

# Tennessee Department of Health

## Domestic Violence and Danger Assessment Training for Providers

Attachment 1

### APPLICANT INFORMATION

Applicants must complete all questions on page 1 and 2.

1. Legal name of applicant as it appears on its corporate charter: \_\_\_\_\_
2. Federal tax ID Number: \_\_\_\_\_
3. Is your organization a registered vendor with the State? Yes \_\_\_ No \_\_\_  
(If No, please contact Ann.v.[Stedman@tn.gov](mailto:Stedman@tn.gov) for registration details)
4. Organization contact information:  
Organization's Primary Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone Number: \_\_\_\_\_
5. Primary Contact Person Name and Title: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_
6. Secondary Contact Person Name and Title: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_
7. If awarded a grant, who will be the authorized signor of the resulting contract?  
Name and Title: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_
9. Counties where services will be provided: \_\_\_\_\_  
\_\_\_\_\_
10. Target population(s): \_\_\_\_\_
11. Diverse population(s) targeted, if any: \_\_\_\_\_
12. Anticipated number of participants: \_\_\_\_\_
13. Anticipated cost per participant: \$ \_\_\_\_\_
14. Please check ONE of the following as it applies to this application.  
 We have reviewed the Sample Contract with legal counsel and can identify no objections to executing this contract in its present form.  
 We have reviewed the Sample Contract with legal counsel and will request changes to the Sample Contract (please attach details). We understand that exceptions to boilerplate contract language may not be approved and may result in the rejection of this application.

**Tennessee Department of Health**  
**Domestic Violence and Danger Assessment Training for Providers**

**APPLICATION**

1. Please attach a project narrative (Exhibit 2) describing the project (no more than 3 pages using the outline provided).
2. Please complete Exhibit 1 (provided) describing the specific goals, activities, and timeline for the project.
3. Please complete the attached 2-page budget (Attachment 3) for your project (Attachment 3).
4. Please describe the personnel that will work on this project.

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5. Briefly describe the experience your organization has with providing virtual trainings.

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The applicant certifies to the best of his/her knowledge and belief that the information in this application has been duly authorized by the governing body of the applicant and that the applicant will comply with the certifications and assurances required of applicants if a grant is awarded. **DO NOT SIGN THIS DOCUMENT IF YOU ARE NOT LEGALLY AUTHORIZED TO BIND THE PROPOSING ENTITY.**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Exhibit 1

**Project Goals/Activities/Timeline /Outcomes Template.** Proposals should include goals and activities related to Danger Assessment and Domestic Violence Training. Please be as specific as possible with goals and activities. Add additional goals as needed.

<b>Description of Goals and Activities to Achieve Goals</b>	<b>Person/ Agency Responsible</b>	<b>Start Date</b>	<b>End Date</b>	<b>Description of <u>Expected</u> Outcomes/Impact</b>
<b>GOAL # 1</b>				
1. Activity				
2. Activity				
3. Activity				
<b>GOAL # 2</b>				

1. Activity				
2. Activity				
3. Activity				
<b>GOAL # 3</b>				
1. Activity				
2. Activity				
3. Activity				

**Project Narrative (maximum of 3 pages)**

**Applicants must write a narrative addressing the topics below. When writing your narrative, please use the headings in bold in the same order they are listed below.**

Describe your organization's experience utilizing Danger Assessments to assess domestic violence risk.

Describe how your organization would partner with local healthcare providers and domestic violence advocates to develop, implement and increase the sustainability of this initiative and how you will provide a train the trainer component of the danger assessment training.

Explain steps you would take to provide an annual 3-part domestic violence training that covers signs of domestic violence, assessment of domestic violence, and community resources for Care Coordinators (CHANT) and home-visiting agencies (EBHV).

Describe how you plan to advertise, recruit and register participants to attend the training.

Describe how your agency will conduct pretests and posttests for trainings and analyze the data collected to measure the increase in knowledge and intent to utilize the information provided at each training.

Describe how your agency will conduct a follow-up survey with attendees to determine how professionals have utilized the information presented in the training.