

# FIMR Safety PIN Funding Opportunity

Addressing Fetal and Infant Mortality



## Purpose:

The purpose of this Request for Applications (RFA) is to fund competitive grants for community-based organizations, local health departments, hospitals, other healthcare-related entities, or not-for-profit organizations (as defined by IRS tax determination) within the state of Indiana to implement Fetal-Infant Mortality Review (FIMR) programs focused on reducing fetal and infant mortality.

## Submission details:

Applications must be received by IDOH by **no later than 5 p.m. EST Friday, July 25. Submit applications via email to: [Lhorsley@health.in.gov](mailto:Lhorsley@health.in.gov).**

- Please use the following email subject line: SUBMISSION- FIMR Safety PIN Funding Opportunity

## Summary of Safety PIN funding

The [Safety PIN – Protecting Indiana’s Newborns \(PIN\)](#) grant program supports Indiana’s goal of reducing infant mortality<sup>1</sup> by supporting community-driven projects that address unique needs of the community. Safety PIN is a two-year, performance-based grant. For this funding round, projects tentatively start Oct. 1, 2025 and run through Sept. 30, 2027.

## Information, eligibility, and requirements:

Applicants must submit a proposal to implement or continue a county or regional FIMR program to reduce fetal and infant mortality and identify the region(s) they plan to impact.

### The applicant organization:

- Must be a health department, hospital, other healthcare related entity, or a not-for-profit organization (as defined by the IRS tax determination)
- Must serve populations within Indiana
- Must comply with financial requirements as listed in the budget section and budget template
- Must collaborate with traditional and non-traditional agencies or organizations
- Does not need to be a current Safety PIN grantee, though current grantees are eligible to apply

### Application and review information:

Applications will be reviewed for the following components:

- Intent to provide services in areas of the state with the highest fetal and infant mortality rates
- Use of program practices that have a demonstrated impact on improving birth outcomes and reducing infant mortality and morbidity

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<sup>1</sup> Infant mortality is any death of a baby before their first birthday. The infant mortality rate is an estimate of the number of infant deaths for every 1,000 live births. This rate is often used as an indicator to measure the health and well-being of a nation because factors affecting the health of entire populations can also impact the mortality rate of infants. More information can be found here:

<https://www.in.gov/health/mch/data/infant-mortality/>

- Proven capacity to receive grant dollars, submit timely and accurate invoices, provide administrative and HR support, and ability to collect and report required programming and evaluation data
- A well-developed plan to either expand services to new geographic areas and/or additional clients not already served by other funding sources or to provide continued services for Safety PIN grants ending this year
- If applicable, previous ability to meet grant expectations, including reporting, invoicing, and responding in a timely manner to all requests for current/past Indiana Department of Health grants

### **Description of work:**

The Fetal and Infant Mortality Review (FIMR) Program is a public health strategy dedicated to reviewing fetal and infant mortality cases in each proposed county to identify service gaps across the spectrum of prenatal, perinatal, postpartum, and pediatric care and develop creative prevention strategies aimed at improving collaboration of care and overall health of women, infants, and families.

This is a two-tiered multidisciplinary team process. The Case Review Team (CRT) reviews de-identified maternal and infant records and interview information for all fetal and infant deaths (20 weeks gestation up to one year) and uses this information to recognize trends and make recommendations for prevention initiatives or systems gap changes. These findings become recommendations that are then brought to the Community Action Team (CAT) who develop action plans and strategies to implement change throughout the community and healthcare systems. Both teams should aim to meet on a quarterly basis but may increase frequency depending on caseload.

### **FIMR requirements:**

IDOH strongly recommends that the FIMR coordinator/case abstractor and presenter be a nurse, licensed clinical social worker, or other medical professional that is fluent in medical terminology since FIMR is a clinically based program.

The FIMR process includes the following:

- Selection of cases based on the fetal and infant mortality issues of the community
- Collection of appropriate records from medical, social service and other providers
- Maternal/family interviews
- Abstraction of available records to produce a de-identified case summary
- Presentation of de-identified case summary to case review team
- Development of data-driven recommendations
- Implementation of recommendations to prevent future deaths

### **FIMR includes two components: a Case Review Team (CRT) and a Community Action Team (CAT)**

- CRT — reviews case summaries and develops recommendations
- Diversity and community involvement in the CRT is key
- CRT members should have community influence and commitment to improve services
- CRT members should use person-first language and not place blame on providers, agencies, or families

- Members should be those who provide services for families as well as community advocates. Recommended professionals include, but are not limited to representatives from the local health department, OB/GYN, pediatricians, social services, Medicaid, WIC, minority advocacy, childcare providers, substance use treatment centers, hospital administrators or other medical professionals
- CAT — reviews the recommendations presented by the CRT and develops a plan to implement these interventions
- Existing community groups can serve as the CAT, rather than creating a new team, if possible. If a new team is formed, invite community stakeholders with the means to make change within the community and their agency
- The CAT coordinates their plan with the CRT and shares their interventions

Both components listed above (CRT and CAT) must be implemented and functioning by Sept. 30, 2027.

