



ALLEN COUNTY DEPARTMENT OF HEALTH
**Program Overview, Request for Grant Proposals (RFP),
and Application Guidelines**
(2025 Funding Award Period)

I. Grant Program Background and General Information

Overview

In accordance with Indiana Code, Indiana Administrative Rule, and/or local ordinance/resolution, the Allen County Department of Health (ACDOH) will work to achieve all Indiana Core Public Health Services as part of the Health First Allen County (HFAC) program (aligning with the Health First Indiana program initiatives) or as otherwise later named or referenced. The ACDOH recognizes that to achieve the best outcomes for the Core Public Health Services (CPHS), the community will be best served when a robust plan is developed utilizing internal ACDOH programming combined with collaborative involvements with existing or new community partner programming in many service areas. Therefore, the ACDOH's Health First Allen County plan has incorporated this grant program process to allow for leveraging available funds to augment beneficial external services in partnership with willing community organizations.

The ACDOH strives to incorporate the tenets of the CDC's 10 Essential Public Health Services, the U.S. Department of Health & Human Services' Healthy People 2030 program, and the Public Health Accreditation Board's Foundational Public Health Services, or as otherwise amended/combined, to ensure consistency, completeness and equity in services provided. For the purposes of this grant program, the ACDOH may choose to focus on specific components of the above guidance programs and may choose to allow applications for only some of the CPHS areas in any given year, as deemed appropriate.

Background & Focus

This funding application process is open to projects/programs proposing to address gaps in Allen County for the delivery of the identified CPHS defined herein and in accordance with IC 16-18-2-79.5. Applicants may identify one of the CPHS areas for which to submit an application for the competitive grant funded projects/programs, delineating proposed service delivery programming or improvement processes. Some projects may work toward betterment in more than one CPHS area, but applicants are encouraged to choose the most applicable CPHS under which to submit their proposed project/program.

Starting in 2025, the Allen County Health Department will also allow applications for prescribed mini-grant projects, which are specified projects to address a certain public health area, need or issue. The differentiations are described later in this document.

The grant application must include a spending plan/budget and an evaluation plan for the purpose of providing Core Public Health Services. The evaluation plan must have identifiable and measurable outcomes for the funding period. Funds awarded must be spent by December 31 of the year issued, unless otherwise specified. All reporting requirements must be met throughout the award period. To remain eligible for future funding – if available but certainly not guaranteed – the awardee must maintain compliance with financial reports submitted to the ACDOH as required during the funding period as well as with all requirements herein. Funding awarded cannot be used to supplant funding currently in place for these activities at an organization, and the funding must be used only for its stated and approved purpose.

Purpose & Eligibility

The ACDOH may award grant contracts for funding and service completion to an individual, business, nonprofit organization, for-profit organization, institution of higher learning or education, medical or health care entity, or any combination thereof for the purpose of providing Core Public Health Services to and for Allen County residents. Financial assistance provided by the ACDOH is to protect and promote the health of all people in all communities where gaps in CPHS delivery are identified.

II. Request for Applications – Program Opportunity

Core Public Health Services - DEFINED

While there are 23 Core Public Health Services defined by law (22 when combined for clarity) for local health departments that have opted in to the Health First Indiana funding, the ACDOH has identified the following eight priority Core Public Health Services for potential external funding opportunities under this program for 2025. This is the abbreviated list of the eight core services for optional funding along with the Key Performance Indicators (KPIs) for each, **AND these are subject to change closer to application time if the Indiana Department of Health requires additional/lessened/alternate KPIs for 2025 – we do not expect significant changes, but they have not been supplied at time of posting this RFP:**

Tobacco Prevention & Cessation

STATE-REQUIRED KPI: In coordination with a tobacco prevention and cessation coalition, the county or organization must develop and/or implement a comprehensive program to address youth tobacco & addictive nicotine prevention (preferably in conjunction with schools or within the school environment). Associated data, applicable project-related photos, overall outcomes, lessons learned, and success stories will be part of the required quarterly report submission criteria.

Student Health

STATE-REQUIRED KPI: In partnership with schools and based on community need, the county or organization must develop and implement wellness policies and comprehensive strategies to promote whole child health, including physical, mental and student health & well-being.

