



Office of Grants and Research

2021 Car Seat Distribution Program

Application

Complete all sections below using a font size of 11 points. All sections must be completed and typed to be eligible.

Applicant Organization Information	
Organization Name:	
Address:	
City:	State:
Zip:	+4:
Telephone:	
Website:	
Organization Head	CPS Program Manager Contact Information
Name:	Name:
Title:	Title:
Telephone:	Telephone:
Email:	Email:
Other Contact Information	
Name:	
Title:	
Telephone:	
Email:	
Role:	

Certification:

_____ (Organization Official Name) hereby acknowledges having read and understanding the terms and conditions as identified in the 2021 Car Seat Distribution Program Notice of Solicitation of Applications and agrees to comply with the best of the Organization's ability.

Organization Official Signature

Date

1. How many staff members are there in your organization? _____
2. How many staff members are currently certified Child Passenger Safety (CPS) technicians? _____
3. Provide name, certification #, and certification expiration date for all CPS technicians.

Name:
 Technician #:
 Expiration:

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4. Describe your organization's CPS program. Include the following elements:
 - a. How long it has been in existence
 - b. Who it serves (e.g., public, clients, patients)
 - c. How you reach families
 - d. What your technician's availability is for seat checks, and how you publicize it
 - e. How COVID-19 has impacted your program

5. Why are you applying for this grant?

6. How will you provide outreach specifically to low-income families to let them know about the availability of free seats and your technician(s)? Provide details on any partnerships you have developed or plan to develop to help in your outreach efforts.

7. Fill in the table with seat check data and car seat distribution by year:

	2018	2019	2020	2021 to date
# of seat checks completed				
# of car seats distributed				

8. What, if any, criteria must be met by a caregiver for your technician(s) to give them a seat?

9. List the number of child restraints that you currently have in your inventory?

TYPE	Quantity
Car Bed	
RF Only	
Convertible Seat	
Combination Seat	
Booster Seat	
Travel Vest	

10. How does your organization currently utilize the National Digital Car Seat Check Form (NDCF)?

- Enter checks directly into the NDCF via phone
- Enter checks directly into the NDCF via tablet or laptop
- Fill out the NDCF PDF Form and then manually enter it into the NDCF database
- Our organization is registered in the NDCF but is not yet using it