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South Carolina Department of Disabilities and Special Needs  
Head and Spinal Cord Injury Division  
**REQUEST FOR PROPOSALS**

**Competitive Funding for *ThinkFirst* Injury Prevention Projects  
State Fiscal Year 2017**

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The Head and Spinal Cord Injury (HASCI) Division of South Carolina Department of Disabilities and Special Needs (SCDDSN) announces anticipated state funding for projects that will increase evidence-based *ThinkFirst* injury prevention efforts in our state. State and local non-profit organizations, consumer groups, and/or local DSN Boards are eligible and encouraged to apply. **Projects must be implemented between September 1, 2016 and June 30, 2017.**

The *ThinkFirst* National Injury Prevention Foundation, formally known as the National Head and Spinal Cord Injury Prevention Program, was first implemented nationally in 1986. *ThinkFirst* programs are aimed at helping young children, youth, and teens learn about personal vulnerability and the importance of making safe choices. *ThinkFirst* curricula and supplementary materials are research-validated and have received national and international recognition. More detailed information about the *ThinkFirst* program and establishing a chapter can be found at [www.thinkfirst.org](http://www.thinkfirst.org). Bonnie Muntz-Pope, BSN, RN, CNRN, is the South Carolina *ThinkFirst* State Director. She can be contacted at (843) 637-4304 or [b\\_kay@comcast.net](mailto:b_kay@comcast.net).

Contingent upon available funding, it is estimated 6-10 projects will be funded through a competitive selection process. Newly forming *ThinkFirst* chapters may apply for up to \$2,500; existing chapters may apply for up to \$1,700. Funding must include initial or renewal fees to *ThinkFirst* National Injury Prevention Foundation. Up to \$4000 may be awarded for a statewide project to recruit, train, and support Chapter leaders, Health Educators, and VIP Speakers. Notification will be made in August 2016 and SCDDSN will subsequently execute a contract with the selected organizations. A Final Project Report must be submitted to the HASCI Division by 7/15/17.

Proposals must focus on prevention of traumatic brain injury and/or spinal cord injury using *ThinkFirst* approaches. Leading causes of death and disability from such injuries in South Carolina include motor vehicle crashes, firearms, suffocation, falls, sports injuries, and violence. Examples of injury prevention initiatives are attached as Appendix B.

The Injury Project Selection Committee will consider the following criteria when evaluating proposals:

- focus on implementing *ThinkFirst* efforts with youth and teens (4<sup>th</sup> - 12<sup>th</sup> grade);
- utilization of trained Health Educators and VIP Speakers (people with TBI / SCI);
- inclusion / integration of injury prevention activities in local service delivery;
- linkages with local health education programs and/or local prevention initiatives;
- geographical dispersion of newly formed *ThinkFirst* chapters and partnering entities;
- appropriate project budget, implementation, and evaluation; and
- feasibility of project activities to continue.

**Applications must be received by Friday, July 29, 2016.** Faxed or E-mailed copies will not be accepted. One (1) original and three (3) copies of applications must be mailed or delivered to:

**Melissa Ritter, Interim Director**  
**Head and Spinal Cord Injury Division**  
**SC Department of Disabilities and Special Needs**

**3440 Harden Street Extension, Suite 240**  
**Post Office Box 4706**  
**Columbia, South Carolina 29240**

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

**FY-2017 *ThinkFirst* Injury Prevention Project Application**

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**Project Title:** \_\_\_\_\_

**Total Funds Requested from SCDDSN:** \_\_\_\_\_

**Applicant Agency/Organization:** \_\_\_\_\_

**Project Coordinator:** \_\_\_\_\_

Work Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Telephone: (\_\_\_\_) \_\_\_\_\_ FAX Number: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Supervisor of Project Coordinator:** \_\_\_\_\_

Work Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Telephone: (\_\_\_\_) \_\_\_\_\_ FAX Number: (\_\_\_\_) \_\_\_\_\_

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: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Telephone: (\_\_\_\_) \_\_\_\_\_ FAX Number: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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***ThinkFirst* Injury Prevention Project Narrative**

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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: [www.scdhec.gov/injury](http://www.scdhec.gov/injury)      [www.scdps/ohs](http://www.scdps/ohs)

**II. Proposed Project Description**

- 1) Project Goal:                      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

**III. Collaboration/Partnerships**

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

For each identified entity, 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.

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South Carolina Department of Disabilities and Special Needs  
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**ThinkFirst Injury Prevention Project Budget**

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**A. Estimated Expenditures**

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: \$ \_\_\_\_\_

**B. Estimated Revenue**

Total funds requested from SCDDSN \$ \_\_\_\_\_

Funds from other sources available to this project \$ \_\_\_\_\_

Note source and designate use below,

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Revenue: \$ \_\_\_\_\_

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

***ThinkFirst* Injury Prevention Project Certification**

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**Agency/Organization Officials Authorizing this Application:**

\_\_\_\_\_  
Signature of Executive Director (or Designee)

\_\_\_\_\_  
Name and Title (Typed or Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Fiscal Administrator

\_\_\_\_\_  
Name and Title (Typed or Printed)

\_\_\_\_\_  
Date

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## Appendix A

South Carolina Department of Disabilities and Special Needs  
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### ***ThinkFirst* Injury Prevention Project Implementation Plan**

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Complete a separate form for each objective included in the proposed project description.

**Goal:** \_\_\_\_\_

**Objective:** \_\_\_\_\_

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

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## Appendix B

South Carolina Department of Disabilities and Special Needs  
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### 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:**

South Carolina SAFE KIDS Coalitions

School Districts

Law Enforcement

Emergency Medical Services (EMS)

American Red Cross

Churches

Spinal Cord Injury Support Groups

Colleges / Universities

Local DDSN Boards – HASCI Divisions

Local Health Departments

After-School Programs

Child Development Centers

Recreation Departments

Bicycle Clubs

Motorcycle Clubs

Brain Injury Support Groups

Hospitals