Fatality Review & Prevention Programs

STATE-REQUIRED KPI: Counties must identify a leading cause of fatality in their community and implement an evidence-based or promising program or activity for prevention. For 2025, projects will be considered to address the following leading causes of fatality in Allen County:

- *Diabetes prevention and nutrition education*
- *Heart disease, stroke prevention and education*
- *Hypertension prevention and education*
- *Smoking cessation and prevention, including vaping education*

Maternal & Child Health

STATE-REQUIRED KPI #1 (Referrals): The county or organization must develop an actual process to refer families to needed services including contraceptive care, WIC, home visiting health, prenatal care, substance use disorder treatment, and insurance navigation. *(For this KPI, submissions must address the process for referral, the process for tracking referral follow-up/connection to care as able and must include at least one resulting success story submission per quarter of the grant period including the appropriate release of information document/release for use.)*

STATE-REQUIRED KPI #2 (Improved Birth Outcomes): The county or organization must identify an opportunity to improve birth outcomes and implement an evidence-based or promising program or activity to improve that birth outcome.

Access and Linkage/Referrals to Clinical Care

STATE-REQUIRED KPI: The county health department must engage with local and state health delivery system entities to address gaps and barriers to health services and connect the population to needed health and social services that support the whole person, including preventive and mental health services. (For this KPI, only project/program proposals that describe a plan to identify and

attempt to remedy the existing gaps in linkages/referrals to clinical care and propose a plan for filling those gaps with actual trackable referrals will be considered.)

☐ Chronic Disease Prevention & Reduction

☐ STATE-REQUIRED KPI: In partnership with a health-related community coalition, the county or organization must develop and/or implement a comprehensive, evidence-based obesity or obesity-related disease prevention program/activity.

☐ Trauma & Injury Prevention & Education

☐ STATE-REQUIRED KPI: The county must identify a leading cause of injury and/or harm in their community and implement a comprehensive, evidence-based program or activity for prevention. For 2025, projects will be considered to address the following leading causes of injury and/or harm:

- *Fall Prevention & Education*
- *Gun Safety & Education*
- *Opioid Overdose, Substance Use Disorder, and Education & Treatment*

☐ Child & Adult Immunizations

☐ STATE-REQUIRED KPI: The county or organization must develop/deploy a collaborative plan that allows for vaccinations of all individuals at time of service regardless of insurance status, and with operational hours beyond routine business hours to meet the needs of the community.

Overview of Request for Proposals (RFP)

There will be two components of the HFAC Grant program for Allen County in 2025.

COMPONENT #1: COMPETITIVE GRANT REQUESTS: The ACDOH is requesting applications for competitive funding to issue a contract or grant that must include specific and measurable improvements in Allen County in one (1) Core Public Health Service area as defined herein. The purpose of this RFP 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 defined Core Public Health Services. In reviewing and awarding contracts or grants, the health department will prioritize applications that include/represent:

1. Currently operational nonprofit or for-profit health care-related or health education-related entities that are providing or can provide Core Public Health Services to target populations as defined herein;
2. Evidence-based practices/programs for achieving desired health outcomes, including the use of behavioral incentives when applicable and approved;
3. Programming that may work toward betterment in more than one Core Public Health Service.
4. Clearly identified goals and data gathering objectives that align with the Core Public Health Service areas and key performance indicators (KPIs).

Proposal Requirements

Each proposal must include the following elements:

- Description of how the proposal will address/impact current health gaps in Core Public Health Services.
- Identify measurable and specific improvement(s) in one or more of the Core Public Health Services within a defined cohort. The cohort may be defined by any health, population, demographic, or geographic criteria – or any combination of these.
- Timeframe to achieve the proposed measurable improvement(s), incorporating the described potential funding award date below. The timeframe in which an initial proposed measurable improvement will be achieved may not be more than two years and, in most cases, measurable outcomes within a one-year period are preferred.
- Explanation of how the proposed activities may be sustained beyond the funding period.
- Evidence-based programs to prevent or reduce the prevalence of health issues or improve the health and/or behavioral health of Allen County residents are highly encouraged and will

receive more consideration.

COMPONENT #2 (optional): PRESCRIBED MINI-GRANT PROJECTS: The ACDOH is requesting applications from organizations willing to take on and complete the prescribed projects listed below. Submissions for these grants will be handled slightly differently in the grants portal with a streamlined application process whereby you will complete a few prescribed sections explaining your plan for carrying out the projects listed below. PROJECTS REQUESTED:

Program: **Evidence-based Fall Prevention Programming for Senior Citizens**
Grant Amount: up to \$50,000
Timeline: Completed by 12/31/2025 w/ quarterly reporting
Description: Coordination and deployment of evidence-based fall prevention programming, training, and education for senior citizens and others through proven coursework and activities in group settings. Preference given to applications indicating new or expanded programming with this funding, *not simply continuing existing programs or offsetting internal costs.*

Metrics to be reported: The following data must be collected and reported quarterly: (1) Number/Location of programs provided; (2) Number of Senior Citizens participating in each program; (3) Number of individuals served per ZIP code for each program; and (4) various other brief explanations on programming outcomes, etc.

