



*A Public Health Initiative by the Delaware County Health Department*

## ***Partnership Funding Application (2025)***

This application uses fillable fields. The same information can be provided in a different format as an application and will be accepted. However, please note that incomplete applications will **not** be considered.

### **BACKGROUND**

#### ***What is Health First Indiana (HFI)?***

A state investment in local public health.



Health First Indiana transforms public health through a state and local partnership to deliver services at the county level. Senate Enrolled Act 4, legislation passed by the 2023 Indiana General Assembly, provides Health First funding starting in 2024 so counties can determine the health needs of their communities and implement evidence-based programs focused on prevention. Counties decide whether to opt-in to the new funding and to provide the core public health services, including trauma and injury prevention, chronic disease prevention, maternal and child health and more. The goal is to ensure that every Hoosier has access to the core public health services that allow them to achieve their optimal health and well-being. Good health is the foundation of our ability to thrive, from schools to the economy. Learn more at [healthfirstindiana.com](http://healthfirstindiana.com).

#### ***What is Health First Delaware County (HFDC)?***

A state & local partnership; investing in the improvement of the Public Health and well-being of the citizens of Delaware County.



This partnership applies state and local funding to expand local programs and services offered, or funded in partnership, by the Delaware County Health Department. Health First Delaware County is a new partnership-focused initiative; envisioned to bolster and unite local Public Health efforts to transform Delaware County into a health-first focused community.

#### ***Delaware County Key Performance Indicators (County Level)***

- Reduce the age-adjusted rate of opioid overdose deaths from 56.8 per 100,000 in 2022 to 54.4 per 100,000 in 2030. *(Targeting addiction and overdose)*
- Decrease the rate of smoking during pregnancy in Delaware County from 13.7% (2022) to 8.7% in 2030. *(Targeting maternal, child health and tobacco/vaping cessation and prevention)*
- Decrease the rate of newly diagnosed chlamydia cases from 576.8 cases per 100,000 persons in 2019 to 461.4 cases per 100,000 persons in 2030. *(Targeting communicable disease including but not limited to sexually transmitted infections)*

## **PARTNERSHIP FUNDING OPPORTUNITY**

### ***How much is available?***

A total of over \$400,000.00 (four hundred thousand dollars) will be distributed by the Delaware County Health Department, under the *Health First Delaware County* initiative, to Delaware County partners and local programs to improve the health of our community. These funds will be distributed through a combination of targeted collaborations initiated by DCHD and an open application process available to all eligible organizations. Individual award amounts will be determined based on the quantity, scope, and strength of the received applications.

### ***Who is eligible?***

Nonprofit organizations, government agencies, & educational institutions. Priority will be given to applicants that are both located in and servicing Delaware County. Individuals and for-profit entities are **not** eligible for funding. Eligible proposals will align with Health First Indiana and Health First Delaware County goals and objectives (specifically the stated key performance indicators), and/or address other public health related deficiencies within Delaware County.

### ***How will these funds be distributed?***

A combination of targeted partnerships as well as an open application process. Applications for Round 1 of open 2025 funding will be accepted through 11:59pm on Wednesday, April 30, 2025. Round 1 open application awards will be announced no later than June 30, 2025. Five to ten (5 to 10) awards of \$5000.00-10,000.00 (Five to ten thousand dollars) each, and totaling a minimum of \$50,000.00 (fifty thousand dollars) will be earmarked for this open application funding cycle. Note: Funding requests can be for any dollar amount(s). It is recommended that your proposal include both a requested minimum and a preferred funding level.

A second round of funding may be made available during Q3 2025 depending on availability.

*Please note: DCHD reserves the right to distribute all other available funds on a rolling basis; determined by applicant need and program/project potential.*

## **PARTNERSHIP FUNDING REQUEST**

**Proposal:**

**Applicant Organization Information:**

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**Requested Grant Amount:**

**Request type:**

*New project funding*       *Existing project/program: Expansion funding*       *Existing project/program: Replacement funding*

**Applicant Point of Contact:**

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**Which of Indiana's Core Public Health Services will be addressed with the requested funding?**

*(Check all that apply. You will explain each selection later in this application under "Core Public Health Services".)*

*Tobacco and Vaping Prevention and Cessation*

*Lead Case Management & Risk Assessment*

*Tuberculosis (TB) Prevention & Case Management*

*School Health Liaison*

*Tobacco and Vaping Prevention and Cessation*

*Vital Records*

*Emergency Preparedness*

*Trauma & Injury Prevention*

*Fatality Review*

*Chronic Disease Prevention*

*Access & Linkage to Clinical Care*

*Maternal & Child Health*

*Food Protection*

*Infectious Disease Prevention & Control*

*Environmental Public Health*

**Introduction:** *Provide a concise overview of your organization, the purpose of the proposal, and the funding amount requested.*

