027	
Counties Served		
Number of anticipated individuals reached through this program, if funded	Year 1:	
	Year 2:	
	Total:	

## SECTION 3 Program Overview

### SECTION 3-A PROGRAM DESCRIPTION:



SECTION 3-B PROJECT GOALS: Provide Project **SMART** goals (Specific, Measurable, Attainable, Relevant, Time-based). Must have a minimum of 3 goals with 2 objectives each



### SECTION 3-C HEALTH OUTCOME BARRIERS AND GAPS

### SECTION 3-D DATA AND EVALUATION:



SECTION 3-E SUSTAINABILITY PLAN:

SECTION 3-F COLLABORATION WITH LOCAL HEALTH DEPARTMENTS: Based on your selection above, please answer the corresponding questions.

Check here if you are not a local health department

Check here if you are a local health department

Attach Completed Work Plan

Attach Completed Budget

Attach Other Sources of Funding

