

Sandra Deausy, M.D.
Health Officer
Amanda J. Lahners, REHS/RS
Director



Health First La Porte County Funding Application for 2025

Organization Name: _____

Mailing Address: _____ City: _____ ZIP: _____

Telephone: _____ Website: _____

EIN: _____ Federal Tax ID: _____

Authorizing Official: _____ Title: _____

Grant Contact: _____ Title: _____

Grant Contact Phone: _____ email: _____

Name of Proposed Project: _____

Amount Requested: _____

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

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Tobacco Prevention and Cessation

Maternal and Child Health

Trauma and Injury Prevention

Immunizations

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Chronic Disease Prevention and Reduction

Student Health

Access to and Linkage to Clinical Care

Additional Core Public Health Service selections: (optional)

APPLICATION DUE DATE: April 11, 2025

Requested Narrative

I. Primary Programs and Services Organization

Describe how the applicant is well-suited to administer the core public health services under this program, including how the applicant is positioned to be successful in providing a core public health service (CPHS) in La Porte County. Applicants should demonstrate that they understand the purpose of the funding and the local challenges associated with the CPHS priority areas to be funded.

II. Project Proposal

Identify one or more CPHS, clearly describe the service gap and activities to be funded. Describe how the proposal will address/impact health gaps in the CPHS using evidence-based programs to prevent or reduce the prevalence of health issues or improve the health and/or behavioral health of La Porte County residents. Provide specific measurable metrics within the described population to be reported as measurements of improvement of health and well-being. The population may be defined by any covered health issue, demographics, or geographic criteria, or any combination of these.

- i. Indicate an estimated number of people expected to benefit from the proposed activities.*
- ii. Indicate what cities, towns, unincorporated areas, and/or zip codes are expected to benefit from the proposed activities.*
- iii. Outline the timeframe to achieve the proposed measurable improvement(s) described above. The timeframe in which an initial proposed measurable improvement is achieved.*
- iv. Describe how the impact of proposed activities will remove health care barriers with La Porte County.*

III. Sustainability Statement:

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

IV. Health Equity Statement:

- i. 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 Justifications:

- i. Include a budget for all proposed expenses associated with project activities, including:
 - a. A statement of justification for the requested funding amounts for all activities.
 - i. Funds can be used to expand existing services but not to supplant current funding to provide current service levels.***