Health Issues and Challenges Grant Application Fall 2022

Health Issues and Challenges Grant Application Guidance:

The Indiana Department of Health (IDOH) is requesting applications from local and statewide service providers and planning organizations for competitive grant funding supported through the American Rescue Plan Act (ARPA). The purpose of this Request for Applications (RFA) is to fund entities within the State of Indiana to implement programs focused on addressing health issues and challenges within Indiana. These funds must be used to develop and implement services focused on increasing health outcomes and preventing and/or reducing the prevalence of one or more of the following priority areas: tobacco use prevention, food insecurity/obesity, lead exposure, chronic disease (diabetes, cardiovascular disease, asthma, and cancer) and public health prevention programs (community paramedicine, community health workers/patient navigators). Applicants may select one or more of the priority areas, but must submit separate applications for each priority area. The applicant must justify the size of the budget for each category of fundable services within the stated funding limits of that priority area. Grants will be effective for a minimum 24-month period with an anticipated start date of July 1, 2023.

Date   Deliverable

October 7, 2022   RFA Release

October 21, 2022   Application Orientation

October 25, 2022   FAQ Published

November 18, 2022   Application Due Date

November 21, 2022 to January 13, 2023   Application Review Period

January 20, 2023   Notifications of Award

July 1, 2023   Award Period Begins

Application Instructions:

Please refer to the grant guidance available at https://www.in.gov/health/grant-opportunities/. Applicants must use this form to submit your entity's application for the HEA 1007 Health Issues and Challenges grant. Applicants may upload supporting documents, such as line-item budgets, organizational charts, and letters of support using the upload file section. Upon completion you will get a confirmation message that your application was received. Applications must be submitted no later than 11:59 p.m. Eastern time on November 18, 2022. Incomplete applications will not be reviewed.

First Name:

_____
(Please enter your first name.)

Last Name:

_____
(Please enter your last name.)

Organization:

_____

Organization Street Address:

_____
(Please input your street address.)

Organization City:

_____
(Please enter your city of residence.)

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Organization State:

Applicants must serve the state of Indiana.

○ Alabama
○ Alaska
○ Arizona
○ Arkansas
○ California
○ Colorado
○ Connecticut
○ District of Columbia
○ Delaware
○ Florida
○ Georgia
○ Hawaii
○ Idaho
○ Illinois
○ Indiana
○ Iowa
○ Kansas
○ Kentucky
○ Louisiana
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○ North Carolina
○ North Dakota
○ Ohio
○ Oklahoma
○ Oregon
○ Pennsylvania
○ Rhode Island
○ South Carolina
○ South Dakota
○ Tennessee
○ Texas
○ Utah
○ Vermont
○ Virginia
○ Washington
○ West Virginia
○ Wisconsin
○ Wyoming
(Please select your state.)

Organization Zip Code:

_____
(Please enter your zip code.)

Project Point of First and Last Name:

_____

Project Point of Contact Email address:

_____
(Please enter your organizational email address.)

Project Point of Contact Phone:

_____
(Please enter your phone number.)

Leadership Sponsor: Please provide contact information
(name, email, and phone) of the leader who supports
this application

_____

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Financial Information: This section contains financial information that will be required to complete this application.

Has your organization done business with the State of Indiana in the last 12 months?	☐ Yes ☐ No
Please provide your Federal Tax ID number. Please note, you do not need to be a 501c3. Any organization may apply as long as the organization has a Federal Tax ID number.	_____
Please provide your vendor/supplier ID.	_____ (The supplier ID can be found on previous purchase orders.)
If you do not have a Supplier ID, please visit https://www.in.gov/auditor/forms/ to download a W-9 and Automated Direct Deposit Authorization Agreement SF# 47551. Please complete these forms and upload here.	(Please wet sign these documents. Documents CANNOT be electronically signed.)
Please provider your bidder registration number.	_____
If you do not have a bidder id number please visit https://www.in.gov/idoa/procurement/supplier-resource-center/requirements-to-do-business-with-the-state/bidder-profile-registration/ to obtain a number. Once you have obtained the number, please enter in the text box.	_____
Please provide your UEI number. Note: UEI is previously the DUNS number. If you have a DUNS number, and have not transitioned to the UEI, please visit the webpage below for information on obtaining your UEI. The UEI Number is required to apply for this grant. If you do not have a UEI number, please visit https://sam.gov/content/home to request a number.	_____
First and Last Name of Signatory. This person is legally able to sign a binding contract	_____
Email of Signatory:	_____
Phone of Signatory:	_____

Project Application

Please choose the public health priority area for which you are applying:
(If you are applying for multiple grants, please fill out a new application for each program type)

○ Asthma
○ Cancer
○ Cardiovascular Health
○ Diabetes
○ Tobacco Use
○ Food Insecurity/Obesity
○ Lead
○ Community Health Worker
○ Community Paramedicine

Please enter the proposed project period:

*Must be at least 2 years and no more than 3 years.

_____
(NUMBERS ONLY)

Applicant Agency Description

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Evidence-Based Approaches:

The Health Issues and Challenges grant program requires that applicants demonstrate the use of evidence-based approaches during program implementation to continue to increase their capacity and insight while serving targeted communities. The prescribed evidence-based approaches include the awareness of health equity and the Social Determinants of Health (SDOH).

Because promoting and implementing services around equity and inclusion can be community specific, IDOH encourages applicants to use the principles of Health Equity to guide their program implementation and outreach. The National Center for Chronic Disease Prevention and Health Promotion (CDC) 2022, offers the way Health Equity can be achieved: "Health equity is achieved when every person can attain their full health potential, and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances.

Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment."

Additionally, CDC describes SDOH as conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of life-risks and outcomes. Please leverage the principles of these approaches as you answer the following questions.

Do you have a process to determine social determinants of health?

○ Yes
○ No

Please provide details regarding the service area demographic profile including race/ethnicity, health rankings, LGBTQ+, mental health status, persons with disabilities, educational attainment, rurality, socioeconomic and any other pertinent community information.

Social vulnerability refers to the potential negative effects on communities caused by external stresses on human health. Please visit https://svi.cdc.gov/map.html to find the Social Vulnerability Score of your service area.

_____
(SVI scores are used to determine service areas vulnerability and will be used in the consideration of award.)

List the zip code(s) you will be serving with the corresponding SVI score.

Health equity is achieved when every person has the opportunity to "attain his or her full health potential" and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances."

Please share with us your top 3 health equity action steps.

Example: "We will track how many African American women we screen for breast cancer."

Health Equity Goal 1

_____

Health Equity Goal 2

_____

Health Equity Goal 3

_____

Project Proposal (must describe proposed activities, including an estimated number of people expected to benefit from the proposed activities)

IDOH will provide standardized measures that must be submitted monthly. Refer to program area grant guidance documents for IDOH standardized measures.

Please list additional metrics you intend to track to measure success within your program.

Sustainability Statement: Provide a description of how you will maintain the work beyond the grant period.

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Please upload supporting documents, such as the budget template, organizational chart, and letters of support.

Budget and Budget Justification Template

[Attachment: "Budget Justification Template 2022.xlsx"]

Budget Template: Please upload template. Budget templates that are in any other format will not be accepted.

((Recommended max file page limit: 20))

Organizational Chart

((Recommended max file page limit: 20))

Letters of Support

((Recommended max file page limit: 20))

Additional Upload

((Recommended max file page limit: 20))

Additional Upload

((Recommended max file page limit: 20))

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