

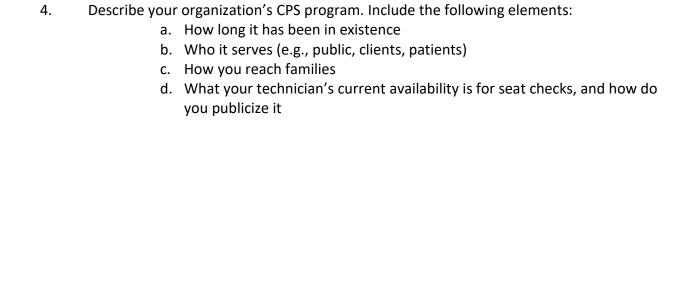
## Office of Grants and Research 2022 Car Seat Distribution Program Application

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:		
(Or	ganization Official Name) hereby	
acknowledges having read and understanding the te	erms and conditions as identified in	
the 2022 Car Seat Distribution Program Notice of So	licitation of Applications and agrees	
to comply with the best of the Organization's ability.		
Organization Official Signature	Date	

How many staff members are there in your organization?				
How many staff members are currentechnicians?	tly certified Child Passenger Safety (CPS)			
Provide name, technician #, and certification expiration date for your CPS technicians				
Name:	Name:			
Technician #:	Technician #:			
Expiration:	Expiration:			
Name:	Name:			
Technician #:	Technician #:			
Expiration:	Expiration:			
Name:	Name:			
Technician #:	Technician #:			
Expiration:	Expiration:			
Name:	Name:			
Technician #:	Technician #:			
Expiration:	Expiration:			
Name:	Name:			
	Technician #:			
	Expiration:			
	How many staff members are current technicians?  Provide name, technician #, and cert  Name: Technician #: Expiration:  Name: Technician #: Expiration:  Name: Technician #: Technician #: Expiration:			



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