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**Public Health Grant Program Guide and Application**

1. ***Program Information***
2. **Overview**

Howard County, through the Howard County Health Department (HCHD) and the Health First Howard County grant program, is committed to fulfilling its statutory responsibility as outlined in Indiana Code (IC) 16: providing essential core public health services to all residents. Our current healthcare system often relies on hospitals for primary care needs, placing a financial strain on the entire system. To address this challenge and improve public health outcomes, Howard County prioritizes supporting programs that effectively deliver Core Public Health Services (CPHS) in partnership with the HCHD.

The Howard County Health Department follows the CDC's 10 Essential Public Health Services framework to deliver core services that safeguard and improve the health of residents. The Howard County Health Department also advocates for policies, systems, and environmental changes that promote overall health and wellness for everyone in the community.

1. **Purpose**

Due to funding from the State of Indiana, the Howard County Health Department can now award grants and contracts to various organizations. These grants aim to fill gaps in essential public health services offered to residents. This financial support ultimately protects and promotes the health of everyone in the county.

1. ***Program Opportunity***
2. **Funding Description**

The Howard County Health Department is requesting applications for competitive funding for contracts or grants to address one (1) or more core public health services in Howard County through measurable and specific improvements.” The goal of this Request for Applications (RFA) is to award a contract or grant for the purpose of improving health outcomes and preventing or reducing the prevalence of the health issues related to the core public health services. In awarding the contracts or grants, the Health Department shall prioritize:

1. Directly provided core public health services within the Howard County Health Department jurisdictional areas;
2. Currently operational local health care providing entities including hospitals, clinics, physicians, pharmacies, and home health agencies;
3. Evidence-based practices to achieving desired health outcomes, including the use of behavioral incentives; and
4. Initiatives that contract collaboratively with proven outcome-based health improvement providers or services.

The Howard County Health Department and the Indiana Department of Health (IDOH) have identified priority core public health service areas, key performance indicators (KPI) and measurable metrics for activities which include, but are not limited to:

* Maternal and Child Health
  + Direct or warm referrals/linkages to care and resources
  + Improved birth outcomes through evidence-based programs such as safe sleep, breastfeeding, healthy eating, and physical activities
* Chronic Disease Prevention
  + Services that prevent and reduce chronic diseases such as obesity, diabetes, cardiovascular disease, hepatitis C, and cancer.
* Immunizations – Child and Adult
  + Vaccine clinics that meet the vaccination needs of the county and flexibility to meet the unique needs of all residents regardless of insurance status.
* Access to and Linkage to Clinical Care
  + Connect residents to clinical resources such as substance use disorder, health screenings, infectious disease testing and prenatal care.
* Student Health
  + Implement comprehensive strategies to address substance abuse in schools.
  + Promote whole child health including physical, mental and student health and well-being.
  + Enhance vaccination efforts to ensure childhood vaccine requirements are addressed.
  + Support evidence-based education on nutrition and physical activity.
* Trauma and Injury Prevention
  + Deliver harm reduction for substance use, peer recovery and rehabilitation services.
  + Establish trauma and injury prevention initiatives.
  + Educate and promote fall prevention, gun safety, substance abuse, suicide prevention.
* Fatality Prevention Initiatives
  + Identify and implement evidence-based programs or activities for prevention initiatives.
* Tobacco Prevention and Cessation
  + Implement tobacco and vaping prevention and cessation programs addressing youth and young adults.
* Health-Related Areas during Emergencies/Disasters
  + Provide links to public health and public safety delivering equitable access during health-related emergencies/disasters.

1. Background

The Howard County Public Health Grant Program aims to bridge gaps in core public health services identified within the county, as outlined by Indiana Code (IC) 16. All proposals addressing these gaps are welcome, with the flexibility to target a single service area or combine multiple areas for a more complete approach. To be considered for funding, applications must include a detailed budget outlining spending plans and a well-defined evaluation plan with measurable outcomes to track project effectiveness. Awarded funds must be used by the end of the calendar year (December 31st) and recipients must comply with financial reporting requirements set by the Howard County Health Department. Additionally, awarded funds cannot be used to replace existing funding for similar activities and must be directed solely towards the project's stated goals.

