

## Marion County Public Health Department

### Health First Indiana

#### Grant Application Program Information

Applications are due by November 18<sup>th</sup> as a pdf by email to [HFI@marionhealth.org](mailto:HFI@marionhealth.org).  
Name the file: [HFI\_Project Name]

Name of Proposed Project	
Organization Name	
Mailing Address	
City, State, Zip Code	
Telephone	
Executive Director or Leader of Operation	
Contact Name for Programming questions	
Contact Number/Email for Programming questions	
Contact Name for Financial questions	
Contact Number/Email for Financial questions	
Amount Requested	
Funding Level	

**Primary Core Public Health Service must be provided: (check all that apply)**

- Tobacco and Vaping Prevention and Cessation
- Chronic Disease Prevention
- Trauma and Injury Prevention
- Fatality Prevention Initiatives
- Maternal and Child Health

- School Health
- Access to and Linkage to Clinical Care
- Lead Case Management and Risk Assessment
- Immunizations
- Infectious Disease Prevention and Control

## **REQUESTED NARRATIVE**

### **I. Primary Programs and Services of Organization**

*Describe the primary mission, programming, or services of your organization or group in Marion County.*

### **II. Project Proposal**

*Identify one or more core public health services, clearly describe the service gap and activities to be funded. Describe how the proposal will address/impact health gaps in core public health services using promising practices or evidence-based programming to prevent or reduce the prevalence of health issues or improve the health and/or behavioral health of Marion County residents.*

- i. Please provide a description of the target population (identified if it is an underserved or disadvantaged population) to be served by the project.*
- ii. What is the gap or need in services that your programming is addressing?*
- iii. How is your organization suited to address the problem?*
- iv. Indicate an estimated number of people expected to benefit from the proposed activities.*
- v. Indicate what geographical areas, and/or zip codes are expected to benefit from the proposed activities.*
- vi. What do you hope to accomplish and how do you plan to show measurable results?*
- vii. This grant proposal is limited to the 2025 calendar year. With that understanding please share an estimated timeline for programming and expenditures.*
- viii. If applicable, address other sources of funding that are used by the organization to support achieving the project goals/objectives.*



**III. Budget with Justifications**

*Include a budget for all proposed expenses associated with project activities, including a statement of justification for the requested funding amounts for all activities.*

**ITEMIZED BUDGET INFORMATION**

Category	Requested Amount
Personnel	
Fringe	
Equipment	
Supplies	
Contractual	
Other	
<b>Total Project Costs</b>	

### ***SUBMISSION REQUIREMENTS AND DEADLINES***

- To be considered for this competitive funding, a completed application must be received by MCPHD no later than **November 18, 2024, at 11:59 p.m. Eastern time.**
- All sections of the application must be fully completed to be considered a viable application submission for consideration. Applications missing any section will not be reviewed.
- Application submission does not guarantee an award.

Questions may be submitted at any time to the Marion County Public Health Department using the following email: [hfi@marionhealth.org](mailto:hfi@marionhealth.org)