Grant Application
2025

PROJECT TITLE:_____

Applicant Agency:_____

Address:_____ **City:**_____ **Zip Code:**_____

Contact Person:_____ **Phone #:**_____

E-Mail Address:_____

Amount requested from the Wells County Health Department (Health First Indiana Funds): $ _____

Total of anticipated program cost: $_____ Estimated Program Duration: _____

Has this agency been funded with HFI funds previously? ☐ Yes ☐ No

If your agency is identified as a partner, who should the check be made payable to? _____

Please identify the preferred mailing address for the check: _____

☐ Same as above

I, the undersigned, affirm that I am aware of and support this proposal for funding from the Health First Indiana (HFI) fund. I understand that I or another representative from my organization must present a VERBAL program report along with the completed WRITTEN progress report based on the funding cycle during a regularly scheduled Health Board Meeting. (Date and time to be determined). I understand that payment will be distributed in two equal payments with the second being distributed once it is acknowledged by the Health Board that progress is being made to address the selected KPI. My failure to meet these obligations could affect my future funding opportunities from the Wells County Health Department.

☐ I agree to the above-mentioned terms

_____   _____

Signature   Date

_____   _____

Title   Agency

1. Please place a checkmark in the box the best represents which Key Performance Indicator (KPI) is met by the grant application. You should select only one KPI. Of the 22 Core Public Health Services that the state of Indiana has identified to address, the Wells County Health Department has identified 7 core public health services in which to address for our first year. This document lists those 8 CPHS areas, their associated KPIs, and the metrics awardees must collect and submit as part of their grant agreement.

◊ **Tobacco Prevention & Cessation**

STATE-REQUIRED KPI: In coordination with a tobacco prevention and cessation coalition, the county or organization must develop and/or implement a comprehensive program to address youth tobacco & addictive nicotine prevention (preferably in conjunction with schools or within the school environment). Associated data, applicable project-related photos, overall outcomes, lessons learned, and success stories will be part of the required quarterly report submission criteria.

QUARTERLY/YEARLY METRICS which will be required by grant awardees in Wells County for This KPI and service area include, but are not limited to:
- Number of students participating in program
- Number of participating schools
- Names of participating schools
- Number of faculty participating in program
- Number of programs provided

◊ **Student Health**

STATE-REQUIRED KPI: In partnership with schools and based on community need, the county or organization must develop and implement wellness policies, and comprehensive strategies to promote whole child health, including physical, mental and student health & wellbeing.

QUARTERLY/YEARLY METRICS which will be required by grant awardees in Wells County for this KPI and service area include, but are not limited to:
- Number of students participating in program
- Number of participating schools
- Names of participating schools
- Number of programs provided

◊ **Fatality Review & Prevention Programs**

STATE-REQUIRED KPI: Counties must identify a leading cause of fatality in their community and implement an evidence-based or promising program or activity for prevention. For 2025, projects will be considered which address the following leading causes of fatality in Wells County:
- Diabetes prevention and nutrition education
- Heart disease, stroke prevention and education
- Hypertension prevention and education
- Smoking cessation and prevention, including vaping education

QUARTERLY/YEARLY METRICS which will be required by grant awardees in Wells County for this KPI and service area include, but are not limited to:

- Number of programs/activities offered
- Target audience
- Number of target population individuals participating (e.g., Healthcare Professional, Social service professional, Law Enforcement, Educator, Student, Community Member)

◊ **Maternal & Child Health (you do not need to choose both KPI's for your project)**

STATE-REQUIRED KPI #1 (Referrals): The county or organization must develop an actual process to refer families to needed services including contraceptive care, WIC, home visiting health, prenatal care, substance use disorder treatment, and insurance navigation. (For this KPI, submissions must address the process for referral, the process for tracking referral follow-up/connection to care as able, and must include at least one resulting success story submission, per quarter of the grant period including the appropriate release of information documents/release for use).

