

MIECHV ARP 2022

Application Template

Please **reference the Request for Application** document for required information in each section.

Please complete the following form and return to ldoggett@health.in.gov by **5:00PM EST** on **June 10, 2022**.

SECTION 1 Primary Information	
Program Name	
Organization Name	
Project Director	
Title	
Email	
Primary Contact	
Title	
Email	
Textable Phone Number	
Signatory Contact	
Title	
Email	
Textable Phone Number	

SECTION 2 Project Overview

October 1, 2022-September 30, 2024

Provide a one-sentence description of your program or initiative.		
Total Funding Amount Requested for First 2 Years	Year 1:	
	Year 2:	
	Total:	
Program Funding Date	October 1, 2022-September 30, 2024	
Counties and/or Zip code Served		
Anticipated caseload for this program if funded	Year 1:	
	Year 2:	
	Total:	

Anticipated Caseload by county and/or zip code

County/Zip code to be served	Caseload of Family slots for Year 1 (10/1/22-9/30/23)	Caseload of Family slots for Year 2 (10/1/23-9/30/24)

SECTION 3 Program Overview

SECTION 3-A COMMUNITY NEED: This section must provide a clear picture of the proposed community to be served through this NFP expansion.

SECTION 3-B PROGRAM DESCRIPTION: This section must provide a clear picture of the proposed expansion of NFP services.

SECTION 3-C RECRUITMENT: In this section, describe recruitment strategies.

SECTION 3-D PROJECT GOALS: This section should describe how the program intends to achieve the proposed goals, outcomes, and objectives.

SECTION 3-E PARTNERSHIPS: This section should include a description of how this program will partner with community members and organizations.

SECTION 3-F HEALTH EQUITY: This purpose of the section is to describe how you will ensure health equity for the program.

Section 3-G DATA AND EVALUATION: Describe your organization's ability to collect data to adequately demonstrate progress being made to achieve project goals and objectives.

SECTION 3-H CONTINUOUS QUALITY IMPROVEMENT: Describe how the organization currently utilizes continuous quality improvement (CQI).

SECTION 3-I SUSTAINABILITY PLAN: Outline a plan for how the program activities will be sustained at the conclusion of this one-time funding.

SECTION 4: Budget Justification

Please fill out the Budget Template provided and provide justification for each line item below.

Salaries & Fringe

Consultants

Contractual

Supplies

[illegible]

Equipment	Cost	Useful Life (Years)	Salvage Value (\$)
Truck	\$10,000	5	\$2,000
Machinery	\$25,000	10	\$5,000
Office Equipment	\$8,000	4	\$1,000
Furniture	\$3,000	7	\$500

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Travel

[illegible]

Other

[illegible]

SECTION 5: Required Attachments	
Please attach all additional required documents.	
ATTACHMENT A: WORK PLAN	
ATTACHMENT B: BUDGET	
ATTACHMENT C: LETTER OF SUPPORT	
ATTACHMENT D: ORGANIZATIONAL CHART	
ATTACHMENT E: POSITION AND JOB DESCRIPTIONS	
ATTACHMENT F: OTHER STATE FUNDING SYNOPSIS	