



Noble County HFI 2027 Funding Application

Please email your application to kaitlynn.mckernan@nobleco.gov with the required documents attached.

Application Process: The Noble County Health First Indiana (NC HFI) Committee will review applications in 2027. Please submit your application by the 7th day of each review month (April, July, October). Within a week of being reviewed, the email provided in the application will receive follow-up information.

Background: Health First Indiana (HFI) is an initiative created by Senate Enrolled Act 4 legislation passed by the 2023 Indiana General Assembly that transforms public health. The legislation provides funding so counties can determine the health needs of their community and implement *evidence-based* programs focused on prevention. HFI establishes a public health infrastructure through a state and local partnership where services are delivered at the county level. Counties decide whether to opt-in to the new funding to provide core public health services such as trauma and injury prevention, chronic disease prevention, maternal and child health and more.

Noble County Commissioners opted-in July 2023 to the new funding available to local health departments in January 2024. The NCHD is now accepting funding applications for programs and activities addressing core public health service areas (see "Core Public Health Services" section in the application for these core public health service areas). The 2025 focus areas include Chronic Disease Prevention, Trauma and Injury Prevention, Maternal and Child Health paired with Tobacco/Vaping Prevention and Cessation, Pest and Vector Control, Inspection and Testing of Public and Semi-Public Pools.

Unallowable Expenses:  Expenses that Cannot be Funded

Legislative Requirements: Legislative changes occurred that affect the usage of HFI dollars in April of 2025. IC 16-46-10-3 (f) requires "funds may only be used for Indiana residents who are lawfully present in the United States," and IC 16-20-1-12 (c)(1) has been amended to eliminate "Tobacco Prevention and Cessation from the list of core services for which Health First Indiana funds may be spent."

More information on the Initiative: Local Website <https://www.in.gov/localhealth/noblecounty/about/noble-county-health-first-indiana/>
State Website <https://www.in.gov/healthfirstindiana/your-community-info/>

Mission Statement: *Our mission is to enhance whole-person health and resiliency of Noble County residents by offering all core public health services through the Noble County Health Department in collaboration with state and local health partners.*

Contact Information: Amy Johnson, MBA, Health First Indiana Coordinator
kaitlynn.mckernan@nobleco.gov
260-636-2191 ext. 8

***Required to Submit Application**

Organization's Legal Name (as it appears on Form 990 and other legal documents)*

Your answer

Organization's Legal Address (as it appears on Form 990 and other legal documents)*

Your answer

Upload Organization's Legal Status (e.g., 501(c)3, Form 990) in the Email*

Type the File Name Here

Upload Organization's Liability Insurance Form in the Email*

Type the File Name Here

Individual(s) Filling Out Application*

Your answer

Email*

Your answer

Phone Number*

Your answer

Program/Activity Name*

Your answer

Program/Activity Description (e.g., overview, description, goals, etc.)*

Your answer

Are the activities within the program evidence-based in improving health (i.e., providing bike helmets is evidence-based in preventing head injury)? (Highlight Answer)*

Please include links to data sources if applicable.

- ☐ Yes
- ☐ No

Estimated Number of People Served by Program/Activity*

Your answer

How will you address language barriers for Program/Activity participants?*

Your answer

How will you address transportation barriers for Program/Activity participants?*

Your answer

How will you provide resources/materials needed to Program/Activity participants without access to electronic devices (write “n/a” if no electronic devices are needed)?*

Your answer

How will you advertise for the Program/Activity?*

Your answer

Upload Program/Activity Timeline (e.g., Gantt chart) in the Email*

Type the File Name Here

Core Public Health Service(s) Connection (Highlight All That Apply)*

Focus areas for 2025 are bolded.

- **Chronic Disease (Obesity, Diabetes, Cardiovascular Diseases including hypertension and hyperlipidemia, Hep C, and Cancer)**
- **Maternal & Child Health**
- **Maternal & Child Health paired with Tobacco/Vaping Prevention & Cessation**
- Screening & Case Management for Childhood Lead Exposure & Poisoning
- HIV, STI, & Hep C
- **Trauma & Injury Prevention**
- Fatality Review
- Communicable Disease Prevention & Control
- Access to Childhood & Adult Immunizations
- Tuberculosis Control & Case Management
- Student Health
- Student Health paired with Tobacco/Vaping Prevention & Cessation
- Referrals to Clinical Care (Health Screenings, Prenatal Care, & Substance Use Disorder)
- Emergency Preparedness
- Vital Statistics
- Food Protection
- **Inspection/Testing of Public/Semipublic Pools**
- Sanitary Inspections/Surveys of Public Buildings
- Sanitary Operation of Tattoo Parlors & Body Piercing
- Sanitary Operations of Facilities where Eyelash Extensions are performed
- **Pest & Vector Control & Abatement**
- Decontamination of Property Used to Illegally Manufacture a Controlled Substance
- Residential Onsite Sewage Systems

Please write 1-2 SMARTIE objectives for each Core Service area selected above.*

SMARTIE = Specific, Measurable, Achievable, Realistic, Timebound, Inclusive, and Equitable

Writing SMARTIE Objective Guide: <https://www.oregon.gov/oha/HPA/dsi-tc/Documents/SMARTIE-goals-handout.pdf>

Your answer

Program/Activity Funding Amount Requested*

Your answer

Upload Program/Activity Budget in the Email*

Unallowable Expenses:  Expenses that Cannot be Funded

Type the File Name Here

Funding Preference (Highlight all that apply according to your Organization's needs)*

*This is your *preference* and is not legally binding

- ☐ 50% Up Front, 50% Mid-Way
- ☐ 100 % Reimbursable via Monthly Invoicing
- ☐ No Preference
- ☐ Other (please describe preference below)

Other Funding Preference Description

Your answer

Payment Preference (Highlight Answer)*

- ☐ Check
- ☐ Direct Deposit
- ☐ No Preference
- ☐ Other (please describe preference)

Will your organization be able to sustain this program/activity without receiving HFI funds in future years?
(Highlight Answer)*

- ☐ Yes – Please explain how your program/activity is sustainable
- ☐ No
- ☐ Unsure Without Data

Upload Additional Program/Activity Information in the Email

Type the File Name(s) Here