

2024-2025 Trauma System Development Application

Please complete the following form by 11:59 PM EST on January 11, 2024, if interested in priority consideration. Please include supporting documentation as an Appendix to the submission as necessary.

Primary Contact Information	
Name:	
Organization:	
Address:	
Phone:	
E-mail Address:	
Signature and Date:	

Organization Information (for contractual purposes)	
Legal Name:	
Address:	
Contact Name:	
Contact Title:	
Contact E-mail:	
Contact Phone:	
Signatory Name:	
Signatory Title:	
Signatory Email:	
Signatory Phone:	
Additional Contacts:	
AOS Supplier ID:	
IDOA Bidder ID:	
Tax ID / EIN:	
DUNS Number:	
Signature and Date	
Fiscal Officer:	
Institutional Officer:	

*If the institution has a sponsored programs office or grants administration office this should be routed and approved through that office

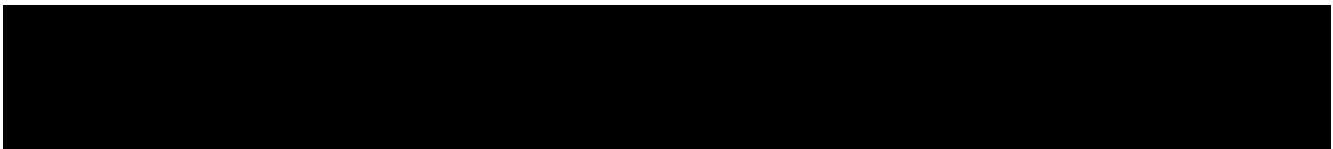
Submission Overview	
What is the name of your project or initiative?	
Provide a one-sentence description of your project or initiative.	
Is the proposed project or initiative new and not yet started OR current and existing?	<input type="checkbox"/> New/ Not yet started. <input type="checkbox"/> Current/Existing
What is the anticipated cost per year of your proposed project or initiative (Fiscal Year 2024, Fiscal Year 2025)?	
What is the reach of your project or initiative? Please provide the county/counties and the estimated number of individuals to be served per year.	<input type="checkbox"/> County/Counties Served: _____ <hr/> <input type="checkbox"/> Number of individuals to be served: _____
Project/Initiative Overview	
What trauma system development strategy is your project/initiative serving? (reference RFA for more details)	<input type="checkbox"/> <i>Trauma System Development</i> <input type="checkbox"/> <i>Quality Improvement</i> <input type="checkbox"/> <i>Trauma Center and Non-Trauma Center Engagement</i> <input type="checkbox"/> <i>Injury Prevention Programming</i>

Instructions: For the following questions, please give an overview of your proposal. Respond to questions 1 – 4 in the boxes provided.

1. Project/Initiative Description:

Please provide an overall description of your project/initiative and how it intends to help achieve the goals of the selected trauma system development strategy? (no more than 3 pages)

Response:



2. Need:

What trauma system need does your project/initiative address and how specifically does it address this need?

In your response, be sure to include how you identified the need, who was involved in the identification process, and sources of information that support the identified need. (no more than 2 pages)

Response:

3. Intended Benefit:

How does your project/initiative benefit trauma system development based on what you identified in your project/initiative description? What data, measures and milestones will define success – be specific on what and how you plan to monitor success? (no more than 3 pages)

Response:

4. Sustainability:

Describe the plan to sustain the project/initiative after funding ends; be specific about potential funding, partners, or activities that will be used to sustain the program and work that will be done during the grant period to develop them and your sustainability plan. *Please also describe existing funding (including amount and timelines) or previous/ongoing activities directly associated with your proposed project and how this funding is supporting the project. (no more than 2 pages)

Response:

Next Steps

Thank you for taking the time to submit your proposal (application and budget template) to receive trauma system development funding. Your work is important in helping improve the lives of Hoosiers. Your submission will be carefully reviewed by our reviewers. The next steps for this funding opportunity are outlined below:

Step 1: All proposals will be reviewed and scored by IDOH staff and trauma system subject matter experts. IDOH holds the right to request additional information, prior to review and award, as needed based on submitted application.

Step 2: Selections for funding will be finalized by IDOH and the Indiana Trauma Care Commission.

If you are selected for funding:

- You will be asked to provide a scope of work and updated budget (if applicable) to begin a contract with the Indiana Department of Health.

For questions about this program and submitting an application, please contact Julie Driscoll at the Indiana Clinical and Translational Sciences Institute (jdrisco@iu.edu; 317-278-2822).

Health Equity Statement:

Applicants are required to provide a statement that confirms a commitment to addressing health inequities and ensuring non-discrimination of your organization and program/initiative.

Health Equity Statement

***If your application is selected for funding, IDOH will work with you to create the below numbers. These numbers are necessary prior to the finalization of a contract with the State. If you have these numbers already established, please include them in your application.*

AOS (Auditor of State) Supplier ID: This number is created by the State Comptroller's Office and is required for you to receive a contract, purchase order, or receive a payment from the State of Indiana.

It requires the following:

W-9 Form

Direct Deposit Form

Tax ID/EIN: An Employer Identification Number (EIN) is also known as a Federal Tax Identification Number and is used to identify a business entity. The Internal Revenue Service (IRS) issues this number.

IDOA Bidder ID: IDOA Supplier Portal, a ten-digit number assigned to companies when they register to bid on solicitations for new state contracts without having to detail certain corporation specifics on each submitted bid. You must have an IDOA Bidder ID.

To register, go to:

<https://www.in.gov/idoa/procurement/supplier-resource-center/requirements-to-do-business-with-the-state/bidder-profile-registration/create-a-bidder-profile/>