



Re: Contraceptive Access Funding Announcement.

The Indiana Family Health Council (IFHC) is accepting special applications for contraceptive access, particularly focused on those who are uninsured or underinsured.

The Indiana Family Health Council is a non-profit organization that exists to advance health equity by facilitating, promoting, and advocating for all individuals, families, and communities regardless of ability to pay.

The funding available is based on the Special Session Senate Enrolled Act 2 of 2022. IFHC will provide funding to healthcare facilities for contraceptives, reducing barriers for facilities and patients. Funding can only be used for contraception—no staffing or other support will be provided through the funding. Services should be targeted for those who are uninsured, underinsured, or seeking confidential services where insurance is not billed.

Minimal data will be required to be reported to IFHC monthly, including contraception provided, age of patient, race/ethnicity, poverty level, and FIPS code.

Restrictions:

1. Services can only be provided to those 18 or older.
2. Current Title X Family Planning Grantees are not eligible for funding
3. Only clinics located in Indiana are eligible.

Applications are accepted on a continual basis. They can be submitted to [info@ifhc.org](mailto:info@ifhc.org). Funding will expire on June 30, 2025. All funding is a reimbursement model for products purchased and dispensed. Start-up supplies are allowed.

<b>Primary Contact Information</b>	
Name:	
Organization:	
Address:	
Phone:	
E-mail Address	
How is the organization classified?	<input type="checkbox"/> Non-profit organization <input type="checkbox"/> Governmental entity <input type="checkbox"/> Hospital <input type="checkbox"/> Faith-Based Organization
What contraceptives are you requesting funding for?	<u>Birth Control</u> <input type="checkbox"/> Birth Control Shot <input type="checkbox"/> Birth Control Pill <input type="checkbox"/> Birth Control Patch <input type="checkbox"/> Birth Control Ring <input type="checkbox"/> Cervical Cap <input type="checkbox"/> Condoms—Male <input type="checkbox"/> Condoms—Female/internal <input type="checkbox"/> Hormonal Implants <input type="checkbox"/> Diaphragm w/ Spermicide <input type="checkbox"/> Fertility Awareness based methods <input type="checkbox"/> Intrauterine Device—Copper IUD <input type="checkbox"/> Intrauterine Device—Hormonal IUD
Is your organization registered with the 340B Program? Please provide your 340B Number if you are registered with the 340B program.	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Budget Request</b>			
Type of contraception Proposed:	Quantity	Unit Cost	Total
<b>Total</b>			