Program: **Evidence-based Smoking/Vaping Cessation Programming**
Grant Amount: up to \$50,000
Timeline: Completed by 12/31/2025 w/ quarterly reporting
Description: Coordination and deployment of evidence-based smoking and/or vaping cessation programming, training, and education for Allen County residents to include prevention and quitting methodologies. Preference given to applications indicating new or expanded programming, *not simply continuing existing programs or offsetting internal costs.*

Metrics to be reported: The following data must be collected and reported quarterly: (1) Number/Location/Type of programs provided; (2) Number of participants per program; (3) Number of individuals served per ZIP code for each program; and (4) various other brief explanations on programming outcomes, etc.

Organizations may apply for both a competitive grant and a prescribed mini-grant, but they may only apply for ONE of each.**

***Submitting an application for a competitive grant will follow the Letter of Intent phase whereby approval is granted to move on to the competitive application phase as described in detail below.*

Submission Requirements and Deadlines

To be considered for either the competitive funding or the prescribed mini-grant funding, a completed application must be received by the ACDOH no later than the Application Due Date (chart of all applicable dates is provided below), by 11:59 p.m. Eastern time.

FOR PRESCRIBED MINI-GRANTS: All applicants for mini-grants must have a profile/account in the grant portal. However, no letter of intent (LOI) will be required for these submissions. A simplified application process will instead be used for these grant proposals. They will be done within the same grant portal in a separate section. They will be due, reviewed, and awarded using the same deadlines/timelines as the competitive grant program.

FOR COMPETITIVE GRANTS: Prior to being able to apply, a letter of intent (LOI) must be submitted by the date prescribed below and approval must be granted to move forward to the competitive application phase. LOIs will be reviewed to ensure there is clear alignment between the proposed project/program and the Core Public Health Services and KPIs. LOIs will be submitted through completion of the appropriate sections as defined in the ACDOH grant portal (not submitted as a separate “letter”).

All sections of the LOI and the application must be completed to be considered. *Incomplete or unsubmitted LOIs or applications within the portal will not be reviewed. Therefore, be certain you have actually submitted them once you’ve created them in the system.*

Reporting Requirements (applies to both prescribed mini and competitive grants)

- Awardees shall report de-identified, aggregate information concerning the implementation and outcomes of the CPHS contract or grant and metrics concerning the Core Public Health Services to the ACDOH as required by IC 16-20-1-12(e) or as otherwise specified by the ACDOH per project/program award.
- Awardees will be required to submit four (4) reports in any grant award year comprised of three (3) standard quarterly reports and one (1) final/annual report in accordance with the following timelines and on prescribed templates provided by the ACDOH:

Applicable Dates & Timelines for Submission and Reporting for 2025 Funding Awards

| Applicable Grant Program Step | Due Date (by midnight, Eastern time) |
|--|---|
| Letter of Intent Submission* | June 30, 2024 |
| Application Due Date | August 30, 2024 |
| Application Review Period (External) (Internal) | September 1 through September 23, 2024 September 23 through October 13, 2024 |
| Notifications of Award | On or before October 14, 2024 |
| Award Acceptance | October 28, 2024 |
| Signed Contract Due Date | November 15, 2024 |
| Public Award Announcement | December 2, 2024 |
| Award Period Begins** | January 1, 2025 |
| Quarterly/Final Report Due Dates^^ | 4/10/2025, 7/10/2025, 10/10/2025, 1/10/2026 (FINAL) |
| Award Period Ends | December 31, 2025 |
| <p><i>*EVERY ENTITY intending to apply for a grant under the competitive grant funding program must submit a letter of intent (LOI) briefly detailing its intended project/program for which they are seeking a grant. Notification of your intent does not mean you must/will ultimately submit an application. For those who are existing grantees, an LOI is still required and should outline the outcomes attained/being attained in the prior grant year. The LOI process for 2025 has been streamlined significantly.</i></p> <p><i>**The ACDOH, at its sole discretion, may award additional contracts after the “Award Period Begins” date for any priority projects able to be completed and reported in accordance with its direction, goals and project support choices.</i></p> <p><i>^^Quarterly reports will be fairly streamlined data reports with small narrative answers required. The final report will be more detailed and comprehensive. Final templates will be provided during the contracting phase.</i></p> <p><i>NOTE: Awarded entities may receive two payments during the grant period (half in the first quarter of 2025 and the other half in the third quarter of 2025) if performance measures are being achieved and data is being submitted on reports as required per grant agreement. Certain prescribed mini-grants will be paid upon services provided.</i></p> | |