1. Proposal Requirements
2. Target Population and Location:
   * Clearly define the geographic area your project serves within Howard County.
3. Evidence-Based Approach:
   * Demonstrate how your program utilizes established methods to prevent or reduce health issues, improve health, or enhance behavioral health outcomes for Howard County residents.
4. Addressing Health Gaps:
   * Explain how your project specifically addresses and impacts identified gaps in core public health services.
5. Measurable Outcomes:
   * Identify specific and measurable improvements you aim to achieve in one or more core public health services within a defined group (cohort). This group can be defined by health factors, demographics, location, or a combination of these.
6. Project Timeline:
   * Outline the timeframe for achieving your proposed improvements, considering the expected funding award date.
   * The initial measurable improvement should be achieved within two years.
7. Sustainability Plan:
   * Explain how your project's activities will be sustained after the grant funding period ends.
8. Budget and Justification:
   * Submit a concise summary of your project's overall budget expenditures.
   * Attach a detailed breakdown of all budget items with justifications for each expense.
   * Refer to Appendix 1 for a sample application and budget format.
9. Reporting Requirements

To ensure transparency and accountability, grant recipients must submit four reports per year. Four quarterly reports are due on March 31st, June 30th, September 30th, and December 31st. The fourth quarter report will include a final annual report. The Howard County Health Department (HCHD) will provide templates to simplify reporting. Only deidentified, aggregate data should be reported. These reports track project implementation and progress towards core public health goals, fulfilling the requirements set by Indiana Code (IC) 16-20-1-12(e).

1. **Award Mechanism**

After grant applications are reviewed and awardees are chosen, the Howard County Health Department (HCHD) follows these steps:

* **Contract Development:** HCHD drafts a contract outlining the awarded amount, key deadlines, allowable project activities, and reporting requirements for the recipient.
* **Public Transparency:** Indiana law mandates a 30-day public posting period for all contracts related to core public health services funded by the Local Public Health Fund. During this period, the HCHD website will display the relevant Request for Applications (RFA) and a contract template.
* **Contract Finalization:** Once the public posting period is complete, HCHD notifies awardees and they have 15 business days to return a signed contract.

1. Data Sharing Disclosure:

Awardees should be aware that their applications, contract information, anonymized project data (de-aggregated data), and progress reports may be shared publicly, unless legal restrictions apply.

1. **Eligibility Information**

The Howard County Public Health Grant Program welcomes a wide range of applicants, as defined by Indiana Code (IC) 16-46-16-.7(2). This includes individuals, businesses (both for-profit and non-profit), educational institutions, healthcare providers, and faith-based organizations. Even collaborations between these groups, such as health coalitions, are encouraged to apply. However, all applicants must work alongside the Howard County Health Department to deliver core public health services within the county.

**D. Application and Submission Information**

|  |  |
| --- | --- |
| **Annual Application Process** | **Date** |
| Application Due Date | September1st |
| Review Period | September 2nd to November 15th |
| Notifications of Award | On or After November 15th |
| Grants Issued for Signature Period | On or Before December 10th |
| Award Period Begins | January of Award Year |
| Award Period Ends | December 31st of Award Year |
| HCHD may award additional contracts after the Award Period Begins date for priority projects able to be completed and reported in accordance with the annual award period. | |
| Awardees may receive one or more payments during the grant period, if performance measures are being achieved and data is being submitted on reports as required per the grant agreement. | |

1. Application Submission Sections
   1. General Information
      1. Applicant Suitability: Explain your organization's qualifications to administer core public health services under this program. Highlight your track record in successfully delivering health services.
      2. Funding Understanding: Demonstrate your grasp of the funding purpose and the challenges associated with the specific public health area you are targeting.
   2. Project Proposal
   3. Project Scope: Clearly identify the core public health service(s) you aim to address. Describe the planned activities and the specific metrics you will use to measure improvement within your target population. This population can be defined by health issues, demographics, location, or a combination.
      * Estimate the number of people expected to benefit from your project.
      * Specify the areas (cities, towns, unincorporated areas, zip codes) your project will serve.
   4. Project Timeline: Outline the timeframe for achieving your initial measurable improvement, which must be achieved within two years.
   5. Sustainability Plan: Explain how your project activities will be sustained after the grant funding ends. Indicate if your organization has other funding sources for this project.
   6. Health Equity Statement: Describe how your project will address healthcare barriers for underinsured and underserved populations.
   7. Project Budget:
      * Include a detailed budget for all proposed project expenses.
      * Justify the requested funding amounts for each activity.
      * Describe alternative project plans if you receive less than the full requested amount.
2. Submission Requirements and Deadlines

To be considered for the competitive Public Health Grant, submit your completed application electronically to james.vest@howardcountyin.gov by 4:30 PM Eastern Time on the due date.

Important Reminders:

1. Complete Application: All sections are mandatory for review. Incomplete applications will be disqualified.
2. Competitive Program: A well-developed proposal is crucial for standing out.
3. Flexible Funding: Awarded grants may differ from the requested amount.

**E. Application Review**

1. Review Criteria

The Howard County Health Department will review all submitted applications based on the following criteria:

1. Applicant and Project Overview

* Expertise and Understanding: Does the applicant demonstrate a clear understanding of the grant's purpose and the core public health service they aim to address?
* Agency Description: Provide a clear description of your organization and how you will collaborate with the Howard County Health Department and any other community partners on this project.

