

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.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: _____

8. 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.

APPLICATION

1. Please attach a project narrative (Exhibit 1) addressing your organizational capacity and approach to evaluation (no more than 3 pages).
2. Please complete the template (Exhibit 2) describing the specific goals, activities and timeline for the evaluation.
3. What specific plans have you made to partner with other groups or organizations to accomplish your objectives?

4. Please complete the attached 2-page budget for your evaluation proposal (Attachment 3).

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: _____

Safe Stars Evaluation Project Narrative (maximum of 2 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 capacity and experience of the staff that will be involved with the project. Include information about any certifications staff hold.

Describe your organization's experience with the Tennessee Department Safe Stars Initiative.

Describe your organizations plan to develop and sustain stakeholder involvement in evaluation planning for this project.

Describe your organization's experience with developing an evaluation framework and tools and how it will be used for this project.

Describe your organization's experience with data collection and analysis and how you plan to accomplish data collection and analysis for this project.

Describe your organization's plan to develop evaluation products for this project and how you will create evaluation products for this project.

Please describe in narrative form, how your organization would utilize the funds to create a budget to accomplish the goals of the project.

Describe how you plan to recruit survey participants from current Safe Stars programs in urban, rural, school, and non-school settings.

Exhibit 1

Describe how you plan to disseminate evaluation data to key partner groups in person or via printed materials such as fact sheets or infographics.

Describe how your organization can utilize evaluation findings to improve programs.

Describe your organization's capacity to develop and submit articles to peer reviewed journals.

Exhibit 2

Project Goals/Activities/Timeline /Outcomes Template. Proposals should include goals and activities related to evaluation of TDH Safe Stars Initiative Evaluation. Please be as specific as possible with goals and activities. Add additional goals as needed.

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

1. Activity				
2. Activity				
3. Activity				
GOAL # 3				
1. Activity				
2. Activity				
3. Activity				