

# Tennessee Department of Health, Injury Prevention Telemental Health 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 [Terrence.Love@tn.gov](mailto:Terrence.Love@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.

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## APPLICATION

1. Please attach a project narrative describing the project (Exhibit 1).
2. Please complete Exhibit 2 (provided) describing the specific goals, activities and timeline for the project.
3. Select additional performance indicators you will track (Exhibit 3) for strategies/activities you propose to implement.
4. Do you have plans to partner with other groups or organizations to accomplish your objectives? Please attach letters of support which demonstrate the expectations and responsibilities of the planned partnership.
5. Please complete the attached 2-page budget for your project (Attachment 3). A list of unallowable costs is provided.
6. Please describe the personnel that will work on this project.

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: \_\_\_\_\_

**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.**

**Project goal(s):** What are the goals of the project?

**Target population:** What is the target population? If applicable, describe any health disparities that will be addressed with your target population.

**Project objectives:** What are the measurable objectives the project aims to achieve? What needs of the population are you addressing with this project? How will the project have an impact on those needs?

**Project activities:** What activities will you complete to achieve results?

**Expected results:** What do you expect to change as a result of this project?

**Expected outcomes:** What impact will this project have on the problem identified above?

**Organizational capacity and staffing:** Description of the organization's capacity to carry out the project. Include agency's mission, key staff, and experience working with the target population group. What will be the responsibilities of the staff listed in the proposal?

**Evaluation plan:** How will you measure whether the project objectives have been achieved? What data or information will be needed to measure this?

**Evaluation tools:** What tools will be used to measure whether the objectives have been met? Include information about any evaluation tools that will be used such as surveys, attendance sheets, pre and post-tests, etc.

**Sustainability:** Describe the plan for sustainability beyond the funding period through alternate sources of funding or a change in organizational systems or procedures that will sustain the project's impact.

**Exhibit 2**

**Project Goals/Activities/Evaluation Methods/Outcomes Template.** Proposals should include goals and activities related to the Telemental health implementation. 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/End Dates	Number of Individuals <i>Expected to be Served/ Reached/ Educated</i>	Description of <i>Expected</i> Outcomes/Impact
GOAL # 1				
1. Activity				
2. Activity				
3. Activity				
GOAL # 2				

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

\*adapted from the Maternal Mortality grant proposal template

Performance Indicators

**Below are the indicators that you will be required to track and report to TDH. If you have additional indicators you plan to track, please fill those in the blank spaces.**

\_\_\_\_\_ Number of virtual webinar series completed using best practices for Telemental health

\_\_\_\_\_ Number of total virtual presentation/training sessions completed on best practices for Telemental health

\_\_\_\_\_ Number of people trained or educated virtually on best practices for Telemental health

\_\_\_\_\_ Number of Continuing Education Credits issued to people trained virtually in Telemental health Practices

\_\_\_\_\_ Number of health care providers educated and informed on the importance of proper Telehealth techniques and practices

\_\_\_\_\_ Number of supplies and resources provided to healthcare providers who complete virtual telehealth training

\_\_\_\_\_ (fill in your own indicator) \_\_\_\_\_

\_\_\_\_\_ (fill in your own indicator) \_\_\_\_\_

\_\_\_\_\_ (fill in your own indicator) \_\_\_\_\_