1. Project Proposal Strength

* Clarity and Scope: Is your project's purpose, scope, deliverables, and evaluation timeline clearly defined?
* Population Focus: Does your project's scale appropriately match the population served within our area of responsibility?
* Partnership: Are there relevant partners involved, and how will they contribute?
* Evidence-Based Approach: Does your project utilize established methods to address the identified public health need?
* Measurable Outcomes: Can you demonstrate specific, measurable improvements in core public health services for your target population?
* Equity Focus: How will your project address service equity for underserved and underinsured populations?

1. Sustainability Plan

* Long-Term Vision: Do you have a clear plan for sustaining your project's activities beyond the grant funding period?

1. Budget Justification

* Cost Breakdown: Do you have a detailed budget with justifications for all proposed core public health service expenditures?

1. Review and Selection Process

The Howard County Health Department conducts a thorough review and selection process for Public Health Grant applications. First, we ensure all submissions are eligible and complete according to the criteria outlined in the Request for Application (RFA). Any incomplete applications or those with technical issues will unfortunately be rejected. Eligible applications then undergo a merit-based evaluation by a panel consisting of Howard County Health Department staff and a representative from the Health Board or Health Officer. This panel assesses the quality of your proposal and your organization's ability to meet program goals, based on the established review criteria. Following the evaluation, funding recommendations for qualified applicants are presented to the Howard County Commissioners. These recommendations will be formalized in a Memorandum of Understanding (MOU) or Contract, adhering to Howard County policies. Finally, to ensure transparency and accountability, the Howard County Council and County Auditor are kept informed about financial reports and the overall impact of grant funding within the county.

**F. Additional Information**

1. Award Notices
   1. All applicants will be notified no later than November 15th, regarding award status and amount.
2. Awardee Responsibilities:
   1. Responsibilities for grant awardees include:
   2. Successfully fulfilling the project objectives and deliverables as outlined in the final contract.
   3. Submitting quarterly and annual progress reports to the Howard County Health Department
3. Howard County Responsibilities:
   1. The Howard County Health Department will have the primary responsibility for the following:
   2. Communicate with awardees through their designated point of contact.
   3. Ensure compliance with the contract agreement.
   4. Distribute grant funds as outlined in the contract agreement.
   5. Offer technical support and guidance to awardees whenever needed.
   6. Fulfill reporting requirements to the Indiana Department of Health, Howard County Council, and Howard County Board of Commissioners.

**Items Not Supported by Grant Funding**

The Howard County Health Department follows the State of Indiana guidelines for grant funding use. Here are some examples of ineligible expenses (this may not be a complete list):

* Personal Expenses: Funds cannot be used for personal items unrelated to the project's goals.
* Activities Not Aligned with State Law: Projects must comply with Indiana Code (IC) 16-46-10-3, as amended in the 2023 legislative session.
* Alcohol: Grant funds cannot be used for purchasing or serving alcoholic beverages.
* Duplicate or Excess Payments: These are not allowed.
* Unallowable Capital Expenses: Funds cannot be used for vehicles, motors, trailers, buildings, renovations, etc., as restricted by IC 16-46-10-3(c).
* Scholarships and Donations: Grant funds are not intended for these purposes.
* Lobbying or Political Activity: Engaging in state or federal lobbying or any political activity with grant funds is prohibited.
* Food and Beverages: These are generally not allowed expenses. However, exceptions may exist for specific project activities. Please inquire if unsure.
* Unapproved Expenses: Any expenditure deemed unallowable by the Indiana State Board of Accounts is not permitted.
* Activities Violating State Law: Funds cannot be used for activities that violate Indiana state law.
* Incentives (Limited): Incentives are generally not allowed unless they are educational or a protective public health measure pre-approved by the Howard County Health Department.
* Discretionary Restrictions: The Howard County Health Department may deem other activities or purchases inappropriate for funding. Please contact us for clarification if needed.

**Howard County Health Department**

**Grant Application – Program Information**

*Instructions: The following basic information is required for submitting a grant application.*

*Applications are due: September 1st*

The following basic information will be required for submitting a grant application.

* Name of Proposed Project
* Organization Name
* Mailing Address
* City, State, Zip Code
* Telephone
* Website
* Organization Mission Statement
* EIN
* Federal Tax ID
* Authorizing Official & Title
* Grant Contact and Title
* Grant Contact Phone
* Grant Contact Email
* Amount Requested
* Proposal Percentage of Organization’s Annual Operating Budget

**REQUESTED NARRATIVE**

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

Explain how your organization's skills and experience align with the core public health services needed for this program. Specifically, show how you can address the gap in core health services within Howard County. Be sure to mention your understanding of the funding's goals and the unique public health challenges Howard County faces in the areas this program targets.