Award Announcements and Contracting

The ACDOH will post the prospective RFP and contract template (at minimum) on its website at allencountyhealth.com as the required public notice of the intent to engage in contracts and grants. Once awarded entities are named and notified, the ACDOH will draft a contract reflective of the awarded amount, key deadlines and reportable elements, allowable activities and projects, and any relevant administrative requirements to be completed by the awardee. At that time, a list of awardees

and project summaries will be posted on the department's website as notification to the public, alerting them to the intent to contract with each awardee.

NOTE: Unless otherwise precluded by law, please be aware that everything associated with the application submission, the award contract, the deliverables or measurable outcome data submitted, and all reports, email or other written communications or similar documents may be considered public record under state law and may be required to be shared publicly upon request.

III. Submission Guidance and Required Information (where to start the application process)
All LOIs and official applications shall be submitted utilizing the ACDOH's electronic grant platform found at: <https://allen-county.portals.zenginehq.com/organization/about>

All areas of the grant LOI and application must be completed.

The grant management system where the submissions and all grant activities will occur is broken into the following key components:

- A. ORGANIZATION PROFILE & LETTER OF INTENT – Each applicant wishing to apply for the competitive grant program must submit a letter of intent briefly outlining the intended project/program for review. This area of the process will first require the entity to enter all of its organization information to form its profile (or if already an awarded entity with a profile, they will need to ensure all information is current) within the system. If the project/program is reviewed and found to be consistent with the needs within the Core Public Health Services and associated KPIs, the entity will be informed and then be able to move on to the official competitive or mini-grant application phase.
- B. GRANT APPLICATION (Competitive) – The grant application sections will consist of a description of the following key areas your project/program will address:
 - The Core Public Health Service area(s) and Key Performance Indicator(s) you intend to address.
 - The proposed project/program's overall purpose and objectives.
 - The target population/demographic/health subset you intend to reach/serve as well as the number of individuals you hope to reach/serve.
 - The method or activities by which you intend to address the Core Public Health Service project/program/issue.
 - The project's/program's intended/expected measurable outcomes you hope to achieve.
 - A health equity impact statement indicating how your proposed project/program will remove health care or public health barriers to care for underinsured and underserved populations.
 - The total funding amount being requested as well as the proposed budget for use of the funds.
 - A sustainability plan for the project/program beyond the grant award.
 - **NOTE** for Mini Grants: Prescribed mini-grant proposals will work a little bit differently in that less project development will be required and more of a commitment to meet the need of the prescribed project will be required. In the system, there will be options to apply for and the inputs will vary a bit from those above.

Application Review for all grant types (Review Criteria)

The following criteria will be used to review all submitted applications:

- A. Completeness of application
- B. Detailed budget
- C. Clear description of the organization and demonstration of expertise in the CPHS area proposed

- D. Ability for review committee to clearly understand how the intended project/program/activity and outcomes may improve the delivery of or outcomes of the Core Public Health Services and, ultimately, better health measures
- E. A clear demonstration of a history in providing similar services or related work
- F. Project proposal:
 - a. Clear purpose, scope, and deliverables
 - b. Clear connection between proposal and meeting the delineated key performance indicators
 - c. Appropriate project/program scaling to population served
 - d. Use of evidence-based programming
 - e. Measurable, specific improvement objectives demonstrated in Core Public Health Service on specified population
 - f. Health Equity Statement: Project addresses service equity for underserved and underinsured populations
 - g. Sustainability Statement Completeness
 - h. Budget and Justifications **(FOR 2025: Budget Submissions that contain expenses like “Other Expenses”, “Professional Fees”, “Building Costs”, etc. will be sent back for specificity. These funds are very new, and it’s been made clear we must ensure we know what the money is being used for and we must account for it with detail. We must ensure we do not jeopardize future state funding by allowing use of the funds for things for which we are unclear. PLEASE BE CLEAR ON EXPENSE PROJECTIONS. If you plan to utilize the funds for things like (just one example) “Professional Fees” – you must detail those for us to review during the LOI and Application Phases. We appreciate your understanding of us needing to do our due diligence in this area!)**
 - i. Performance, timeliness and responsiveness of prior grantees will also be taken into consideration as new applications are reviewed (for continued funding or additional funding).

