TIPCAP APPLICATION TEMPLATE

## Refer to Application Checklist in NOFO

**Directions**: Applicant may use parts or the entire TIPCAP template for their application. Use of this template is optional. It is the responsibility of the applicant to check the NOFO requirements and submitting all components listed in the TIPCAP NOFO application checklist.

## PROJECT INFORMATION

|  |  |
| --- | --- |
|  **PROGRAM NAME** |  |
|  **LOCATION (CITY, STATE)** |  |
|  **TRIBE(S) SERVED** |  |
| **IHS USER POPULATION** | ☐ IHS User population is 2,500 or over *(applicable to Part I only)*☐ Not applicable *(applying for Part II)* |
|  **PROJECT TITLE** |  |
|  **DATE SUBMITTED** |  |

## PRIMARY CONTACT INFORMATION

Who is the primary contact for this TIPCAP application? This individual will be the one that the IHS Division of Environmental Health Services, Injury Prevention Program communicates with regarding Notice of Award.

|  |  |
| --- | --- |
|  **Contact Name, Title,** **Credentials** |  |
|  **E-mail Address** |  |
|  **Phone Number** |  |

# TIPCAP (Optional Fillable Template)

**Use of the fillable template that follows is optional.**

## PROJECT ABSTRACT (1-page limit)

Provide a self-contained summary of your proposed project, including the purpose and expected outcomes. Do not include any proprietary or confidential information. We use this information when we receive public information requests about funded projects.

**You must state which component you are applying for in your application’s project abstract summary.**

|  |
| --- |
| We are applying for: (select only one) |
| ☐ Part I  |
| ☐ Part II  |
|  |

## PROJECT NARRATIVE (10-page limit)

The narrative should be no more than 10 pages and must have consecutively numbered pages, use black font 12-point, be double-spaced, and be formatted to fit standard letter paper (8 ½ X 11 inches.) Footnotes, tables, and text in graphics may be 10-point font. If the narrative exceeds the page limit, the application will be considered not responsive and not be reviewed.

The 10-page limit for the narrative does not include the work plan, logic model, evaluation plan, standard forms, Tribal resolution, budget narrative, etc., and/or other attached or required forms.

**Project narrative includes:**

* Introduction and need for assistance (20 points),
* Project objectives, work plan, and approach, (30 points) and
* Program evaluation (30 points)
* Organizational capabilities, key personnel, and qualifications (10 points)

The 10-page narrative should include your proposed project and activities for the full period of performance.

### Introduction and need for assistance

Briefly describe the Tribe, Indian organization or Urban Indian organization service population.

**Needs:**

Describe the needs of the Tribe, Indian Organization or Urban Indian Organization by answering the following questions:

1. What is the injury problem?
2. Whom does the problem affect?
3. Why is it a problem?
4. What are the risk and contributing factors of the problem?

*Part I applicants must provide documentation that the IHS user population is at least 2,500 people. (Most recent IHS User population is the ONLY acceptable source).*

Include current injury data and baselines (i.e. motor vehicle crash injuries and death, elder fall injuries,) for the population to be served (i.e. children under the age of eight, individuals utilizing the community lake, impaired drivers). You may use local, IHS, state, or national injury data along with Indigenous knowledge for the community or target population. Both quantitative (numbers) and qualitative (stories) data may be included.

### Project objectives, work plan, and approach

**Project Objectives**

Briefly describe the following of the Tribe, Indian Organization or Urban Indian Organization.

* Describe the injury type(s) the project will address (motor vehicle-related, drowning, burns, poisoning, falls, fire-arm related, suicides, or violence-related, etc.) and your reasons for choosing them.
* State which evidence-based and/or evidence-informed or innovative strategy to address the selected injury types(s) you will use. Include a description of which intervention(s) related to the strategy you will implement.
	+ Part I: May select up to **two** strategies to implement in years 1 and 2, and up to three strategies in subsequent years.
	+ Part II: May select **one** strategy to implement in years 1 and 2, and up to two strategies in subsequent years.
* Include a five-year goal statement(s) that is specific, measurable, achievable, realistic, and includes a timeframe (SMART).
* State project objectives that are specific, measurable, achievable, realistic, and includes a timeframe (SMART).

**Work plan**: *(work plan table template on page 6)*

* Provide a work plan, which is required as part of your attachments and does not count toward the project narrative page limits. The work plan should include:
* Each SMART objective for year 1 and year 2. Objectives for years 3 through 5 may be developed after the Injury Prevention Program begins.
* The planned activities and action steps to reach each objective.
* The person or people responsible.
* The timeframe for each short-term objective.

**Approach:** *(logic model template on page 8)*

* Provide a logic model, which is required as part of your attachments and does not count toward the project narrative page limits. The logic model should include:
* Inputs (personnel and materials).
* Outputs (activities and participation).
* Outcomes (short, medium, and long term).

