



# MICHIGAN TRAUMA SYSTEM DEVELOPMENT TRAUMA EDUCATION PROJECT APPLICATION

<b>Organization Name (must be fiduciary):</b>
<b>Project Title:</b>
<b>Prepared By (name and title):</b>
<b>Date Prepared:</b>

## PROJECT NARRATIVE

Limit to two 8 ½ x 11 pages, single spaced and 12 point font.

### Statement of Work

- A. Project description and impact
- B. Geographic area (including region) and population served
- C. Objectives, activities and outcomes (minimum of two measureable objectives)
- D. Description of partners and any collaborations
- E. Project evaluation method to be used (e.g. key successes, best practices, lessons learned)

**Project Contact** (name, email & telephone)

## PROJECT FINANCIAL PLAN

**Fiduciary Contact** (name, email & telephone)

### Budget Narrative

Briefly describe how expenditures listed in your project will be used to meet objectives listed in the project description (please limit to one paragraph).

### Budget Details

Complete the following budget and expenditure worksheets located on the trauma system website: [www.michigan.gov/traumasystem](http://www.michigan.gov/traumasystem).

- A. Program Budget Summary
- B. Program Budget – Cost Detail Schedule