Review and Selection Process

Eligible and complete applications will be evaluated by an ACDOH-designated, but third party, grants review team in accordance with the review criteria stated above. There will also be an internal review phase prior to awards. Submissions that do not comply with the technical requirements set forth in the RFP or as otherwise explained herein are considered nonresponsive and will be rejected.

For 2025 (IMPORTANT!):

- *Preference will be given to projects/programs that are already running and are showing success, or new projects/programs that have pilot data and established partnerships (if applicable).*
- *As a slight change from the first year of granting, preference will also be given to projects/programs that express plans of activity expansion and/or additional services vs. continuance of pre-2024 existing programming or requests for funding for staff not involved with the Core Public Health Service area work (such as organization leadership, etc.).*
- *For the Core Public Health Service area of Access/Linkage to Clinical Care: A metric has been added below requiring awarded applicants in this core area to provide the number and type of referrals to clinical and social service care that occurred as part of the project/program.*
- *Under the below section regarding items that will/can not be funded, there is a slight change for 2025. The Indiana Department of Health is now allowing certain food expenditures to be covered as part of a program/project. READ THE FUNDING PRECLUSIONS SECTION ON PAGE 8 FOR MORE DETAILS AND CLARITY. (NOTE: This is still being discerned. Therefore, please note that this may be rescinded if clarity is not received from the state in time for use in 2025.)*

ADDITIONAL INFORMATION:

Award Notices – All applicants will be notified via email no later than October 14, 2024, of the outcome of their grant request application.

Awardee Responsibilities – The award recipient will have primary responsibility for the following:

- I. Accomplishing the objectives and completing the deliverables listed in the final contract agreement.
- II. Providing written progress reports to the ACDOH as required in the final contract agreement and as stated above.

ACDOH Responsibilities – The ACDOH will have the primary responsibility for the following:

- I. Maintaining contact with awardees to gauge progress, answer questions and share any applicable concerns or needs during the grant award period.
- II. Monitoring terms of the agreement and compliance therewith.
- III. Funding the organization according to the terms of the contract agreement.
- IV. Providing technical assistance and guidance, as appropriate.
- V. Reporting on progress of grant awards and outcomes/data as required to the Indiana Department of Health (IDOH), Allen County Board of Commissioners, Allen County Council, Allen County Executive Health Board, and to the public when required.

PROJECTS/PROGRAMS/ITEMS THAT WILL NOT/CANNOT BE FUNDED:

The grant funds may not be used for the following per the State of Indiana (this may not be an exhaustive list):

- *Personal Items*
- *Items not related to IC 16-46-10-3 (*pursuant to changes made during the 2024 legislative session)*
- *Alcoholic Beverages*
- *Duplicate Payments and Overpayments*
- *Capital expenses not permitted by IC 16-46-10-3(c) (such as vehicles, motorized items, trailers, buildings/structures, renovations/remodeling, etc.)*
- *Scholarships*
- *Donations*
- *State or Federal Lobbying or any Political Activity*
- *Any unallowable expenditure as determined by the Indiana State Board of Accounts*
- *Any expenditure not allowed by Indiana state law*
- *Incentives (unless educational or a protective public health measure in nature **and with prior approval by the ACDOH**)*
- *(NEW in 2025 – In general, purchasing food/beverages is precluded – UNLESS specifically approved in advance by the ACDOH for a project/program directly tied to one of the CPHS areas for projects where food is integral to completion of the CPHS-related project/program. Examples where food/beverages CANNOT be used:*
 - *Staff events, funder events, fund-raising or similar events where the food/beverages are purchased for the event and are not part of an approved CPHS-affiliated project/program.*
 - *All other food/beverage purchase concepts must be individually approved in the grant application and on the designated budget template and will be done as part of the overall contracting and approval process.*
 - *Reminder: This particular expense allowance is still being discerned at the state level at RFP release time and the ability to submit budgets including food items may be rescinded if their decision changes.)*
- *Other activities or purchases deemed inappropriate or not allowed by the ACDOH including but not limited to:*
 - *Paying building utilities or other building costs*
 - *Benevolence costs*
 - *Giving staff bonuses (or the like)*

- Medical Costs/Payments/Expenses

For More Information

Please send general questions regarding this RFP and application process to: DOHGrants@allencounty.us

The ACDOH reserves the right to amend this guidance to provide additional information or correct errors as deemed appropriate.

