

2022 My Healthy Baby Application

Please complete the following form and return to myhealthybaby@isdh.in.gov by 5:00PM EST on October 14, 2022.

SECTION 1 Primary Information	
Organization Legal Name	
Organization Address	
Program Contact Name & Title	
Contact Email	
Additional Contract Contacts	
Signatory Name	
Signatory Title	
Signatory Email	
Signatory Textable Phone Number	
Tax ID/EIN	
IDOA Bidder ID (if applicable)	
SECTION 2 Program Overview	
If your program currently receives referrals from My Healthy Baby, please indicate counties served	

SECTION 2 Program Overview (continued)

If your 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

Select how the funds will help your program with recruiting and retaining staff (you will provide additional detail in Section 4 below)

Recruitment (examples include incentives/sign-on bonuses)

New Hire Expenses (examples include onboarding/training, up to 3 months salary while the new hire is in orientation, and technology for new staff)

Retention Bonuses (defined as added compensation that is over and above an hourly rate of pay and are not part of a worker's standard wages; anticipated award range is \$1,200 to \$1,500 per staff member per year; for requests that exceed this range please provide justification below)

Wraparound Benefits (defined as employer provided benefits to help the workforce remain employed. Examples include public transportation or shared ride reimbursements, gas cards, meal vouchers, or small grants for childcare assistance or regular car maintenance)

Staff Development (examples include education, certifications or exams, team building, or other activities)

Other

SECTION 3B Project Goals

Briefly describe how this funding will assist your program in recruiting and retaining staff

SECTION 4: Budget Justification

Please fill out the Budget Template provided and provide explanation/justification for each line item below. Use the headings from Section 3A and the Budget Template.

