**Increasing Water Safety among Children and Families in Indiana – Fiscal Year 2025**

Please complete the following form, workplan, and budget template and return to Allie Houston at [AHouston@health.in.gov](mailto:AHouston@health.in.gov) by **6 p.m. EST Sept. 20.**

**Section 1: Primary Information**

This section must list the names, titles, and contact information for the following individuals within the applicant agency.

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| **Primary Contact Information** | |
| **Name:** |  |
| **Title:** |  |
| **Organization:** |  |
| **Address:** |  |
| **Phone:** |  |
| **E-mail Address:** |  |

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| --- | --- |
| **Signatory Contact Information** | |
| **Name:** |  |
| **Title:** |  |
| **Organization:** |  |
| **Address:** |  |
| **Textable Phone:** |  |
| **E-mail Address:** |  |

**Section 2: Program Overview**

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| **Program Overview** | |
| **What is the estimated budget for the proposed drowning prevention program or initiative?** |  |
| **Please list the county/counties**  **this drowning prevention initiative will include.** |  |
| **Please list all identified**  **partnerships for this initiative.** |  |

**Program Description**

Each day in the United States, approximately 11 unintentional drowning deaths occur, with a total of nearly 4,000 deaths each year. Nationally, drowning is the leading cause of death for children ages 1 to 4 years (CDC, 2024). Disparities exist in drowning rates, with different populations at higher risk, including communities of color and people who are neurodiverse. Drownings are preventable deaths that have a significant impact on entire communities.

The Indiana Department of Health (IDOH) has identified the need for expanding prevention efforts that address water safety throughout the state. IDOH is utilizing Title V funds to provide support for local agencies to develop or expand drowning prevention activities. Specifically, these drowning prevention initiatives should increase water safety among infants, children, and adolescents. Programming may include but is not limited to: providing education to families, resource development and dissemination, connecting families with swim lessons, and increasing safety (e.g., in bathtubs, pools, retention ponds, and open water). Prior to submission, local organizations should have identified the barriers families encounter that put children at higher risk of drowning. Proposed programs and initiatives should directly address the identified barriers and reduce fatalities among families.

**Drowning Prevention Grant Requirements:**

* Grantee will partner with the local health department, but local health departments are not eligible to apply for this funding
* Grantee will follow all guidelines endorsed by the American Academy of Pediatrics (AAP), Indiana Department of Natural Resources (DNR), and the Indiana Department of Health (IDOH)
* Grantee will address water safety barriers among at-risk or vulnerable populations
* Grantee’s proposed activities will be evidence-based, data-informed, and/or utilize promising practices to ensure effective programming
* Grantee will collaborate with local community action teams and child fatality review teams, if present, for maximum impact
* Grantee must serve Indiana residents
* Grantee must comply with financial requirements listed in the budget template

**Reporting Requirements**

## Title V Reporting:

* Grantee will work with IDOH Division of Family Health Data and Fatality Prevention staff to develop a comprehensive quarterly report template and an evaluation plan for the grant cycle based on grantee’s goals and objectives
* Grantee will complete quarterly reports and submit them to IDOH within 10 days of the conclusion of each quarter
* Quarterly reports will be submitted no later than the following

dates:

* + Quarter 1: Jan. 1 – March 30 (report due April 10, 2025)
  + Quarter 2: April 1 – June 30 (report due July 10, 2025)
  + Quarter 3: July 1 – Sept. 30 (report due Oct. 10, 2025)
  + Quarter 4: Oct. 1 – Dec. 31 (report due Jan. 10, 2026)
* Grantee will submit invoices monthly to [AHouston@health.in.gov](mailto:AHouston@health.in.gov)
* Grantee will submit invoices with the IDOH template and include a clear description of each item
* Expenditures will be clearly linked to the workplan included in the original budget template, unless written approval is provided by IDOH
* IDOH reserves the right to ask for additional documentation and clarification on any budget items during the project period

**Section 3: Program Description**

**Instructions: For the following questions, please give an overview of your proposal. Respond to questions 1 – 4 in the boxes provided.**

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| **1. Program Description:**  **Please provide an overall description of your proposed drowning prevention activities. Where will this project be housed? What community partners will support your efforts?** |
| **Response:** |

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| **2. Partner Engagement Strategy**  **To improve health outcomes in Indiana, local health departments are addressing fatality prevention through Health First Indiana.**  **How will you partner with the local health department to address drowning prevention through this project? Are there barriers in partnering with your local health department? If so, what are those barriers?** |
| **Response:** |

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| **3. Health Equity**  **The Robert Wood Johnson Foundation defines health equity as “…everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”**  **How will the proposed drowning prevention program address health inequities among the target population? Will the proposed program target urban or rural (or both) populations?** |
| **Response:** |

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| **4. Dream Big**  **If you could wave a magic wand to prevent pediatric drownings in Indiana, what is a prevention strategy you would implement?** |
| **Response:** |

**Section 4: Required Attachments**

**Section 4-A: Work Plan**

* Complete the provided work plan document
  + Ensure the proposed goals and objectives match those stated in the responses above
  + Provide an estimated timeline for program activities

**Section 4-B: Budget**

* The budget must be submitted as a separate Microsoft Excel spreadsheet on the template provided. This budget must align with the project timeline of **Jan. 1 – Dec. 31, 2025.**

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| **Next Steps** |
| Thank you for taking the time to complete this application! Your work is important in helping improve the lives of Hoosiers children and families. Your submission will be carefully reviewed by IDOH staff. The next steps for this funding opportunity are outlined below.  All proposals will be reviewed by IDOH staff. After review, applicants will be notified of the funding decision **no later than Oct. 4, 2024.**  **If you are selected for funding:**   * You will be asked to provide a final budget to begin a contract with IDOH. This budget will be **due by Oct. 11, 2024.** * Funding begins Jan 1, 2025   **Please send your completed documents to Allie Houston, Prevention Programs Director, at** [**AHouston@health.in.gov**](mailto:AHouston@health.in.gov) **by 6 p.m. EDT September 20, 2024.** |
| **Questions? Email AHouston@health.in.gov** |