



Office of Grants and Research

2023 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 2023 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 technician(s).

Name: _____
Technician #: _____
Expiration: _____

Name: _____
Technician #: _____
Expiration: _____

Name: _____
Technician #: _____
Expiration: _____

Name: _____
Technician #: _____
Expiration: _____

Name: _____
Technician #: _____
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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 this program and why are you requesting the specific types of seats on your order form?

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:

| | 2020 | 2021 | 2022 | 2023 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 | |
| Infant Seat | |
| 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