# Application

Please submit this application form to Ann Boerth (DHS) at [ann.boerth@state.mn.us](mailto:ann.boerth@state.mn.us) when your Collaborative is ready to begin planning *Understanding Adverse Childhood Experiences: Building Self-Healing Communities* presentations in your Collaborative’s community. Once your application is received, your FamilyWise Regional Staff will contact you to begin planning presentations.

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| *Understanding Adverse Childhood Experiences: Building Self-Healing Communities* Presentations | | | |
| Collaborative: | | | |
| Coordinator: | | | |
| Email: | | | |
| Phone: | | | |
| Is your Collaborative interested in hosting this presentation during  January 2024 – June 2026? | | | |
|  | Yes |  | No, not at this time |
| If yes, then please check those times that would work best to hold this presentation  in your area: | | | |
|  | January – March 2024 | | |
|  | April – June 2024 | | |
|  | July – September 2024 | | |
|  | October – December 2024 | | |
|  | January – March 2025 | | |
|  | April – June 2025 | | |
|  | July – September 2025 | | |
|  | October – December 2025 | | |
|  | January – March 2026 | | |
|  | April – June 2026 | | |
| What previous ACE presentations or activities have happened in your area? | | | |
| Which communities, groups or sectors would you like to prioritize to reach and receive this presentation? | | | |
| Are you willing to share and pair presentations with another Collaborative? | | | |
|  | Yes |  | No |