***II. Project Proposal***

Tell us about your plan to address a core public health service in Howard County.

* Which service(s) are you focusing on? Briefly explain the importance of this service to public health.
* What gaps are there in current services for Howard County residents? Describe the specific challenges people face in accessing this service.
* How will you use the funding to address these gaps? Outline the evidence-based specific activities you will implement (e.g., programs, workshops, outreach).
* How will your plan improve health outcomes? Explain how your evidence-based approach will prevent or reduce health issues and improve the overall health and well-being of Howard County residents.

Explain how you will measure the success of your program. Describe specific, measurable indicators you will track to show improvements in health and well-being within the target population.

A. Indicate an estimated number of people expected to benefit from the proposed activities.

* 1. Indicate what cities, towns, unincorporated areas, and/or zip codes are expected to benefit from the proposed activities.
  2. Outline the timeframe to achieve the proposed measurable improvement(s) described above. The timeframe in which an initial proposed measurable improvement is achieved.
  3. Describe how the impact of proposed activities will remove health care barriers within Howard County.

***III. Sustainability Plan***

* 1. Explain how activities will be maintained/supported once the award period has ended or if funding is not 100% provided.
  2. Address what other sources of funding are used by the organization to achieve project goals/objectives.

***IV. Health Equity Statement***

Provide a health equity statement indicating how the proposed project and impact of proposed activities will remove health barriers for underinsured and underserved populations.

***V. Budget with Justifications***

**Develop a detailed budget outlining all project expenses. This should include:**

* **A breakdown of costs for each activity:** Clearly list each activity within your project and its associated financial needs.
* **Justification for requested funding:** Explain why you are requesting specific amounts for each activity. Focus on demonstrating the value and necessity of each expense.
* **Expansion, not replacement:** Be sure to highlight how these funds will expand existing services and not simply replace current funding for ongoing activities.

**Note:** A fillable document is provided separately for you to enter your itemized budget information.

**SUBMISSION REQUIREMENTS AND DEADLINES**

* To be considered for this competitive funding, a completed application must be received by the Howard County Health Department no later than the Application Due Date, at 4:30 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.
* Additional agency information and documentation can be attached to the application.
* Application submission does not guarantee an award and in some cases, awards may be less than the amount requested.

Questions may be submitted at any time to Howard County Health Department using the following email: james.vest@howardcountyin.gov

**Howard County Health Department**

**Grant Application – Budget**

Organization Name: \_ Enter Organization Name\_\_

Total Amount Requested: $\_ Enter Amount Requested\_

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | Tobacco Prevention and Cessation | |  | School Health |
|  |  | Chronic Disease Prevention |  |  | Access to and Linkage to Clinical Care |
|  |  | Trauma and Injury Prevention |  |  | Health-Related Areas during Emergencies/Disasters |
|  |  | Fatality Prevention Initiatives |  |  | Immunizations |
|  |  | Maternal and Child Health |  |  |  |

**BUDGET REQUEST**

A. Employees: Specify the staff resources required from your organization, accounting for both salaried personnel and in-kind contributions for relevant positions. Fringe benefits includes only FICA and insurance. *(Insert additional rows as needed)*

| **Position** | **Annual Salary/Rate** | **Requested Cost including fringe benefits** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | Total | **$** Enter Total Employee Cost |

**Outline the responsibilities and duties of each public health service delivery personnel.**

Enter Employee Budget Justification

B. Equipment: A tangible, reusable piece of property (lasting over a year) that's directly used to deliver the core public health service. *(Insert additional rows as needed)*

|  |  |
| --- | --- |
| Item(s) | Cost |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **TOTAL** | Enter Equipment Total |

**Explain the equipment necessity and justify each budget item.**

Enter Equipment Budget Justification

C. Supplies: Consumable materials (costing less than $5,000 per unit and typically used once).

*(Insert additional rows as needed)*

| **Item(s)** | **Cost** |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  | **$** Enter Supply Total |

**Explain why these supplies are essential for the project and justify the estimated cost for each item to demonstrate their relevance to the project's success.**

Enter Supply Budget Justification

D. Subawards: These are formal contracts with other organizations or with individuals to complete specific tasks related to the public health program. This could include partnerships with other non-profits, universities, or even for-profit companies.

| Name | Service | Cost |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  | **$**Enter Contracted Service Total |

**For each contract or subaward, explain why it's necessary and how it contributes to delivering the core public health service within the project budget.**

Enter Contracted Services Justification

E. Other: Project expenses outside of the established budget categories and secured funding sources. *(Insert additional rows as needed)*

| Item | Cost |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **TOTAL** | **$**Enter Other Total |

**Provide a detailed breakdown of the costs for each item requested in the project funding request. Explain how each item will be used and how it contributes to the project's goals.**

Enter Other Project Expense Justification