



**MOMS HELPLINE  
PRENATAL CARE REFERRAL NETWORK GRANT  
IMPLEMENTATION GRANT APPLICATION**

State Form 9900403 (2-26)  
INDIANA DEPARTMENT OF HEALTH

**MOMS  
HELPLINE**

<b>Primary Information</b>	
Organization Legal Name	
Organization Address (Remit-to address)	
Organization 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	
<b>Total dollar amount requested</b>	

1. What counties are covered in your application?

2. Please describe the current prenatal care landscape in your service area. Please include any current initiatives, collaborations, or other relevant context.

3. What experience does your organization (or group of organizations) have with providing prenatal care? Please include geographic area and populations served.

4. What is your capacity to provide prenatal care? How many patients is your organization able to see? How often do you turn patients away because of capacity issues?

5. When you review the expectations Moms Helpline has laid out for participants in the prenatal care referral network, what does your organization (or group of organizations) already have in place to meet these expectations?

6. When you review the expectations Moms Helpline has laid out for participants in the prenatal care referral network, what gaps would your organization (or group of organizations) need to address in order to meet these expectations?

7. What challenges do you expect to face as you work to address these gaps? How do you plan to overcome these challenges?

8. Please describe how you will use these funds to address the gaps and overcome the challenges you described above. (Note: The use of funds in this description should match the budget spreadsheet you submit.)

9. If your plan includes using funds for ongoing operational costs (e.g., provider time), please describe how you will sustain this work beyond the end of the grant period.