## **Reporting requirements**

### **Safety Pin reporting:**

- Grantee will work with Indiana Department of Health (IDOH) programmatic staff to develop a comprehensive quarterly report template and an evaluation plan for the two-year grant cycle based on grantee's goals and objectives. Grantee will be required to report quarterly.
- Grantee will complete quarterly reports and submit them to IDOH within 10 days of the conclusion of each quarter
- Quarterly reports for each quarter are to be submitted no later than the following dates:
  - Quarter 1: Oct. 1 – Jan. 1; report due Jan. 10
  - Quarter 2: Jan. 1 – April 1; report due April 10
  - Quarter 3: April 1 – July 1; report due July 10
  - Quarter 4: July 1 – Sept. 30; report due Oct. 10
- Grantee will participate in an in-person or virtual site visit with IDOH staff on a bi-annual basis
- Grantee will participate in an annual Safety PIN all-grantee meeting hosted by IDOH
- Grantee will submit invoices monthly to [MCHINvoices@health.in.gov](mailto:MCHINvoices@health.in.gov)
- Grantee will be specific when invoicing and include a clear description of each item that is being invoiced
- Expenditures will be clearly linked to the scope of the project and included in the original budget unless written approval is provided by IDOH DFP
- IDOH DFP reserves the right to ask for additional documentation and clarification on any budget concerns during the contract period

### **FIMR Reporting:**

- Grantee must utilize IDOH FIMR Data REDCap to input case data after each case is reviewed
- Grantee must submit an annual FIMR report to IDOH by July 1 each year, per FIMR legislation: IC 16-49-6-8 ([Indiana Code 2020 - Indiana General Assembly, 2023 Session](#))

### Additional FIMR Requirements:

- Grantees must accept IDOH technical assistance, attend trainings and meetings, and utilize all FIMR tools (FIMR CRT Decisions Form, FIMR REDCap, etc.) provided by IDOH Division of Family Health Data and Fatality Prevention
- Grantee must use person-first language during case reviews and never place blame on providers, agencies, or families
- Grantees must provide a virtual link for IDOH DFP to attend local FIMR meetings, if IDOH is unable to travel

### FIMR Safety PIN: APPLICATION

SECTION	SECTION HEADING
1	PRIMARY INFORMATION
2	PROJECT OVERVIEW
3	PROGRAM OVERVIEW
	3-A: PROGRAM DESCRIPTION
	3-B: PROJECT GOALS
	3-C: HEALTH OUTCOME BARRIERS AND GAPS
	3-D: DATA AND EVALUATION
	3-E: SUSTAINABILITY PLAN
	3-F: COLLABORATION WITH LOCAL HEALTH DEPARTMENTS
4	REQUIRED ATTACHMENTS
	4-A: WORK PLAN
	4-B: BUDGET
	4-C: OTHER STATE FUNDING SYNOPSIS

### Application Instructions

Please refer to this document for all required application information. The application **must** be completed on the application template that IDOH DFP is providing and returned to IDOH by 5 p.m. EST July 25. The template provided should **not** be changed in any way and will serve as the page limit. Please ensure font is legible and application is concise. Any applications received that are not on the template or past the deadline will not be accepted for review. During the review process, IDOH may request additional information from applicant organizations.

### Section 1: Primary Information

This section must list the name, title, and contact information of the following individuals within the applicant agency:

- Organization name
- Primary contact
- Signatory contact

## **Section 2: Project Overview and funding request**

This section must provide a brief description of the program, funding amount request, counties being served by the program, and willingness to include other counties, if asked.

## **Section 3: Program Overview**

### **Section 3-A: Program description:**

This section must provide a clear picture of the proposed program(s).

