

# Attachment B: Application Narrative QuestionsTraumatic Brain Injury Grant Request for Proprosal

1. Provide a brief overview of your organization, including history, geographical reach, demographics, and number of clients served, staffing, and your organization’s experience providing services to individuals and their families who have sustained a traumatic brain injury (TBI).
2. Describe the services your organization provides. Describe how this proposal fits within your organization’s current programming. Specifically, address how your organization addresses the following:
3. Promotion of public, family, survivor, and professional awareness of the incidence and consequences of traumatic brain injury
4. Provision of a network of support for persons with traumatic brain injury, their families, and friends
5. Development and support of programs and services to prevent traumatic brain injury
6. Establishment of education programs for persons with traumatic brain injury
7. Empowerment of persons with traumatic brain injury through participation in its governance
8. Please describe the organizations that you have collaborated with in the identification, prevention, treatment, and follow-up of persons with TBI.
9. Describe how your organization implements Resource Facilitation Services that are trauma responsive, person centered, and strength based. Specifically, describe your experience gathering or your plan to gather voluntary consent for contact from patients or patient’s guardian before receiving identifying information necessary for Resource Facilitation Services.
10. Describe how you will collaborate with other organizations to support the focus population (individuals and their families who have sustained a TBI).
11. Describe the outcomes you will work to achieve at the end of the five-year grant period (i.e., what changes among the focus population(s) do you hope to achieve). Describe how you plan to track/measure the outcomes and impact of your project.
12. Describe how your organization’s staff, leadership and board reflect the demographics (race, ethnicity, and life experience) of the population(s) you propose to serve.
13. Describe your organization’s ability to provide services in languages other than English. How do these languages correlate with your target population?

**Total Funding Request**

|  |  |
| --- | --- |
|  | Total Funding Request |
| **Total Funding Request** | $ 0.00 |

Minnesota Department of Health
PO Box 64975
St. Paul, MN 55164
Catherine.diamond@state.mn.us
[www.health.state.mn.us](http://www.health.state.mn.us/)

7/5/2023

To obtain this information in a different format, call: 651-201-3969.