**Summary of Project:** *Briefly describe the project including its objectives, target population(s), and expected outcomes.*

**Need for Funding:** *Explain why the requested funding is necessary for this project and how it will address a specific issue or need within the community. Explain whether the funding request is for a new program, to fund the growth of an existing program, or to replace current or previous funding for an existing program.*

**Expected Impact:** *Highlight the anticipated impact of the project and how it aligns with Health First priorities and objectives.*

**Core Public Health Services:** *Explain the correlation between the proposed project and each Core Public Health Service you identified previously.*

## 02

### STATEMENT OF NEED

**Issue Overview:** *Provide background information on the issue or problem that the project aims to address, including relevant statistics and data/*

**Community Needs Assessment:** *Describe any assessments or research conducted to identify the specific needs of the target population.*

**Gap Analysis:** *Explain how existing resources and interventions are insufficient to meet the identified needs, and why additional support is necessary.*

## 03

### GOALS AND OBJECTIVES

**Overall Goal:** *State the overarching goal of the project and how it will contribute to addressing the identified need.*

**Specific Objectives:** *Outline the specific, measurable objectives that the project aims to achieve within a defined timeframe.*

**Outcome Indicators:** *Identify the indicators that will be used to measure the success of the project and how progress will be tracked.*

**Alignment with Health First Priorities:** *Demonstrate how the goals and objectives of the project align with the priorities of Health First Indiana, Health First Delaware County, and the Delaware County Health Department.*

## 04

### PROGRAM PLAN

**Activities and Strategies:** *Detail the specific activities and strategies that will be implemented to achieve the project objectives.*

**Timeline:** Provide here or separately a timeline of events associated with your proposal

ACTIVITY	PROJECTED DATES OF START AND COMPLETION
	-
	-
	-
	-
	-

**Partnerships and Collaborations:** Describe any partnerships or collaborations with other organizations to enhance the effectiveness of the proposed project.

**Risk Management:** Identify potential risks or challenges that may arise during program implementation and how they will be mitigated.

**05**

**CAPACITY**

**Organizational Capacity:** Describe organizational capacity, including experience, staffing, and other resources available to successfully implement the project.

**Past Successes:** *Highlight any past successes or achievements relevant to the proposed project or one similar.*

**06**

## EVALUATION PLAN

**Evaluation Framework:** *Outline the framework for evaluating the success of the project, including data collection methods and tools.*

**Performance Metrics:** *Specify the performance metrics that will be used to assess progress towards achieving the project objectives.*

**Data Analysis and Reporting:** *Describe how data will be analyzed and reported to stakeholders to demonstrate the impact of the project.*

**Budget Narrative and Itemization:** *Provide a narrative explaining the rationale behind the proposed budget items and how they would contribute to the successful implementation of the project. Detailed budget can be submitted as an attachment.*

ITEM/EXPENSE DESCRIPTION	PRICE	QUANTITY	TOTAL

**Funding Sources:** *Detail all sources of income for the project, including the requested grant funding, current funding, and any matching funds or in-kind contributions.*

**Sustainability Plan:** *Outline a plan for sustaining the project beyond the grant period, including strategies for securing ongoing funding.*



**Long-Term Impact:** *Discuss the anticipated long-term impact of the project on the target population/community.*

**Scaling Up:** *Discuss opportunities for scaling up the project or replicating successful components in other communities.*

**Partnerships for Sustainability:** *Highlight identified partnerships or internal means of sustaining the project beyond the agreed grant period.*

**About your organization:**

**Your Programs:**

**Your Team:**

**Impact Stories:**

**Thank you for your interest in partnering with the Delaware County Health Department through the Health First Delaware County initiative!**

Submit your completed application with all associated application attachments

1. by mail to:

**Delaware County Health Department, c/o Jammie Bane, 125 N Mulberry St, Muncie, IN 47305;**

2. or by email to:

[Jbane@co.delaware.in.us](mailto:Jbane@co.delaware.in.us) with specific subject line of

***"[YOUR ORGANIZATION NAME] HFDC Funding Request"***

**Questions can be directed to Jammie Bane, DCHD Administrator at [jbane@co.delaware.in.us](mailto:jbane@co.delaware.in.us)**