- Describe how the proposed FIMR project(s) will be implemented:
  - Describe what organization will house the FIMR program
  - Identify any other organization and/or community partners that will participate in the proposed project. Describe their roles, responsibilities, funding, and/or resources being provided and commitment to the project.
  - Describe established relationships/partnerships that currently exist or need to be cultivated
  - Describe the staffing needs to budget for to execute this FIMR program
- Describe how the program will disseminate the annual FIMR report, which includes program findings and recommendations for prevention to local community organizations
- Describe how you will use community and organization's voices during the planning, implementation, or quality improvement of this program
- Describe the birth outcome(s)/how you will address fetal and infant mortality rates that your program aims to reduce. For reference, infant mortality rate data can be found here: [Health: MCH: Infant Mortality](#)

### **Section 3-B: Project goals:**

This section should describe how the program intends to achieve the proposed goals, outcomes, and objectives. One goal should be specifically about the improvement of the proposed birth outcome measure.

- Provide the overall project goals, outcomes, and objectives for the proposed program(s). Ensure SMART objectives are used: **s**pecific, **m**easurable, **a**chievable, **r**ealistic, **t**ime-bound
- Describe how achievement of the goals will produce meaningful and relevant results

### **Section 3-C: Health outcome barriers and gaps:**

The purpose of the section is to describe how you will address potential barriers and gaps to program participation.

- Describe the unique needs and gaps of the community in which you plan to serve. What data supports these. How does this program address those needs and gaps.
- Describe how you will specifically reduce barriers to access to improving health outcomes.
- Describe the potential barriers to the success of the project and how these barriers will be addressed.

### Section 3-D: Data and evaluation

This section should describe your organization's ability to collect data and adequately demonstrate progress being made to achieve project goals and objectives. Please be sure to include the following:

- The plan for data management, analysis, and dissemination to stakeholders
- All methods of quality improvement that take into consideration health outcomes and privacy protection
- The capacity to submit quarterly reports that are complete and timely

### Section 3-E: Sustainability plan

This section should outline a plan for how program activities will be sustained at the conclusion of this funding and how the program will move forward beyond state investment. This plan may include, but is not limited to:

- Anticipated contributors of sustained funding (e.g. local health department, private funder)
- Plan to ensure dedicated staff are funded after the conclusion of this grant funding
- Plan to continue and expand on collaborating partnerships.

**Should not be limited to apply for future state or federal funding.**

### Section 3-F: Collaboration with local health department

Demonstrate the level of engagement and/or planned collaboration **for this specific proposed FIMR program** your organization will have with the local health department(s) in the identified catchment area. Please **only** complete the question relevant to your organization.

**For applicants who are *not* local health departments (LHD), please answer the following questions:**

1. Please share how the proposed FIMR program has or will be communicated with the local health department/s for the program. LHD's prior knowledge of the application is strongly encouraged.
  - a. What is/was the process of contacting and communicating with your LHD?
  - b. How are you ensuring that there will not be duplication of the same service in the population/community you intend to implement your program in?
  - c. If you are partnering with the LHD, please share the LHD's role in the project and how this will complement relevant core public health services. For reference, a list of core public health services is found at [Health First Indiana: Home](#).
    - i. Does your organization currently receive funds from the local health department?  
If so, why are additional funds needed?

**For applicants who are local health departments, please answer the following questions:**

2. Please share how this proposed FIMR program complements relevant Health First Indiana (HFI)-funded projects/core public health services. For reference, a list of core public health services is found [here](#). Please also share why additional state funding is needed to support your public health programs/initiatives outside of HFI funding.
  - a. Are you focusing on a fatality review or MCH KPI with HFI dollars?
    - i. If yes, what are your KPIs? How will this complement your current plan, work, and KPIs? Would this funding expand or create a new initiative for HFI? Why are additional funds needed?

- ii. If not, why are you not focusing on fatality review or MCH KPIs? Would this funding expand or create a new initiative for LHD? Why are these funds needed?
- b. How will you ensure that there will not be duplication of the same service in the population/community you intend to implement your program in?

## SECTION 4: Required Attachments

### Section 4-A: Work plan

- Complete the provided work plan document and complete the following:
  - Ensure the project goals and objectives match those stated in the application.
  - List in chronological order the activities to occur within the project period (October 2025 – September 2027)

### Section 4-B: Budget and justification

The budget and budget justification worksheet must be submitted with the application as a separate Microsoft Excel document. **Do NOT submit a different format.** The budget must correlate with the tentative project duration:

- Oct. 1, 2025 – Sept. 30, 2027

Create separate budgets for each fiscal year (FY) using the appropriate tabs for each worksheet:

Budget years of funding:

- FY 2026 (Oct. 1, 2025 – June 30, 2026)
- FY 2027 (July 1, 2026 – June 30, 2027)
- FY 2028 (July 1, 2027- Sept. 30, 2027)

The budget is an estimate of what the project will cost. In this section, demonstrate that:

