

Department of Health Neurotrauma Special Fund Application for Funding

Aloha. Thank you for your interest in submitting an application to request funding from the Neurotrauma Special Fund. Please note that the Neurotrauma Special Fund, in accordance with 321H-4, Hawaii Revised Statutes, shall be used for the purpose of funding and contracting for services relating to neurotrauma as follows: 1) Education on Neurotrauma; 2) Assistance to individuals and families to identify and obtain access to services; and 3) Creation of a registry of neurotrauma injuries within the State to identify incidence, prevalence, individual needs, and related information. Proposals submitted for funding shall be reviewed to ensure compliance with 321H-4, Hawaii Revised Statutes.

Organization	
Name:	
Address:	Tel:
City, State:	Fax:
Zip:	Website:
Executive Director	
Name:	E-mail:
Title:	Tel:
Contact Person	
Name:	E-mail:
Title:	Tel:
Budget	
Total amount of funding requested (breakdown by year if requesting for multiple years):	
Provide line item breakdown for how funds will be used:	
If total project budget exceeds requested funding amount, attach complete budget including all expenses and income/other sources of funding.	

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Project Information:
Project Title:
Length of Project:
A separate document may be attached if more space is needed for the following questions. Provide background information (e.g., relevant literature and data) on the issue(s) the project aims to address.
Describe the purpose of project (include how project aligns with 321H-4, Hawaii Revised Statutes) and how the project will impact the issue(s) described above.
Describe the project's scope of services (activities/procedures) and project timeline. If applicable, provide information on other local/national projects that aimed to address similar goals and justify why this project's activities/procedures were chosen.
Describe the project deliverables and/or expected outcome(s) and how outcomes will be measured.
Describe the project's sustainability plan beyond the proposed funding period, if applicable.
Describe the organization and how it will achieve the outcomes defined in the proposed scope and timeframe.

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Please send the completed Department of Health Neurotrauma Special Fund Application for Funding and all applicable attachments to:

Community Resources Branch
Neurotrauma Supports
3627 Kilauea Avenue, Room 411
Honolulu, HI 96816

Should you have any questions, please feel free to contact Wendie Lino, Supervisor, Community Alternatives Section, at (808) 733-2142 or via email at wendie.lino@doh.hawaii.gov. Mahalo