



My Healthy Baby
Home Visiting
Infrastructure Grants 3.0



Indiana
Department
of
Health



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EXECUTIVE SUMMARY

The Indiana Department of Health, Maternal and Child Health Division, is accepting applications for My Healthy Baby infrastructure grants. You (the applicant organization) are responsible for complying with the instructions included in this Request for Applications (RFA).

Funding Opportunity Title:	My Healthy Baby Infrastructure Grants 3.0
Due Dates for Applications:	Friday 9/22/2023
Anticipated Total Available Funding:	\$500,000
Estimated Number and Type of Awards:	Varied
Estimated Award Amount:	Varied
Cost Sharing/Match Required	No
Project Period:	3/1/2024 – 6/30/2025
Eligible Applicants:	See eligibility information below.

FUNDING OPPORTUNITY DESCRIPTION

Purpose

This notice solicits applications. The purpose of this opportunity is to support one-time infrastructure costs incurred to assure delivery of coordinated and comprehensive high-quality voluntary perinatal home visiting services to families.

ELIGIBILITY INFORMATION

Applicant Eligibility

Programs that have a signed partner agreement in place with My Healthy Baby are invited to apply.

Applications from organizations that are not part of the My Healthy Baby referral network will be considered, provided they have an established, evidence-based perinatal home

visiting model or Indiana specific model that:

- Includes voluntary perinatal home visiting as the primary service delivery strategy.
- Has been well established in the local community for at least one year.
- Targets outcomes including breastfeeding, safe sleep, tobacco cessation, and birth spacing.
- Serves families during pregnancy and through at least the first year after the baby is born.

Background

Current Funding

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

Limit on Use of Funds

For the purposed of this RFA, the term ‘infrastructure expenditures’ refers to the costs necessary to enable recipients to deliver home visiting services but *may not* include the costs such as staff time, mileage for visitation, indirect costs, or other human resource costs.

Allowable recipient level expenditures may include the following:

- Professional development training or other appropriate expenses related to one or more of the [My Healthy Baby Standards](#). See examples below:
 - Lactation consultant training <https://centerforbreastfeeding.org/wp-content/uploads/HCP-Online-Flyer.pdf>
 - Institute for Strengthening Families Spring or Fall conference.
 - Labor of Love.
- Technology enhancements to better deliver services.
- Language access costs to serve non-English speaking clients.
- Costs related to client enrollment and/or retention.
- Costs related to staff recruitment and/or retention (if applicant received previous HCBS funding, please describe how this supplements previous award).
- Costs related to data sharing with My Healthy Baby.
- Costs related to regional or county partnership building between home visiting programs and referral partners (Examples include: Meeting support and collaborative outreach events). Within this category:
 - Applicants are encouraged to include other home visiting partners in the proposed partnership (e.g., Healthy Families will be collaborating with NFP and Early Head Start).
 - Applicants are encouraged to include a brief letter of support from collaborating partners.

AWARD INFORMATION

Type of Application and Award:

Type(s) of applications sought: New Grant Awards

Summary of Funding:

- IDOH expects to award up to \$500,000.
- IDOH will communicate via email.
- The project period of performance is 3/1/2023 – 6/30/2025.
- Funding is dependent on satisfactory recipient application.

SUMMARY OF TIMELINE

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

Event:	Date:
Posting of Request for Applications	Tuesday, July 25, 2023
Webinar with Applicants Meeting link	Monday, August 14, 2023
Deadline to Submit Written Questions to myhealthybaby@health.in.gov	Tuesday, September 12, 2023
Responses to Written Questions Posted to Website	Responses will be posted every Thursday starting August 3, 2023. Final responses will be posted on September 14, 2023.
Application Due Date	Friday, September 22, 2023 By 5:00pm EST
Award Announcements	Friday, October 27, 2023
Project Begins	3/1/2024
Interim Reports	September 2024 March 2025
Project Concludes	6/30/2025
Final Reports	7/31/2025

IDOH intends to sign contracts with multiple respondents to fulfill the requirements in this RFA. The term of the contract shall be for at least a period of one (1) year from the date of contract execution expiring 6/30/2025.

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 myhealthybaby@health.in.gov no later than September 12, 2023. 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 September 14, 2023.

When submitting questions, **please include the email SUBJECT LINE: My Healthy Baby Infrastructure Grant 3.0 RFA Questions**

[Address to submit applications](#)

To be considered for this competitive funding, a completed application must be received by IDOH **NO LATER THAN Friday September 22, 2023 by 5:00pm EST. Applications should be sent to myhealthybaby@health.in.gov.** If funds are being requested in the category of regional or county partnership building, letters of support may be optionally included with the email.