- All expenses are directly related to the project
- The relationship between budget and project objectives is clear
- The time commitment to the project is identified for staff that are **directly** involved in the project and is adequate to accomplish project goals
- There is a limit of **10%** of the budget that can be used for administration costs (including staff not directly involved in the project) with no indirect, de minimis, or general administrative rates allowed

All staff listed in the budget must be included in the staffing plan. In-state travel information must include miles, mileage reimbursement rate, and reason for travel. Travel reimbursement may **not** exceed state rates. Currently, the in-state travel reimbursement is \$0.49 per mile, \$41 per day per diem, and \$110 plus tax per night of lodging. Out-of-state travel is not permitted with FIMR Safety Pin funding. In completing the budget, all amounts should be rounded to the nearest penny.

### Completing the Budget Worksheet

Please see the Budget Worksheet document for further instructions.

**Grant funds and program income shall NOT be expended for the following:**

1. To supplant or replace current public or private funding
2. To supplant ongoing or usual activities of any organization involved in the project
3. To purchase or improve land or to purchase, construct, or make permanent improvements to any building
4. Depreciation of existing buildings or equipment
5. Reimbursement of pre-award costs
6. To support planning efforts and other activities associated with the program or application
7. Contributions, gifts, donations
8. Entertainment, food
9. Automobile purchase
10. Interest and other financial costs
11. Costs for in-hospital patient care
12. Fines and penalties
13. Fees for health services
14. Accounting expenses for government agencies
15. Bad debts
16. Contingency funds
17. Executive expenses (car rental, car phone, entertainment)
18. Fundraising expenses
19. Legal fees
20. Legislative lobbying or political education
21. Equipment (over \$5,000 per unit) unless special approval is received
22. Dues to societies, organizations, or federations
23. Incentives (does not include program supplies like diaper bags, gift cards, sleep sacks, etc.)
24. More than \$30 a month per cell phone
25. Out-of-state training that is also being held in state
26. Out-of-state travel, flights, car rental, hotel, per diem
27. Liability or similar Insurances
28. De minimis rate or indirect costs
29. Electronic medical records
30. Exceed 10% administrative costs

**Section 4-C: Other state funding synopsis**

Include an overview and amount of what other State Agency, Indiana Department of Health, Health First Indiana and MCH funding you currently hold. Please provide a general synopsis of what the funding is being used for and who your contact with the other entity is. Format as a PDF.



## Additional Information

### Requirements and obligations if awarded

- Quarterly reports will be created by IDOH with the expectation that all information requested be provided. There will be a 60-day post-contract execution date for IDOH staff to work with organization staff to confirm the quarterly report. Quarterly Reports are expected to be turned in on time with the following deadlines:
  - Quarter 1 Jan.1 to March 31: Due April 10
  - Quarter 2 April 1 to June 30: Due July 10
  - Quarter 3 July 1 to Sept. 30: Due Oct. 10
  - Quarter 4 Oct. 1 to Dec. 31: Due Jan. 10
- Host IDOH for site visits when requested
- Turn in invoices monthly by the deadline set in the contract
- Follow IDOH and American Academy of Pediatrics (AAP) Safe Sleep Guidance
- Grant funds and program income shall not be expended for unallowable costs
- Any changes to the original scope of work, budget, or target population must be requested in writing, and that any approved changes be documented in a written response from the state
- Maintain communication with IDOH in a timely manner
- Follow any other additional requirements of IDOH either laid out in a contract or requested by staff members

### Program Implementation Information

- FIMR Safety PIN funding is secured through the 2025-2027 cohort and will be up for a renewal of funds from state legislation in 2027.

### Points of Contact

Linzi Horsley, MA  
Fetal-Infant Mortality Programs Director  
Family Health Data and Fatality Prevention  
317-509-4119  
[LHorsley@health.in.gov](mailto:LHorsley@health.in.gov)

Jamie Smith, MS, MPH  
Division Director  
Family Health Data and Fatality Prevention  
317-645-8422  
[JamiSmith@health.in.gov](mailto:JamiSmith@health.in.gov)

To ensure fair and equitable consideration to all applicants, questions about the requirements or the application process must be submitted in writing via email. Submit questions via email to [LHorsley@health.in.gov](mailto:LHorsley@health.in.gov)

- Please use the following email subject line: QUESTION- FIMR Safety PIN Funding Opportunity

Applicants are encouraged to submit questions to [LHorsley@health.in.gov](mailto:LHorsley@health.in.gov) no later than **5 p.m. EST, July 23.**

**FAQ and Information is or will be posted to the Funding Opportunity page here:**

[Health: Grant Opportunities \(in.gov\)](#)