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 programs focused on reducing infant mortality. The Maternal and Child Health (MCH) Division is using a tiered approach with this funding opportunity that includes funding caps to ensure opportunities across the state. Funding tiers and number of awards are estimates and are subject to change at MCH's discretion based on the applications received. Please request the appropriate amount of funding needed for program implementation and staff directly involved in the proposed program.

Tier	Number of Awards	Total Budget for Two Years
1	6	$1,000 - $100,000
2	5	$100,001 – $300,000
3	3	$300,001 - $500,000
4	1	$500,000 - $1,000,000

Submission Details:

Applications must be received by IDOH by **NO LATER THAN**:

Friday, August 8th, 2025, at 5 p.m. EST

SUBMIT APPLICATIONS VIA EMAIL TO: idohmch@health.in.gov

Summary of Safety PIN funding

The Safety PIN – Protecting Indiana's Newborns (PIN) grant program supports Indiana's goal of reducing infant mortality[1] by supporting community-driven projects that address unique needs of the community. Safety PIN is a two-year, performance-based grant. At the end of the first two project years, if sub-recipients demonstrate reduced infant mortality/improved birth outcomes, an additional two years of additional funding (not to exceed the original budget) will be awarded through a performance award. Grantees must demonstrate improvements in their defined catchment area to qualify for these additional funds. For this funding round, projects tentatively start January 1, 2026, through December 31, 2027. The performance award will be given out no sooner than the end of the first quarter of the year 2027 and no later than the end of the second quarter of the year 2027.

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[1] 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/

Information, Eligibility and Requirements:

Applicants must submit a proposal to provide services to reduce 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 infant mortality rates
- Use of program practices that have a demonstrated impact on improving birth outcomes and reducing infant mortality and morbidity
- 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

The Maternal and Child Health Division encourages projects which focus on the following suggested topics. Applications are **NOT** limited to the following:

- Data-driven responses to root causes of infant mortality (e.g., access to care, mental health, substance use, and social determinants of health) in defined communities with demonstrable rates of poor birth outcomes
- Innovative approaches or new ways to implement practices to improve birth outcomes
- Hyper-local interventions at the neighborhood or ZIP code level
- Improve access and coordination of care through outreach and follow-up services for pregnant women and families who are at risk of not receiving prenatal care and support
- Continue to work with women during the fourth trimester (the postpartum period) to ensure they are getting adequate postpartum care for themselves and their newborn
- Incentivize collaboration between health care providers and other human services providers in providing outreach to at-risk pregnant women and families

*The department will **not** be funding the following:*

- *Programs that solely focus on perinatal navigation (hospital, health department, or organization based included)*
- *Direct Clinical Services within programs (example: reimbursements for medical visits, prescriptions, medical imaging services, etc.)*
- *Research programs*
- *Fetal Infant Mortality Review Teams/Community Action Teams*

Reporting And Performance Criteria:

All applicants are required to collect data for monitoring and evaluation purposes.

- Applicants must submit quarterly reports and annual reports utilizing the IDOH reporting tool* created by IDOH's Maternal and Child Health (MCH) team.
- Applicants must report their use of funds and programming/resources provided, any subrecipients/contracts with this funding, and reflect this in the budget of the application with a detailed budget justification.
- Applicants must host IDOH for a site visit upon request to ensure progress of the program.
- Implement the required Components of Safe Sleep Service or Program if providing that program, see Appendix A.

IDOH will create personalized reporting tools for each grantee based on programming, goals, and objectives. The grantee will have 60 days from execution of the contractual agreement to adopt the template from IDOH or request changes with justification. IDOH is subject to change the report template at any time, if deemed necessary. The reporting template that IDOH will provide will include, but is not limited to, mandatory items such as:

- *Population served numbers*
- *Demographics of population served*
- *Trainings provided and/or received*
- *Initiatives during the quarter*
- *Partnerships*
- *Resources used*
- *Specific program data (safe sleep, breastfeeding, etc.)*

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 the Maternal and Child Health Programs Team is providing and returned to IDOH by <mark>**August 8th at 5 p.m. EST**</mark>. 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:

- Program Name
- Organization Name
- Project Director
- 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 the number of individuals reached.

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 project(s) or service(s) will be implemented.

    - Describe who the target population is and how they will be identified, recruited, and retained.
    - Identify any other organization that will participate in the proposed project. Describe their roles, responsibilities, funding, and/or resources being provided and commitment to the project.
    - What established relationships/partnerships currently exist or need to be cultivated.
- Describe how the program will disseminate information about the services to local community organizations and the target population.
- 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 infant mortality rates that your program aims to reduce. Discuss how these changes will be measured for the performance award. 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. Medicaid, 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 project** 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 project 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 project complements relevant Health First Indiana (HFI)-funded projects/core public health services. For reference, a list of core public health services is found at [Health First Indiana: Quick Facts](#). 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 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 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:

- January 1, 2026 – December 31, 2027

Create separate budgets for each Fiscal Year (FY) using the appropriate tabs for each worksheet:

Budget years of the funding:

- FY 2026 (January 1, 2026 – June 30, 2026)
- FY 2027 (July 1, 2026 – June 30, 2027)
- FY 2028 (July 1, 2027- December 31, 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. 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 Safe Sleep Guidance (if applicable to your program).
- 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

- Safety PIN Contracts span two full calendar years and IDOH will utilize selected birth outcomes when awarding addition two-year awards/performance awards. The most up to date available data will be used for the determination.
    - The additional two-year award/performance awards (after the initial two years) is determined by the IDOH-MCH Division.
- 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

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Questions

Please join us for an informational webinar <mark>on Tuesday, July 8th, 2025, from 10 am – 11am EST</mark> at the Teams link below.

Microsoft Teams meeting

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 idohmch@health.in.gov

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

Applicants are encouraged to submit questions no later than <mark>5 p.m. EST, July 30, 2025.</mark> Answers will be compiled into a single document that will be updated on a rolling basis weekly and will be posted online for all applicants.

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

Health: Grant Opportunities (in.gov)