When submitting applications, **please include the email SUBJECT LINE: My Healthy Baby Infrastructure Grant 3.0 RFA - Application.**

[Application Instructions](#)

Please refer to this document for all required application information. The application must be completed on the application template provided. The template provided should not be changed and will serve as the page limit. Please ensure font is legible and application is concise. Any applications received that are not on the template, past the submission deadline, or with a font size too small to read will not be accepted for review. During the review process, the IDOH may request additional information from applicant.

[Application Content](#)

Section 1 Primary Information

Please provide the applying organization's information below on the cover page.

2. Organization Legal Name
3. Organization Address

4. Program Contact Name
5. Contact Title
6. Contact Email
7. Additional Contacts
8. Signatory Name
9. Signatory Title
10. Signatory Email
11. Signatory Textable Cell Phone Number- needed for DocuSign process
12. Tax ID/EIN
13. IDOA Bidder ID (if known/applicable)
14. Vendor Number
15. Approximately how many families did your home visiting program(s) serve in the past 12 months?
16. Total dollar amount requested

Section 2 Project Overview

If program currently receives referrals from My Healthy Baby, please simply list counties served.

If program **is not currently part of the My Healthy Baby referral network**, please briefly describe how your program meets the following eligibility criteria:

- Includes voluntary perinatal home visiting as the primary service delivery strategy
- Has been well established in the local community for at least one year
- Targets outcomes including breastfeeding, safe sleep, tobacco cessation, and birth spacing.
- Serves families during pregnancy and through at least the first year after the baby is born.

Section 3A Funding Request

On the application, select each category that you will be requesting funds for. Applicants may request funds from more than one category. Please see the “limit of use on funds” section for more information about what is allowable for these categories.

- **Professional development training** or other appropriate expenses related to one or more of the My Healthy Baby Standards
- **Technology enhancements** to better deliver services.
- **Language access costs** to serve non-English speaking clients.
- **Client** enrollment and/or retention.
- **Staff** recruitment and/or retention (if applicant received previous HCBS funding, please describe how this supplements previous award).
- Expenses related to **data sharing** with My Healthy Baby.
- Costs related to **regional or county partnership building** between home visiting programs and referral partners. Examples include: Meeting support and collaborative outreach events. Within this category, additional points will be awarded if the applicant includes letters of support from other partners in the proposed collaboration.
- Other

Section 3B Funding Request Justification and Budget Detail

On the application form, please provide information in the appropriate box for each of the categories you selected above.

If you are requesting funds for **professional development training** or other appropriate expenses related to one or more of the My Healthy Baby Standards:

1. Describe below how much money is being requested.
2. Describe how the funds will be spent.
3. Describe how these funds will assist your program.

If you are requesting funds for **technology enhancements** to better deliver services.

1. Describe below how much money is being requested.
2. Describe how the funds will be spent.
3. Describe how these funds will assist your program.

If you are requesting funds for **language access costs to serve non-English speaking clients**.

1. Describe below how much money is being requested.
2. Describe how the funds will be spent.
3. Describe how these funds will assist your program.

If you are requesting funds for **Client enrollment and/or retention**.

1. Describe below how much money is being requested.
2. Describe how the funds will be spent.
3. Describe how these funds will assist your program.

If you are requesting funds for **Staff recruitment and/or retention** (if applicant received previous HCBS funding, please describe how this supplements previous award).

1. Describe below how much money is being requested.
2. Describe how the funds will be spent (if applicant previously received HCBS funding to support staff recruitment and/or retention, please include how this supplements the previous award).
3. Describe how these funds will assist your program.

If you are requesting funds for **expenses related to data sharing** with My Healthy Baby.

1. Describe below how much money is being requested.
2. Describe how the funds will be spent.
3. Describe how these funds will assist your program.

If you are requesting funds for **expenses related to regional or county partnership building between home visiting programs and referral partners** (Examples include: Meeting support and collaborative outreach events).

1. Describe below how much money is being requested.
2. Describe how the funds will be spent.
3. Describe how these funds will assist your program.

If you are requesting funds for **other** costs that you have not seen mentioned above:

1. Describe below how much money is being requested.
2. Describe how the funds will be spent.
3. Describe how these funds will assist your program.

Section 3C Evaluation and Reporting

All applicants will be required to provide two interim reports, progress updates on an as needed basis and a final report.

Budget

A budget worksheet will be included in the award letter.

EVALUATION CRITERIA

Review Process:

Applications will be reviewed for completeness and funds will be awarded based upon the assessed need.

CONTACTS

Points of Contact:

Iris Palacios

My Healthy Baby

Coordinator

317-447-0677

MyHealthyBaby@health.in.gov