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METRICS AND OUTCOMES (Competitive Grants): Because there are so many varied Core Public Health Service areas and KPIs, specific metrics required will be developed during the contracting phase once we have accepted your project. Starting in the 2025 grant period, in addition to the basic metrics required with all awards, awardees will submit an additional five measurable and meaningful metrics they will commit to gathering and submitting that are relevant to their submitted project/program (more or less, metrics can be considered depending on project). This section below is designed to give you an idea of what a quarterly report might contain regarding the basic metrics for all projects (but this information will be finalized later, and templates will be created closer to award time adding in the project-specific metrics submitted by each awardee).

The required metrics for each of the quarterly reports for all awardees will contain information such as:

- What accomplishments occurred since the last reporting period?
- Were there any barriers experienced during this period?
- Budget update (details on funding spent to date).
- Outcomes of any survey or pre/post reset results associated with your project/program (depending on timing of these).
- Additional metrics defined within the grant proposal itself as applicable.

In addition to the five awardee-submitted metrics, the KEY METRICS PER CORE PUBLIC HEALTH SERVICE AREA FOR QUARTERLY REPORTING might look like this (shared here to ensure you are able to delineate how you will collect and report this data):

| Tobacco Cessation and Prevention - Required Overall Program Summary Metrics: |
|---|
| <ul style="list-style-type: none"> • Number of students participating in program • Number of individuals served per ZIP code • Number of participating schools • Names of participating schools • Number of faculty participating in program • Number programs provided |

| Student Health - Required Overall Program Summary Metrics: |
|---|
| <ul style="list-style-type: none"> • Number of students participating in program • Number of individuals served per ZIP code • Number of participating schools • Names of participating schools • Number programs provided |

Fatality Review & Prevention Programs - Required Overall Program Summary Metrics

- Number of unique individuals served
- Number of individuals served per ZIP code
- Number of programs/activities offered
- Target audience
- Number of target population individuals participating (e.g., Health care Professional, Social Service Professional, Law Enforcement, Educator, Student, Community Member)

1. Maternal & Child Health Referrals - Required Overall Program Summary Metrics:

- Number of unique individuals served
- Number of individuals served per ZIP code
- Number and type of referrals (such as prenatal care, WIC, contraceptive care, Home visiting health care, substance use disorder treatment, tobacco cessation, insurance navigation, communicable disease intervention, housing assistance, other)
- Number of new partnerships created

2. Maternal & Child Improved Birth Outcomes - Required Overall Program Summary Metrics:

- Number of unique individuals served
- Number of individuals served per ZIP code
- Number and types of programs offered (such as prenatal care, substance use disorder treatment, tobacco cessation, insurance navigation, communicable disease intervention, chronic illness management, other) – this metric may be required depending on project/program

Access & Linkage to Clinical Care - Required Overall Program Summary Metrics:

- Number of unique individuals served
- Number of individuals served per ZIP code
- Number and type of referrals/linkages/accesses created to clinical care (such as prenatal care, home visiting health care, substance use disorder treatment, tobacco cessation, communicable or chronic disease intervention, general medical care, etc.)

Chronic Disease Prevention & Reduction – Required Overall Program Summary Metrics:

- Number of unique individuals served
- Number of individuals served per ZIP code
- Number of new partnerships created – may be required

Trauma & Injury Prevention & Education - Required Overall Program Summary Metrics:

- Number of unique individuals served
- Number of individuals served per ZIP code
- Number of programs conducted – may be required
- Number of tangible incentives provided, if applicable – may be required

Child & Adult Immunizations - Required Overall Program Summary Metrics:

- Number of unique individuals served
- Number of individuals served per ZIP code
- Number of vaccination programs/events conducted (including information on how many programs/events were held outside of normal business hours) – may be required
- Number of patients served at each event – may be required
- Number of tangible incentives provided, if applicable – may be required
- Other data may be required regarding clients served such as: Number of vaccines administered to children; Number of unique clients under age 18; Number of unique adult clients; Number of vaccines administered to adults; and percentage of clients up-to-date on vaccines.