Please complete the following and submit to idohmch@health.in.gov by **6 p.m. EST Friday, August 9.** The funding opportunity webinar will be held from 1:00-2:00 p.m. EST Thursday July 25. ([**Join the meeting now**](https://teams.microsoft.com/l/meetup-join/19%3Ameeting_MmU0Nzc4ZjktNDcwZS00ZjBhLWE1ZTItYTE4ZDRjZGVkNDk2%40thread.v2/0?context=%7b%22Tid%22%3a%222199bfba-a409-4f13-b0c4-18b45933d88d%22%2c%22Oid%22%3a%22ec53bd4f-5744-4af3-8603-3a6165d5834e%22%7d)**)**

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| **Funding Opportunity Overview** |
| Funding Opportunity Title | Sexual Risk Avoidance Education |
| Application Due Date: | 6 p.m. EST July 26 |
| Total Available Funding: | $1,000,000 |
| Estimated Number of Awards: | Six to eight grantees expected |
| Estimated Award Amount: | Recommended maximum: $150,000 |
| Cost Sharing/Match Required: | No |
| Budget Period: | Oct. 1, 2024 – Sept. 30, 2025 |
| Project Period: | Oct. 1, 2024 – Sept. 30, 2026\*\*Contracts will be reevaluated each year |

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| **Primary Programming Contact Information** |
| Organization Name: |  |
| Program Name: |  |
| Primary Contact: |  |
| Title: |  |
| Email: |  |
| Phone |  |

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| **Signatory Contact Information** |
| Name: |  |
| Title: |  |
| Address: |  |
| Email: |  |
| Phone Number:*(must be able to receive text messages)* |  |

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| **Project Overview** |
| Provide a one-sentence description ofyour program/initiative |  |
| What county/counties do you intend on serving? |  |
| What is the estimated cost per year for your program/initiative? |  |
| What is the estimated reach of your program or initiative? Please provide the county/counties **and** the number of individuals to be served per year. |  |
| Does your organization plan to expand or implement Teen Cafés? If so, please include expenses related to the Teen Café Model in your budget. |  |
| What populations do you intend to serve? Please highlight all that apply. | ​​​​[ ] ​Youth aged 10-19 years old[ ] Youth in or aging out of foster care​[ ] ​LGBTQIA+ youth​​[ ] ​Youth in the care of the child welfare system ​​[ ] ​Youth who have dropped out or left school[ ] Youth in the juvenile centers​​[ ] ​Youth living in poverty or low-income households[ ]  Youth who are a part of traditionally underserved racial or ethnic groups[ ] Runaway and homeless youth​​[ ] Other |
| What curricula do you intend on implementing with these funds? | [ ] Botvin LifeSkills Training (preferred)[ ] 3RS (preferred)[ ] Other  |
| Referring to the curricula, if your organization has selected “other”, please list the proposed evidence-based or promising practice curricula that will be implemented. Each applicant will be required to submit a copy of their proposed curricula (if planning on using curricula other than the preferred options) to be considered for funding.  |  |

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| **Program and Organizational Description** |
| [ ] Describe the proposed evidence-based program(s) or promising practice that will be implemented. [x]  Discuss the history, experiences, and major accomplishments of your organization and staff, and how they relate to the proposed project.[x]  ONLY FOR ORGANIZATIONS REQUESTING FUNDS TO IMPLEMENT/EXPAND TEEN CAFÉS: Describe how youth and young adults will be identified, recruited, and retained, and your strategy to meaningfully and authentically engage adolescent voices. |
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| **Program Goals, Objectives, and Activities** |
| Describe your program goals. Must have a minimum of three goals with two objectives each[ ] Make SMARTIE goals (Specific, Measurable, Attainable, Realistic, Timely, Inclusive/Intersectionality, and Equitable). [ ] Include process measures and outcome measures.**Process measures** are ways in which the implementation of the program is measured. For example, how many people you want to serve or the number of webinars you want to create.**Outcome measures** refer to measuring program outcomes. For example, how many people served by the program found it “helpful” or “very helpful” when surveyed afterward? |
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| **Populations of Focus and Equitable Outcomes** |
| [ ] Please describe your populations of focus and/or how your program will improve equitable outcomes in Indiana. What is the need and significance of programming for this priority population/community?[ ] How and why have you identified this population/issue of inequity? What resources are currently available to your target population and where are there gaps in service. |
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| **Partnership Building and Youth Engagement** |
| [ ] What established partnerships exist in your community and what partnerships do you plan to initiate? [ ] How will you prioritize youth engagement and leadership in the development, execution, and evaluation of your plans? (i.e. listening sessions, youth advisory board, youth consultants, etc.). Please include how you plan to recruit and retain adolescents in the identified program(s).   |
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| **Evaluation Capacity** |
| All applicants are **required** to collect data for reporting and monitoring purposes, including entry and exit surveys for participants. This information must be collected on an on-going basis and reported quarterly, biannually, and annually.[ ] Describe your organization’s ability and plan for data collection and management to ensure continuous quality improvement.   [ ] Describe who will be responsible for this work. |
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| **Sustainability** |
| How will you address staff retention and continuity of programming? What plans exist to continue/maintain programs if the organization were to stop receiving SRAE funds? * It is okay to answer “none” if no plans exist.
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**Required Additional Documentation**

[ ] Budget (template attached)

[ ] IRS Nonprofit Tax Determination Letter

[ ] Copy of planned curriculum, if not using ”Botvin LifeSkills” or ”3RS”

**Please submit your application that contains this completed form with attached budget, IRS Tax Determination Letter, and a copy of planned curriculum to** **idohmch@health.in.gov** **by 6 p.m. EST Friday July 26.**

**If you have any questions, please contact** **idohmch@health.in.gov**.

Thank you for taking the time to submit your application to receive Title V State SRAE funding. Your work is important in improving the lives of Indiana’s youth and normalizing the optimal health behavior of avoiding non-marital sexual activity. Your submission will be carefully reviewed, and you will be notified of a decision via email. If you are selected for funding, your funding will begin Oct. 1.

**Next Steps**

1. Internal IDOH scoring team will review submissions.

2. All applicants will be notified via email of the final decision to fund or not fund.

3. Applicants selected for funding will work with IDOH to complete contracts

NOFO Webinar Information:

1:00-2:00 p.m. Thursday July 25

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**Microsoft Teams** [Need help?](https://aka.ms/JoinTeamsMeeting?omkt=en-US)

[**Join the meeting now**](https://teams.microsoft.com/l/meetup-join/19%3Ameeting_MmU0Nzc4ZjktNDcwZS00ZjBhLWE1ZTItYTE4ZDRjZGVkNDk2%40thread.v2/0?context=%7b%22Tid%22%3a%222199bfba-a409-4f13-b0c4-18b45933d88d%22%2c%22Oid%22%3a%22ec53bd4f-5744-4af3-8603-3a6165d5834e%22%7d)

Meeting ID: 248 711 482 453

Passcode: szYznq

**Dial in by phone**

+1 317-552-1674,,311394508# United States, Indianapolis

[Find a local number](https://dialin.teams.microsoft.com/4e9ab633-7e9f-4c58-9a45-b04d55813210?id=311394508)

Phone conference ID: 311 394 508#

**Join on a video conferencing device**

Tenant key: indiana@m.webex.com

Video ID: 111 089 030 5

[More info](https://www.webex.com/msteams?confid=1110890305&tenantkey=indiana&domain=m.webex.com)

For organizers: [Meeting options](https://teams.microsoft.com/meetingOptions/?organizerId=ec53bd4f-5744-4af3-8603-3a6165d5834e&tenantId=2199bfba-a409-4f13-b0c4-18b45933d88d&threadId=19_meeting_MmU0Nzc4ZjktNDcwZS00ZjBhLWE1ZTItYTE4ZDRjZGVkNDk2@thread.v2&messageId=0&language=en-US) | [Reset dial-in PIN](https://dialin.teams.microsoft.com/usp/pstnconferencing)

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