



Office of Grants and Research

2022 Car Seat Distribution Program

Application

All sections must be completed and typed to be eligible, except for the signature on page 2, which can be done manually.

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 2022 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, technician #, and certification expiration date for your CPS technicians.

Name: _____
Technician #: _____
Expiration: _____

Name: _____
Technician #: _____
Expiration: _____

Name: _____
Technician #: _____
Expiration: _____

Name: _____
Technician #: _____
Expiration: _____

Name: _____
Technician #: _____
Expiration: _____

Name: _____
Technician #: _____
Expiration: _____

Name: _____
Technician #: _____
Expiration: _____

Name: _____
Technician #: _____
Expiration: _____

Name: _____
Technician #: _____
Expiration: _____

Name: _____
Technician #: _____
Expiration: _____

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 current availability is for seat checks, and how do you publicize it
5. Why are you applying for these car seats?

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:

	2019	2020	2021	2022 to date
# of seat checks completed				
# of car seats distributed				

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

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

9. 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 paper form and then manually enter it into the NDCF database

Our organization is registered in the NDCF but is not yet using it