QUARTERLY/YEARLY METRICS which will be required by grant awardees in Wells County for this KPI and service area include, but are not limited to:
- Zip codes of clients served
- Number of individuals served
- Number and type of referrals (Drop down: prenatal care, WIC, contraceptive care, Home visiting healthcare, substance use disorder treatment, tobacco cessation, insurance navigation, communicable disease intervention, housing assistance, other)
- Number of new partnerships created

STATE-REQUIRED KPI #2 (Improved Birth Outcome): The county or organization must identify an opportunity to improve birth outcomes and implement an evidence-based or promising program or activity to improve that birth outcome.

QUARTERLY/YEARLY METRICS which will be required by grant awardees in Wells County for this KPI and service area include, but are not limited to:
- Zip codes of clients served
- Number of individuals served
- Number and types of programs offered (drop down: prenatal care, substance use disorder treatment, tobacco cessation, insurance navigation, communicable disease intervention, chronic illness management, other)

◊ **Access and Linkage/Referrals to Clinical Care**

STATE-REQUIRED KPI: The county health department must engage with local and state health delivery system entities to address gaps and barriers to health services and connect the population to needed health and social services that support the whole person, including preventive and mental health services.

QUARTERLY/YEARLY METRICS which will be required by grant awardees in Wells County for this KPI and service area include, but are not limited to:
- Zip codes of individuals served
- Number of individuals served

◊ **Chronic Disease Prevention & Reduction**

STATE-REQUIRED KPI: In partnership with a health-related community coalition, the county or organization must develop and/or implement a comprehensive, evidence-based obesity or obesity-related disease prevention program/activity

QUARTERLY/YEARLY METRICS which will be required by grant awardees in Wells County for this KPI and service area include, but are not limited to:

- Number of individuals participating in the program
- Number of new partnerships created

◊ **Trauma & Injury Prevention & Education**

STATE-REQUIRED KPI: The county must identify a leading cause of injury and/or harm in their community and implement a comprehensive, evidence-based program or activity for prevention. For 2025, projects will be considered which address the following leading causes of injury and/or harm:

- Fall Prevention & Education
- Gun Safety & Education
- Opioid Overdose, Substance Use Disorder, and Education & Treatment

QUARTERLY/YEARLY METRICS which will be required by grant awardees in Wells County for this KPI and service area include, but are not limited to:

- Zip codes of individuals served
- Number of programs conducted
- Number of tangible incentives provided, if applicable
- Number of individuals served

Other KPIs that could be addressed, but not listed are:

- **Immunizations**
- **Food Protection**
- **Health Related Areas during Emergencies/Disasters**
- **Lead Case Management and Risk Assessment**
- **Immunizations**
- **Infectious Disease Prevention and Control**
- **Tuberculosis Prevention and Case Management**
- **Vital Records**
- **Environmental Health**

2. Please explain how your program will address outcome measurements.

Objective: *(which action you are addressing from question #1)*
Indicator: *(what you are going to measure)*
Time Frame: *(time frame you are going to measure)*
Data Source: *(who/what will collect information for you)*
Data Collection Method: *(how you are going to get information)*
Estimated # of Participants: *(anticipated number to be served)*

_____

Objective:

Indicator:

Time Frame:

Data Source:

Data Collection Method:

Estimated # of Participants:

_____

You may add additional pages as needed to answer the questions below.

3. Please provide a summary of the project/program. Include any cooperative efforts within the community and any core features of the project/program. Explain how the grant specifically pertains to identified KPIs.

4. Please describe the target population and approximate numbers of those being directly or indirectly served or impacted by the grant.

5. Please explain how your program will address the problem statement and objective chosen earlier in the application. **Your program must target at least one objective to be eligible for funding.** If your program addresses more than one objective, please explain each separately.

Program Budget

6. Please explain how the grant funds requested from HFI will be spent. Explain by providing a breakdown of expenses outlining specifically how you will use the money.

Project/Program Expenses	$$
TOTAL	$

(feel free to attach additional budget information if needed to further explain the program)

Total Requested Amount: $ _____

If the request is more than HFI can fund in full, are additional funding sources currently available?
☐ yes   ☐ no (if no, please explain)