

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

Equipment

Travel

Other

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