Mobile Integrated Healthcare Application

Applicant Information

>Name of Organization Applying

>Provider Organization Indiana EMS Certification Number

>Address of Organization Applying

>Is your organization an approved MIH program

>Name, phone number, and email of Person Completing Application

>Name, phone number, and email of Project Manager, if approved

>Name, phone number, and email of Alternative Project Manager, if approved

Qualifications

Is your organization a certified Indiana EMS Provider Organization?

Yes   or   No

Is your organization a city, town, or township-operated provider?

Yes   or   No

Is your organization registered with the Indiana Secretary of State?

If Yes, list registered name.

No

Is your organization currently a registered State of Indiana supplier/vendor?

Yes

No

Uncertain

Has your organization ever received an IDHS sponsored grant before?

Yes

No

Unsure

Grant Specific Questions

Name of Project

Narrative

Is this a new MIH program?

Yes   or   No

>If no, is this an expansion of service for an existing MIH program?

Provide a Detailed Description of Project.

Narrative

Describe the community that will be specifically covered by this MIH program.

Narrative

What community needs are met by this program / what problem(s) does the new program address?

Narrative

Describe if there is any cross disciplinary cooperation to address the need (e.g., is your organization working with county health department, hospital, etc.)

Narrative

In months, how long will it take for this proposed MIH program to be functional after receipt of finding, if awarded.

Narrative

Are there tangible benchmarks of goals for this project to measure its success?

Narrative

What is the Requested Amount of Grant Funding

Narrative

Are there matching funds for this grant request?

Yes   or   No

What is the Total Project Funding

Narrative

** ==Please submit a budget that delineates costs and includes a brief explanation of the need (either upload, attachment, or email to ??)==

Other information relevant to the grant application

Narrative

Allow attachments or uploads or provide email to send information