

Safe Kids Buckle Up



Grant Application for National Standardized CPS Training With Registry Event

Please submit this application AT LEAST eight weeks prior to the proposed event.

Coalitions on the Coalition Status Report will not be approved.

This grant application is also available online, on the Coalition Extranet at www.usa.safekids.org.

Application will not be processed without the course ID number.

Course ID #:

Course Information

Coalition: _____ State: _____

Chapter (if applicable): _____

(PLEASE NOTE: Chapters must submit applications and evaluations through the state coalition.)

Submitted by: _____

Class start date: ____/____/____ Class end date: ____/____/____ Class start time: _____ Class end time: _____

Class location: _____ Street address: _____

City: _____ State: _____ ZIP Code: _____

This training course must be registered officially with the National Standardized Child Passenger Safety Training Program and must be a minimum of 32 hours, with a registry Check Up Event taking place on the last day.

Lead Instructor Information

A SKBU-approved Senior Instructor, who is ultimately responsible for class content, must lead the SKBU-approved NSCPSTP course. This Instructor must be present for the full 32 hours of the class and the Registry Event. The 5:1 student/instructor ratio is met by involving additional certified CPS instructors and technicians.

If the designated Senior Instructor is not on file with SKBU, or if his or her information needs to be updated, please submit the Senior Instructor Profile at least two weeks prior to the event application deadline. This application will not be processed without an up-to-date profile.

SKBU Senior Instructor number: _____ Name: _____

Instructor certification number: _____ Original certification date: ____/____/____ Expiration date: ____/____/____

Projected Attendance

Projected attendance: _____

[There is a minimum of ten and a maximum of 25 students to obtain SKBU funds.]

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Registry Event Information

Is this a Van event? Yes No
If yes, enter the Van Code: _____

Event date: _____ Event start time: _____ Event end time: _____

Event location: _____ Street address: _____

City: _____ State: _____ ZIP Code: _____

Event information for Web site: _____

Materials Kit Request No kit needed

Name for delivery: _____

Street address: _____

City: _____ State: _____ ZIP Code: _____

Included in a complete event kit are the following items:

- 1 Pkg. of 4/5 brochures English/Spanish (100/pk)
- 1 Pkg. of Basic Car Seat Safety brochures (50/pk)
- 1 Pkg. of Booster Seat brochures (English) (100/pk)
- 2 Pkgs. Child Passenger Checklist forms (50/pk)

<input type="checkbox"/> Full kit (check this box for all items)	<input type="checkbox"/> Booster brochure (100/pk)
<input type="checkbox"/> 4/5 brochure (100/pk)	<input type="checkbox"/> Booster brochure (Spanish)(100/pk)
<input type="checkbox"/> Basic Car Seat Safety (50/pk)	<input type="checkbox"/> Checklist forms (50/pk)

Senior Checker Information

Every event must have a designated SKBU-approved Senior Checker present. This individual assumes responsibility for ensuring that all children leave the event as safely as possible. If the size of an event prohibits a single individual from seeing each child before he or she leaves, the designated Senior Checker may allow other SKBU-approved Senior Checkers to verify that children are safely secured and initial the SKBU checklist forms. However, the designated Senior Checker listed on this application remains ultimately responsible. We recommend he or she have a pre-event meeting with the other Senior Checkers regarding appropriate protocols. **ALL ADDITIONAL SENIOR CHECKERS MUST BE LISTED ON THE EVENT EVALUATION FORM.**

If the designated Senior Checker is not on file with SKBU, or if his or her information needs to be updated, please submit the Senior Checker Profile at least two weeks prior to the event application deadline. This application will not be processed without an up-to-date profile.

SKBU Senior Checker number: _____ Name: _____

Agreement

On behalf of the _____ Safe Kids Coalition, I hereby certify that we will fulfill Campaign directives and expectations for this event to the best of our ability, and that we will submit the event evaluation no later than thirty days after the conclusion of the event.

Print coalition coordinator name: _____

Signed: _____ Date: _____
(Coalition Coordinator)

Reminders:

- Please submit at least eight weeks prior to event
- Evaluations are due thirty days after the event
- Grant checks will be issued based on evaluation status
- All grants are based on funding availability
- Fax to 202.393.6004

** If you have any questions or concerns about grant approval, grant eligibility or grant checks please email grants@safekids.org **
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