**Office of Grants and Research**

**FFY 2020 Child Passenger Safety (CPS)**

**Seat Distribution Grant Program**

**Funding Application**

**All sections must be completed and typed to be eligible. Signatures must be done in blue ink. No staples please.**

|  |  |  |
| --- | --- | --- |
| **Applicant Organization Information** | | |
| Name of Applicant Organization: | | |
| Project Title: FFY2020 Child Passenger Safety (CPS) Seat Distribution Grant Program | | |
| Address: | | |
| City: | State: | |
| Zip: | +4: | |
| Telephone: | | |
| Website: | | |
| DUNS Number: | | |
| **Organization Head** | | **Grant Manager Contact Information** |
| Name: | | Name: |
| Title: | | Title: |
| Telephone: | | Telephone: |
| Email: | | Email: |
| **Additional** **Grant Contact Information** | | **Funding Request** |
| Name: | | Total Funding Requested: $ |
| Title: | | *Total funding must match the total of your car seat order that is being submitted* |
| Telephone: | |
| Email: | |
| **Authorized Signature** | | **Date** |
|  | |  |
|  | | |

1. How many full-time staff members are currently certified Child Passenger Safety (CPS) technicians?
2. Provide name, certification #, and certification expiration date for all CPS technicians*.* Add more if necessary.

Name:

# and Expiration:

Name:

# and Expiration:

Name:

# and Expiration:

Name:

# and Expiration:

1. If any/all of your technicians’ certifications are set to expire before the end of the grant period (September 30, 2020), do they intend on being recertified before expiration?

1. Does your organization run an inspection station?   
   1. If yes, what are the days and hours of operation?

* Are drop-ins allowed or are appointments required?

1. How is information about your technician’s availability currently publicized?
2. If your organization does not have a fitting station, this grant requires that a minimum of two checkup events must occur before September 30, 2020. Please specify when you plan to hold the events.
3. Do you currently utilize the National Digital Car Seat Check Form?
4. Why are you applying for this grant?
5. Do you receive car seats from other sources? If so, where?
6. How many car seats have you distributed thus far in 2019?
7. What, if any, criteria must be met by a caregiver in order for your technician to give them a seat?
8. List the number of child restraints that you currently have in your inventory?

|  |  |
| --- | --- |
| **TYPE** | **Quantity** |
| Infant seat |  |
| Car Bed |  |
| Convertible Seat |  |
| Combination Seat |  |
| Booster Seat |  |
| Travel Vest |  |

1. If you have existing inventory, why are you applying for more seats?
2. Please detail your current (and previous if applicable) CPS Program and how receiving this grant could enhance it.
3. Using census or local data, identify low-income families in your community and discuss your plan to inform them about the availability of both free car seats and your technician(s).
4. Provide details on any partnerships you have developed or plan to develop to help in your outreach efforts.
5. Does your organization currently have a Seat Belt Policy? ☐ Yes ☐ No

In order to be awarded a grant from the Office of Grants and Research, the subrecipient’s organization must have a Seat Belt Policy in place. A copy of the policy must be either submitted as an attachment with the application or provided prior to awards being made. A sample policy is included below.

***Sample Seat Belt Use Policy***

*(Name of Organization) recognizes that when used, seat belts are extremely effective in preventing injuries and loss of life. According to the National Highway Traffic Safety Administration, research has shown that lap/shoulder seat belts, when used, reduce the risk of fatal injury to front seat occupants (age 5 and older) of passenger cars by 45 percent and the risk of moderate-to-critical injury by 50 percent. For light-truck occupants, seat belts reduce the risk of fatal injury by 60 percent and the risk of moderate-to-critical injury by 65 percent.*

*We care about our employees, and want to make sure that no one is injured or killed in a tragedy that could have been prevented by the use of seat belts. Therefore, all employees must wear seat belts when operating an organization-owned vehicle, or any vehicle on the organization’s premises, or on organization business; and all occupants are to wear seat belts or, where appropriate, child restraints when riding in an organization-owned vehicle, or any vehicle on the organization’s premises, or in a personal vehicle being used for the organization’s business. All employees and their families are strongly encouraged to always use seat belts and the proper child restraints whenever they are driving or riding in any vehicle, in any seating position.*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signed & Dated by an Authorized Signatory for the organization*

**Application Signature Page**

I hereby acknowledge understanding of the terms and conditions as identified in the FFY 2020 Child Passenger Safety (CPS) Seat Distribution Grant Program AGF. I understand and agree that a grant received as a result of this application is subject to the regulations governing highway safety projects and grant management requirements and will comply with all local, state, federal, and Office of Grants and Research guidelines.

I acknowledge that funding is based on the availability of federal funds and certify and that any funds that may be received for this grant program will not supplant any other funds available to this department or municipality.

Supplanting includes: (a.) replacing routine and/or existing state or local allocations with federal grant funds and/or (b.) using federal grant funds for costs of activities that constitute general expenses required to carry out the overall responsibilities of state, local, or federally-recognized Indian tribal governments. Funds for programs and services provided through this grant are intended to supplement, not supplant, state or local funding sources.

I acknowledge having read and understood all grant requirements and will comply with the best of my ability.

I hereby apply for the described grant and understand that if funds are awarded, additional subrecipient grant conditions may be incorporated into the contract agreement.

Print or type Authorized Signatory Name and Title

Signature (Use Blue Ink): Date: