



2021 Title V Funding Proposal Letter of Intent

Please complete the following form and return to ISDHMCH@isdh.in.gov by 6:00PM EST on March 31, 2021.

		Primary Contact information
Name:		
Organization:		
Address:		
Phone:		
E-mail Address:		
		Secondary Contact Information
Name:		
Organization:		
Address:		
Phone:		
E-mail Address:		
		Submission Overview
What is the name of your program or initiative?		
Provide a one-sentence description of your program or initiative.		
Is the proposed program or initiative new and not yet started OR current and existing?		□ New/ Not yet started. □ Current/Existing
What is the estimated cost per year of your proposed program or initiative?		
What is the reach of your program or initiative?		☐ County/Counties Served: ☐ Number of individuals to be served:
Please provide the county/counties and the number of individuals to be served per year.		

Program/Initiative Overview				
What Title V Block Grant population health domain(s) is your program/initiative serving?	 □ Women/Maternal Health – Women before, during, and beyond pregnancy/across their life course. □ Perinatal/Infant Health – Babies immediately before birth through the first year of life (<365 days). □ Child Health – Children ages 1 through 9. □ Adolescent Health – Adolescents ages ten through twenty-one. 			
Which Title V National Performance Measure (NPM) or State Performance Measure (SPM) does your program/initiative address? Check up to two that apply Click here for a description of each NPM.	NPM 1: Well-Woman Visits: Percent of women, ages 18 through 44, with a preventive medical visit in the past year. Examples of potential programs/initiatives can be:			

Instructions: For the following questions, please give an overview of your proposal. Respond to questions 1 – 4 in the boxes provided.

1. Program/Initiative Description:
Please provide an overall description of your program/initiative and how it intends to help achieve the goals of the selected NPM or SPM.
Response:
2. Need:
2. Need: What need does your program/initiative address and how specifically does it address this need?
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3. Intended Benefit How does your program/initiative benefit the key population you identified in your program/initiative description?
Response:
4. Health Equity
The Robert Wood Johnson Foundation defines health equity as " everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care."
In what ways does your program/initiative address health inequities and discrimination in your key population?
Response:

Next Steps

Thank you for taking the time to submit your letter of intent to receive Title V funding. Your work is important in helping improve the lives of Indiana's MCH populations. Your submission will be carefully reviewed by our reviewers. The next steps for this funding opportunity are outlined below:

Step 1: All proposals will be reviewed by IDOH staff. After review, some applicants will be asked to move on to Step 2.

Step 2: Applicants in this round of review will be asked to present your program/initiative in a more detailed 15-minute presentation with a 15-minute question and answer.

- o A PowerPoint template will be provided.
- o Presentations will be held the week of April 19 23

If you are selected for funding:

- You will be asked to provide a scope of work and budget to begin a contract with the Indiana Department of Health.
- Your funding will begin on October 1, 2021.

Please send your completed form to ISDHMCH@isdh.in.gov by 6:00PM EST on March 31, 2021.

If you have any questions, please contact ISDHMCH@isdh.in.gov.