

Grant Application

July 1, 2019 – June 30, 2020

Application Deadline: February 1, 2019 at 8:00pm EST

Section 1: Contact Information

Applying Institution <i>(Full Legal Name)</i>	
Tax Status (Check One) <i>(Please include tax exempt certificate or other documentation)</i>	<input type="checkbox"/> 501(c)(3) <input type="checkbox"/> 509(a) <input type="checkbox"/> public service agency
Organization Website	

	Primary Contact for Grant Application Process	Primary Contact for Managing the Program <i>(If different than person applying)</i>	Primary Contact for Check Request <i>(Direct location where check must be mailed)</i>
Contact Name			
Title			
Email Address			
Mailing Address			
City			
State			
Zip			
Phone			
Fax			

Section 2: Organizational Background

Please limit individual responses to fewer than 200 words

- A. Are you a former Buckle Up for Life partner? Yes No
- a. If yes, please fill out the chart below regarding the capacity (Grant partner, Gift of Safety partner, Toyotathon partner, or Education partner) and time period.

Name of Initiative	Participation Period

- B. Provide a brief overview of your organization (mission, vision, primary services offered, target population(s) served, etc.)

C. What resources, beyond this grant, are available to you to commit to this project?

a. Are you currently receiving any funds from an automobile company?

Yes No

- If yes, please explain.

D. List the individuals who will work on Buckle Up for Life. Describe their roles. Please identify any CPSTs (including those with additional special needs certification) and multilingual-speakers.

Name	Role	Please Check All That Apply			Fluency in Additional Languages (Please Specify Below)
		CPST Certification	CPST-I (Instructor) Certification	CPST Certification in Special Health Care Needs	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

E. Are you the organizations executive leader? Yes No

- a. If you are not your organization’s executive leader, please include his/her signed letter of support. Please upload this letter in the “Additional File Upload” section of the application page.

Section 3: Needs Assessment

Please limit individual responses to fewer than 200 words

A. Describe your organization's ongoing child passenger safety initiatives.

B. Which groups or populations in your community suffer from health disparities related to child passenger safety?

C. What efforts are you currently taking to address these disparities?

D. How will this grant help impact your child passenger safety related efforts?

Section 4: Program Implementation

Please limit individual responses to fewer than 150 words

A. Please indicate the level of funding you intend to apply for, by completing only one row in the table below. Note the minimum expectation for seat distribution for your specific funding level. Also, note the total minimum combined education expectation for your funding level, and be sure to indicate (by completing the yellow boxes) the number of children, teens, and adults you plan to educate to reach or exceed this number.

SELECTION <small>(CHECK ONLY ONE)</small>	BASE FUNDING LEVEL	MINIMUM REQUIREMENTS		PROJECTIONS, TOTAL PEOPLE EDUCATED <small>(FILL IN YELLOW BOXES FOR YOUR CHOSEN BASE FUNDING LEVEL)</small>						
		TOTAL SEATS DISTRIBUTED	TOTAL PEOPLE EDUCATED	CHILDREN	+	TEENS	+	ADULTS	=	TOTAL EDUCATED <small>(MUST MEET OR EXCEED MINIMUM REQUIREMENT)</small>
<input type="checkbox"/>	\$10,000	100	150		+		+		=	
<input type="checkbox"/>	\$15,000	150	225		+		+		=	
<input type="checkbox"/>	\$20,000	200	300		+		+		=	
<input type="checkbox"/>	\$25,000	250	375		+		+		=	

B. How will you raise awareness about Buckle Up for Life?

C. How will you recruit program participants?

D. Using the table below, list any organizations/agencies in your community (including your own) where you could implement Buckle Up for Life. Briefly explain why you believe an implementation at each organization/agency would be successful, and how you plan to measure the effectiveness of the implementation (e.g., quantifying the number of people educated and car seats distributed, demonstrating an actual change in injury rates, conducting pre/post surveys, conducting seat belt use observation surveys, etc.).

Organization/Agency	Why do you believe an implementation at this organization /agency would be successful?	How would you measure the effectiveness of the implementation?	What are your intended resulting outcomes? <i>Please be specific</i>
<p><u>Example:</u> <i>Wilson High School</i></p>	<p><i>Lots of teenagers/new drivers; lack of drivers' education funding</i></p>	<p><i>Pre-post self-reported surveys, and student parking lot seatbelt observations</i></p>	<p><i>Goals = 30% increase in self-reported seat belt use via surveys; 15% increase in seatbelt use via parking lot observations</i></p>

Section 5: Budget

- A. Please use the budget template, to submit your proposed budget for the base funding level you selected in Section 4.A
 - a. Budget should be submitted in excel format. Budgets submitted in PDF format will be rejected.
- B. Please note the following:
 - a. Salary including fringe benefits may not exceed 25% of your base funding level. Note: any contracted labor (paid CPST's from outside of your organization, outsourced interpreters, etc.) must be included in the "salary" line item.
 - b. Be sure to indicate whether you intend to use the \$1500 optional travel stipend.
 - i. This is a lump-sum stipend; the amount for this line, must equal either \$0 or \$1500.
 - ii. Should your institution's actual travel expenses exceed \$1500, the difference must be paid from your own institution's operating budget. Only the \$1500 travel stipend may be applied toward travel expenses; BUFL grant funds from your selected base funding level may not be used for these expenses.
 - c. Overall budget should reflect the exact amount of requested funding.
 - i. For example, if requested funding is \$11,500, anything less than \$11,500 is unacceptable.
 - d. Funds budgeted for car seats should take car seat goals as noted in Section 4.A into consideration.
 - e. The materials below will be provided to you by the Buckle Up for Life team. Please take this into consideration when submitting your budget.
 - i. Table cloths
 - ii. Banners/posters
 - iii. Hi-visibility vests
 - iv. Wooden ramp and car for children's curriculum
 - v. Jackets and polos
 - vi. Limited number of giveaways (stickers, keychains, etc.)
 - vii. 5 Simple Steps DVD
 - f. Electronic purchases are limited to a total of \$600
 - g. Allocating funds toward paid advertising is prohibited