Describe in project narrative how the IPP will be sustained after the five-year program cycle ends.

### Program Evaluation

These criteria evaluate the evaluation plan table *(template on page 9)* and the program evaluation section of your project narrative. Reviewers will assess the extent to which your application does the following:

* Describe the methods, approach, and data sources you will use to monitor and guide project progress.
* Describe how the proposed strategies will minimize or reduce severe injuries within the target population. This may include anticipated or expected benefits for the Tribal community or target population.
* Describe how each project indicator (objective) will be evaluated, including a sample list of data variables to be collected (i.e. car seat event data, responses from community surveys, home fall hazards corrected, law enforcement citations).

### Organizational capabilities, key personnel, and qualifications

These criteria evaluate the organizational capabilities, key personnel, and qualifications section of your project narrative. Reviewers will assess the extent to which your application does the following:

* Describe the program or department which will provide oversight, office space, and support for the IPP and for Part I applicants, the full-time injury prevention coordinator.
* Demonstrate organizational capabilities and key personnel, including degree of commitment.
* Describe your organizations’ s major program activities, accomplishments, and partnerships within the past three years related to implementing injury prevention projects, campaigns, and results.
* Describe the resources available (e.g., facilities, equipment, information technology systems, and financial management systems).
* Provide examples or evidence that demonstrate your ability to execute the program activities within the period of performance.
* Describe how project continuity will be maintained if there is a change in the operational environment (e.g., staff turnover, change in project leadership, change in elected officials).
* For key staff, include short biographical sketches or position descriptions in your attachments (does not count towards the project narrative page limit).

• Use the table below to identify partners and their role in the project or in achieving the goals of the project. Include letters of support or commitment in your attachments.

Partners

|  |  |  |  |
| --- | --- | --- | --- |
| FIRST NAME LAST NAME | TITLE, Department | PARTNER PROJECT ROLES & RESPONSIBILITIES*Identify their role or how they will achieve the goals of the project related to TIPCAP.*  | *Letter of support or commitment included* |
|  |  | *Add additional rows as needed* | **Yes/No** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

###

### Sample Work Plan Table

###  (You are welcome to use your own Work Plan format)

**Work Plan for**: XYZ Injury Prevention Program

**Injury Problem(s)** to be addressed:

**Project Period**: Year X, 202X-202X

**Project Lead**: Coordinator

**Long-term Goal**: By the end of the project (year 5), there will be a 20 percent increase in children under 5 years of age riding in car seats (from 30% to 50%) at the XYZ community.

**Short-term objective**: Conduct 2 child safety seat check events in the XYZ community by the end of year 1.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Activities** | **Action Steps** | **Person(s) Responsible** | **Q1** | **Q2** | **Q2** | **Q4** |
| 1.1 Train child passenger safety (CPS) technicians | * Recruit candidates from partner program
* Identify instructors and schedule training
* Maintain current CPS technicians
* Provide CEUS
 | Coordinator & County Health Department |  |  |  |  |
| 1.2 Plan child safety seat check events | * Recruit families for car seat checks
* Create marketing materials (flyers) and distribute
* Post ads on social media, newspaper, and radio
* Set up referrals from WIC, Head Start, prenatal clinics
 | Coordinator & CPS techs |  |  |  |  |
| 1.3 Conduct child safety seat check events | * Provide infant, convertible, & booster seats
* Evaluate for correct seat use and provide new seats as necessary
* Provide education on correct use and installation
 | Coordinator & CPS techs |  |  |  |  |
| 1.4 Conduct child safety seat use and community survey | * Observe and track seat use
* Conduct community survey to learn about Indigenous knowledge towards car seat use
* Develop and pilot survey
* Acquire responses during various events each year
 | Coordinator & CPS techs |  |  |  |  |
| 1.5 Provide education in the community on proper car seat use | * Create and distribute flyers with baseline data and local CPS laws
* Create culturally relevant PSAs for social media, local media, billboards, etc.
* Provide car seat curriculum to Head Start
* Collaborate with local Head Start and daycare to implement curriculum
 | Coordinator, Head Start staff |  |  |  |  |
|  | * Provide car seat curriculum to Head Start
* Collaborate with local Head Start and daycare to implement curriculum
 |  |  |  |  |  |
| 1.6 Support police department enhanced enforcement of current car seat laws | * Collaborate with local law enforcement in planning and publicizing
* Obtain car seat citation data from law enforcement
* Share injury data and observed usage rates data with law enforcement
 | Coordinator & Law Enforcement personnel |  |  |  |  |

*\*Goals and objectives should be specific, measurable, achievable, relevant, and includes a timeframe (SMART).*

### Sample Logic Model

###  (You are welcome to use your own Logic Model format)

**Long-term Goal:** By the end of the project (year 5), there will be a 20 percent increase in children under 5 years of age riding in car seats (from 30% to 50%) at the XYZ community.

