Commonwealth of Massachusetts

Executive Office of Public Safety and Security

Office of Grants and Research

Highway Safety Division

10 Park Plaza, Suite 3720-A

Boston, MA 02116

Tel: 617-725-3353

Application Form

# FFY 2019 Child Passenger Safety (CPS) Seat Distribution Grant Program

Deadline for Applications: October 19, 2018 at 4:00 PM

Applications received after the deadline will not be accepted.

**ASSURANCES**

The ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of department, hospital, or agency/organization) acknowledges and if funded agrees to comply with all grant contract requirements and performance measures. 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 State, Federal, and Office of Grants and Research guidelines. Funding is based on the availability of adequate federal funds. I certify that the federal funds that may be used for this grant program do not supplant any other funds available. I hereby acknowledge my understanding of the above grant requirements and will comply with them to the best of my ability.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Representative Name and Title (please print)

*Please note that the signatory must be authorized to enter into a contract with the Commonwealth, per the Contractor Authorized Signatory Listing Form.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature in **Blue Ink**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**All sections must be completed and typed to be eligible.**

|  |  |
| --- | --- |
| Applicant Name |  |
| Applicant Street Address |  |
| Applicant Mailing Address (if different) |  |
| City/Town |  |
| Zip Code |  |

|  |  |
| --- | --- |
| Social Media (Y/N – If yes, provide account name) | |
| Twitter |  |
| Facebook |  |
| Other |  |

|  |  |
| --- | --- |
| Grant Contact Name\* |  |
| Title |  |
| Email Address |  |
| Telephone |  |

\*Contact person responsible for completing application, submitting seat order, managing program, and submitting monthly reports. If multiple individuals will be responsible for these tasks, please fill out the “Additional Grant Contact Information” form on the last page, indicating specific responsibilities for each.

|  |  |
| --- | --- |
| Chief/Organization Head Name |  |
| Email Address |  |
| Telephone |  |

**Department and Community Profile**

1. How many full-time personnel are currently certified Child Passenger Safety (CPS) technicians?
2. Provide name, certification #, and certification expiration date for all CPS technicians. *Profile must be publicly listed on Safe Kids website for verification.* Add more if necessary.

Name:

# and Expiration:

Name:

# and Expiration:

Name:

# and Expiration:

Name:

# and Expiration:

1. If all of your technicians’ certifications are set to expire before the end of the grant period (September 30, 2019), do they intend on being recertified before expiration?

1. Does your organization have a fitting station (drop-in hours, weekly, monthly, by

appointment, etc.)?

* 1. If so, what are the days and hours of operation?

1. If your organization does not have a fitting station, please specify when you plan to hold two checkup events. Events must occur between November 1, 2018 and September 30, 2019.
2. How many car and/or booster seats are currently in your inventory?

* If you have existing inventory, why are you applying for more seats?

1. Provide a summary of your current CPS Program and how receiving this grant would enhance it.
2. How do you currently let the public know about your CPS program, including the availability of your CPS technician(s) and any checkup event(s) you host?
3. Using census or local data, identify low-income families in your community and discuss how you will let them know about your CPS program and the availability of car and/or booster seats. Also, note any social service agencies in your community you have existing relationships with or that you plan to reach out to.
4. Applicants may apply for up to $3,500 for the purchase of car and/or booster seats. How much are you requesting?

**Additional Grant Contact Information**

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Email Address |  |
| Telephone |  |
| Responsibilities relating to the grant |  |

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Email Address |  |
| Telephone |  |
| Responsibilities relating to the grant |  |

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Email Address |  |
| Telephone |  |
| Responsibilities relating to the grant |  |

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Email Address |  |
| Telephone |  |
| Responsibilities relating to the grant |  |