

Community Programs Planning Grant for Program Design & Implementation

IHCDA is offering the opportunity for three (3) community action agencies to increase program efficacy and improve service delivery and outcomes measurement within an existing program. This funding provides technical support for administrative/program management staff, enabling them to focus on modifying service delivery, engaging a new audience, and/or achieving a new set of outcomes. (If community partner organizations are involved in the program, 2-3 members of their staff are invited to participate.) This grant is only open to Indiana CAP Agencies in good standing with CSBG (not on an active QIP).

Each grant will be \$60,000

Projects chosen for this award will meet the following criteria:

- Identify an existing agency program as the focus.
- Anticipate that the selected program's redesign will change participant knowledge and/or behavior in some way.
- Understand that the identified projects are not strictly referral-based *unless* the agency can show that a participant takes action on the referral.
- Use funding to support administrative time for 2-3 program management staff (whose names will be provided in the application) to undertake this program design project.
- Are required to work with an IHCDA-provided consultant who will, at a minimum:
 - lead regularly scheduled virtual meetings with agency/partner staff for sharing of implementation updates;
 - communicate with awardees via email in between regularly scheduled virtual meetings;
 - lead agency/partner staff in designing implementation plans, timelines, evaluation plans, data collection plans, etc., and
 - lead online learning sessions for awardees to learn from each other.

Proposed programming must be completed in the following timeframe: August 1, 2024-September 30, 2025.

The deadline for this application is Monday, July 15, 2024, at 5:00pm ET.

1. Community Action Agency Name

2. Agency Contact Name

3. Agency Contact Email

4. Agency Contact Phone Number

* 5. **Program /Project Description:** Identify the existing agency project that will be the focus of this effort, and the agency departments that will be involved. The project description should explain how the agency or specific department currently functions, how this project will improve operations, how this project will improve outcomes for clients, why this is an important project for the agency or department to focus on, and who in the agency was part of the decision to undertake this project.

6. **Agency Staff:** Identify the 2-3 agency staff (provide names and titles) who will work with the consultant on this project.

Name/Title

Name/Title

Name/Title

* 7. By checking this box, I understand and acknowledge that the team listed above will be required to actively participate with the IHCDA-supplied consultant during this process.

I acknowledge

8. **Community Partner:** If your project involves a community partner, please provide the name of the partner and how many of their staff will be involved. (If you know the names of those staff members, feel free to list them below.)

Partner Name

Staff

Staff

Staff

* 9. What funding sources support the activities of this program?

* 10. By checking this box, I acknowledge that this award is for \$60,000.

I acknowledge

* 11. By checking this box, I understand and acknowledge that funds from this grant will be used for staff time and supplies to participate in the program design process, and not for participant benefits.

I acknowledge

* 12. By typing my name below, I hereby certify that the information contained in this proposal is true and correct and may be viewed as an accurate representation of proposed services to be provided by this organization. I acknowledge that I have read and understood the requirements and provisions of the grant.

Disclaimer: The consultant will not share sensitive information with IHCDA, only program progress and outcomes.