|  |  |  |
| --- | --- | --- |
| **Inputs** | **Outputs** | **Outcomes-Impact** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | *Activities**(what we will do)* | *Participation**(who we will reach)* | *Short (1-2 years)**Knowledge & Attitudes* | *Medium (2-4 years)**Behavior and Environmental Change* | *Long (4-5+year)**Change in injuries* |
| **Personnel**Tribal IP CoordinatorChild Passenger Safety TechniciansHead Start**Partners**Tribal PoliceIHS OEHEWICCounty Health Dept.Parents/CaregiversCommunity Health Education | Train child passenger safety (CPS) technicians Conduct car seat check events Conduct car seat use and survey Provide education in the community on proper car seat useSupport police enhanced enforcement of current car seat laws | Individuals recruited from community and partner programs for CPS trainingChildren under the age of 5 in the XYZ community who attend Head Start, WIC, and prenatal clinicsParents and caregivers All community members of XYZ community who participate in social media and local media | Increase the number of CPS technicians to 6Conduct quarterly car seat check eventsReach XYZ community members through social and other mediaConduct semi-annual car seat use and annual community knowledge and attitudes surveys Develop a campaign to inform community of upcoming enforcement events | Increase the number of car seats distributed Survey for increased car seat use Maintain certification for CPS technicians Institutionalize the car seat distribution program Support police enforcement check events  | Increase in car seat useIncrease in sustainability of motor vehicle-related injury programs and practicesDecrease risk factors and increase protective factors associated with MV injuries Community-wide reduction in MV injury morbidity and mortality |

### Sample Evaluation Plan Table

###  (You are welcome to use your own evaluation plan and include Indigenous evaluation)

**Evaluation Plan for:** XYZ Injury Prevention Program

Project Period: Year X, 202X-202X

Project Lead: Coordinator

|  |
| --- |
| **Strategy: Motor Vehicle-related**Long-Term Goal: By the end t e project (year 5), there will be a 20% increase in the proportion of children under 5 years of age riding in the car seats (from 30% to 50%) at the XYZ community. |
| **Intervention: Child Safety Seat Use**Short-term objective 1:* Conduct 2 child safety seat check events in the XYX community by the end of year 1.
 |

|  |  |  |
| --- | --- | --- |
| **Key activities** | **Data to collect and report to IHS** | **Data Source\*****P=Primary S=Secondary** |
| 1.1 Train child passenger safety (CPS) technicians | Number of CPS technicians trained | P-Training log in sheet |
| 1.2 Plan child safety seat check events | Number of events planned | P-Meeting notes |
| 1.3 Conduct child safety seat check events | * Number of events that were conducted
* Partners who helped with the event
* Number of seats checked, installed, or replaced
* Most frequent car seat installation errors
 | P-Meeting notesP-Check event form |
| 1.4 Conduct child safety seat use and community survey | * Percent of observed children who were using a car seat
* Number of community surveys that were distributed and completed
* Results of the community survey
 | P-Survey formP-Tracking form |
| 1.5 Provide education in the community on proper car seat use | Estimate of the number of people who saw/heard the messages | S-Radio, newspaper, social media |
| 1.6 Support police department enhanced enforcement of current car seat laws | * Number of meetings with police department on how to support enforcement
 | P-Meeting notes |
| 1.7 Learn about & include Indigenous Evaluation | * Completed the online Indigenous Evaluation training
* Consider ways to incorporate Indigenous Evaluation
 | P-registration for self-paced course |

\*Primary data are those collected by the coordinator or IPP. Secondary data are those collected by an entity other than the coordinator or IPP.

## BUDGET AND BUDGET NARRATIVE (5-page limit)

The budget narrative supports the information you provide in Standard Form 424-A.

*Be sure to do the following in your budget narrative:*

* Show each line item in your SF-424A, organized by budget category.
* Provide the information for the entire period of performance, broken down by year.
* For each line item, describe:
	+ How the costs support achieving the project’s proposed objectives.
	+ How you calculated or arrived at the cost.
* Take care to explain each item in the “other” category and why you need it.
* Do not use the budget narrative to expand your project narrative.

*Budget scoring criteria:*

Reviewers will assess the extent to which your budget includes the following:

**Maximum points: 10**

* A budget narrative.
* A one-year categorical budget.
* Travel expenses for the annual TIPCAP workshop (air fare, per diem, lodging, etc.). This is a required activity for Part Is and an optional activity for Part II. Part II recipients are strongly encouraged to attend. Plan to budget for the first annual TIPCAP workshop to be held in the Washington D.C. area.

If you claim indirect costs, indicate and apply the current negotiated rate to the budget

## Application Checklist

Review the application checklist in Step 3 of the TIPCAP NOFO to submit a complete application with narratives, attachments, and other required forms. *It is the responsibility of the applicant to check the NOFO requirements and submitting all components listed in the TIPCAP NOFO application checklist.*