## FY-2024 ThinkFirst Injury Prevention Project Application

Project Title:					
Total Funds Requested from DDSN:					
Applicant Agency/Organization:					
Project Coordinator:					
Work Address (include zip code):					
Work Phone (include area code):	FAX Number (include area code):				
E-Mail Address:					
Supervisor of Project Coordinator:					
Work Address (include zip code):					
Work Phone (include area code):	FAX Number (include area code):				
E-Mail Address:					
Agency/Organization to administer or serve as fiscal agent for the project contract:					
Name:					
Federal or Tax Identification Number:					
Fiscal Administrator:					
Name and Title:					
Work Address (include zip code):					
Work Phone (include area code):	FAX Number (include area code):				
E-Mail Address:	<u> </u>				

## ThinkFirst Injury Prevention Project Narrative

All five (5) sections of the Project Narrative indicated below must be addressed:

### I. Problem to be Addressed/Magnitude of Problem

Summarize the injury problem you propose to address in your statewide or local project.

Data concerning injury-related deaths and non-fatal injuries are available on the following two websites:

https://www.scdhec.gov/blogs/south-carolina-health-glance-leading-causes-death-and-hospitalizations https://scdps.sc.gov/ohsjp/stat\_services

### **II.** Proposed Project Description

1) <u>Project Goal</u>: A broad statement of purpose of the proposed project.

2) Target Population: The target population for the project, including estimated number

of individuals to be involved with or reached by the project.

3) Objectives: Discreet objectives to reduce the incidence or risk of injury.

Each objective must be related to the goal of the project.

4) Approach: General strategies and activities to accomplish each objective. DDSN

recognizes that Coronavirus may impact the ability of ThinkFirst Chapters to deliver the ThinkFirst message in the traditional manner. The applicant's strategies for approach should account for this potentiality, and should outline non-traditional methods of delivering the ThinkFirst message. This can

include partnerships with local schools and/or churches to deliver the

ThinkFirst message virtually, in smaller group settings, etc.

### III. Collaboration/Partnerships

Identify the organization(s), agency/agencies, or program(s) that will be involved in the proposed project.

<u>For each identified entity</u>, specify the type of involvement, such as sharing resources, conducting joint activities, collaboration with training, or additional funding source.

#### **IV.** Project Implementation Plan

Complete the form provided as Appendix A for each objective listed above in Section II.

Specific activities to accomplish each objective must include responsible person(s), target group/number to be served, target dates, and a measure of documentation/evaluation.

#### V. Continuation Plan

Describe plans to continue or expand project activities after SCDDSN funding expires. Include other organizations, agencies, or programs to be involved in continuation, as well as possible sources of future funding.

## ThinkFirst Injury Prevention Project Budget

# **Estimated Expenditures** A. Salaries and equipment purchases are **not** funded within the scope of this contract. Funds must be expended as proposed unless prior approval is given by the HASCI Division. Supplies and Materials: Other Expenses: **Total Expenditures:** В. **Estimated Revenue** Total funds requested from SCDDSN Funds from other sources available to this project Note source and designate use below: Total Revenue:

## **ThinkFirst Injury Prevention Project Certification**

Agency/Organization Officials Authorizing this Application:					
Name and Title (typed or printed):					
Signature of Executive Director (or Designee)	Date:				
Name and Title (typed or printed):	Dotos				
Signature of Fiscal Administrator					
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## Appendix A

## South Carolina Department of Disabilities and Special Needs Head and Spinal Cord Injury Division

## ${\it ThinkFirst} \ {\bf Injury} \ {\bf Prevention} \ {\bf Project} \ {\bf Implementation} \ {\bf Plan}$

Complete a <u>separate form for each objective</u> included in the proposed project description.				
Goal:				
Objective:				

Activity	Person(s) Responsible for Activity	Target Group/ Number To be Served	Target Dates	Evaluation Methods (Examples: attendance logs, survey, pre and post-tests)

### Appendix B

## South Carolina Department of Disabilities and Special Needs Head and Spinal Cord Injury Division

#### **Examples of** *ThinkFirst* **Injury Prevention Projects**

## Develop a new *ThinkFirst* chapter, partner to expand area of an existing chapter, or strengthen effectiveness of an existing chapter to:

- 1. Conduct statewide and/or local activities to raise awareness of traumatic brain injury / spinal cord injury and their common causes. Encourage community agencies and organizations to educate young children, youth, and teens about prevention of these lifelong disabilities.
- 2. Collaborate with schools and community organizations to offer *ThinkFirst* curricula to educate children, parents and teachers about prevention of unintentional injuries.
- 3. Expand on previous local prevention projects and offer programs statewide. Collaborate with school districts, community organizations, and HASCI Resource/Drop-In Centers.
- 4. Recruit and conduct training workshops for V.I.P. (Voices for Injury Prevention) speakers who are survivors of traumatic brain injury or spinal cord injury.

#### **Recommended Community Organizations/Agencies for Collaboration:**

After-School Programs
Brain Injury Support Groups
Child Development Centers
Colleges/Universities
Hospitals
Local DDSN Boards – HASCI Divisions
Motorcycle Clubs
South Carolina SAFE KIDS Coalitions
Spinal Cord Injury Support Groups

American Red Cross
Bicycle Clubs
Churches
Emergency Medical Services (EMS)
Law Enforcement
Local Health Departments
Recreation Departments
School Districts