



Division of
**Maternal &
Child Health**

**Title V State Sexual Risk Avoidance Education
Request for Applications
FY 10/1/2021-9/30/2023**

Please complete the following form and submit to ISDHMCH@isdh.in.gov
by 6:00PM EST on June 18, 2021.

Primary Contact Information	
Name:	
Title:	
Organization:	
Address:	
Phone:	
E-mail Address:	

Person Authorized to make Legal and Contractual Agreements Contact Information	
Name:	
Title:	
Organization:	
Address:	
Phone:	
E-mail Address:	

Overview	
<p>Which program(s) do you intend to implement? (select all that apply)</p> <p><i>*All programming must be evidence-based or promising practice. Click here to view programs approved by the Department of Human and Health Services.</i></p>	<p><input type="checkbox"/> Teen Outreach Program (TOP)</p> <p><input type="checkbox"/> Love Notes – Sexual Risk Avoidance edition</p> <p><input type="checkbox"/> Relationship Smarts PLUS – Sexual Risk Avoidance edition</p> <p><input type="checkbox"/> Promoting Health Among Teens (PHAT)! Abstinence-only</p> <p><input type="checkbox"/> Botvin LifeSkills</p> <p><input type="checkbox"/> Positive Potential</p> <p><input type="checkbox"/> Choosing the Best</p> <p><input type="checkbox"/> Other:</p>
Which county/counties do you intend to serve?	

How many unduplicated individuals will be served per year?	
What populations do you intend to focus on and serve?	<input type="checkbox"/> Youth in or aging out of foster care LGBTQIA+ youth <input type="checkbox"/> Youth aged 10-15 years old <input type="checkbox"/> Children of teen parents <input type="checkbox"/> Youth in the care of the child welfare system <input type="checkbox"/> Idle youth (those who are not currently working or in school) <input type="checkbox"/> School dropouts <input type="checkbox"/> Youth living in poverty <input type="checkbox"/> Youth living in a single-parent household <input type="checkbox"/> Youth living in counties with the highest rates of out-of-wedlock pregnancies to adolescent females <input type="checkbox"/> Other:
What is the estimated cost per year?	Year 1: Year 2:

Instructions: Please refer to the Sexual Risk Avoidance Education RFA Guidance for clarification on the following questions. Responses to questions 1 – 6 should not exceed two pages in length.

1. Program Summary
Describe the proposed evidence-based program(s) or promising practice service that will be implemented. Discuss the purpose, anticipated goals, knowledge gained, and describe the <u>measurable objectives</u> to achieve the accomplishments. Please include how you plan to recruit and retain adolescents in the identified program(s).
Response:

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2. Organization Background

Discuss the history, experiences, and major accomplishments of your organization and staff, and how they relate to the proposed project. What established partnerships exist in your community and what partnerships do you plan to initiate?

Response:

3. Needs

Describe the need for and significance of the project in the specific population(s) of focus, community, and resources currently available to your target population and identify gaps in service.

Response:

4. Program Goals, Objectives, and Activities

Provide a minimum of 5 overall program goals. Each goal should include at least 1 objective and 1 activity necessary to meet the goal. Ensure these are *Specific, Measurable, Achievable, Realistic, Time-bound, Inclusive, and Equitable* (SMARTIE Objectives).

Response:

5. Health Equity

In what ways does your program(s) address health inequities and discrimination? How will you ensure health equity in your program(s)?

Response:

6. Evaluation Plan

All applicants are required to collect data for reporting and monitoring purposes. This information must be collected on an on-going basis and reported quarterly, biannually, and annually. Describe organization's ability and plan for data collection and management to ensure continuous quality improvement.

Response:

7. Attach Budget (Excel spreadsheet)

8. Attach IRS Nonprofit Tax Determination Letter

9. Attach up to 3 Letters of Support

Next Steps

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 on October 1, 2021.

Please submit your application that contains this completed form with attached budget, IRS Tax Determination Letter, and 3 Letters of Support to ISDHMCH@isdh.in.gov by 6:00 PM EST on June 18, 2021.

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