

## GRANT PROPOSAL EXAMPLE

(The following is made up of sample scenarios. It is your responsibility to determine appropriate costs)

(On your agency letterhead)

Cesi Velez, Project Manager  
WA Child Passenger Safety  
18421 Veterans Memorial Drive E  
Bonney Lake, WA 98391

RE: Request for funds in the amount of \$ \_\_\_\_\_

Dear Cesi:

I am requesting funds on behalf of *Safe County CPS Team* lead by the *City of Secure Police Department*.

### QUALIFICATIONS:

*(Explain your agency's involvement in child passenger safety (CPS) efforts. Include your work with traffic safety programs and experience managing public funds efficiently and ethically.)*

### EXAMPLE:

*The Safe County CPS Team has been in existence since 2003 in partnership with the Safe County Target Zero Task Force and Safe County SafeKids. We have applied and received grants from the Department of Health, SafeKids USA, Washington Traffic Safety Commission, and a previous grant with Washington's CPS Program. We have been successful in meeting all grant requirements, reporting and budget allocations. We currently have a SPD officer trained as a technician who does car seat inspections by appointment. Each year we conduct approximately 150 inspections in our county, distribute educational materials at the licensed daycare centers, and provide seats to low-income families.*

### DELIVERABLES/BUDGET:

*(Expected results from grant and how it will support the program's goals. Include how you will collect, analyze and evaluate your efforts.)*

#### GOALS:

1. Increase visibility of child passenger safety issues in Washington
2. Maintain and support the statewide network of child passenger safety technicians and inspection stations
3. Strengthen efforts to increase compliance, enforcement, and adjudication of the seat belt and child restraint laws

**ANTICIPATED LOCAL COSTS**

| <b>Goal</b> | <b>Deliverable</b>   | <b>Explanation of costs<br/>(Use State per diem rates)</b>  | <b>Sub-total</b>                       | <b>Total amount</b> |
|-------------|--|---|--|---------------------|
| <b>2,3</b>  | <b>Car Seat Awareness Class</b><br>One 3-hour class to provide child transporters an overview of the proper use of car and booster seats. Local <a href="#">transportation broker</a> will be invited. Tentative date is April 2019. | <b>Stipend</b> -Technician<br><b>Mileage</b> (Seattle-Aberdeen) 218 miles roundtrip<br><b>Meals</b> \$31dinner, \$17breakfast, \$21lunch<br><b>Lodging</b> \$94+taxes | \$300<br>\$117<br><br>\$69<br>\$94     | <b>\$580</b>        |
| <b>1,2</b>  | <b>Car Seat Sign-offs</b><br>Bring in a CPST Instructor/Tech Proxy to perform required sign-offs; required for recertification. 4-hour car seat event 10am-2pm.  | <b>Stipend</b> -Instructor/Proxy<br><b>Mileage</b> (Tacoma-Aberdeen) 158 miles roundtrip<br><b>Meals</b> \$21/lunch   | \$400<br>\$85<br>\$21                  | <b>\$506</b>        |
| <b>1,2</b>  | <b>CEU Class</b><br>Provide a 2-CEU class for technicians. A total of 6 CEU's are required for recertification.  | <b>Stipend</b> -Presenter<br><b>Mileage</b> (Tacoma-Aberdeen) 158 miles roundtrip<br><b>Meals</b> \$21/lunch  | \$300<br>\$85<br>\$21                  | <b>\$406</b>        |
| <b>1,2</b>  | <b>Car Seat Inspections</b><br>This service will be at the local hospital, be regularly scheduled, and supported by local techs.   | Latch manuals (3) @ \$42.50<br>Clip boards<br>SafeRideNews handouts 7-topics English/spanish<br>Gloves for conducting inspections<br>Plastic storage bin              | \$128<br>\$20<br>\$350<br>\$30<br>\$20 | <b>\$548</b>        |
| <b>3</b>    | <b>Child Restraints</b><br>Car and booster seats distribution will target families with a demonstrated financial need and come with education provided by a certified car seat technician.   | Six convertible seats @ \$80/each<br>Six boosters @ \$45/each   | \$480<br>\$270                         | <b>\$750</b>        |
|             |  |   | <b>Sub-total</b>                       | <b>\$2,790</b>      |

| <b>ANTICIPATED CPST COURSE COSTS</b> |   |   |                  |                |
|--------------------------------------|---|---|------------------|----------------|
| <b>2,3</b>                           | <b>CPST Certification Course</b><br>Provide training to child passenger safety technician candidates utilizing NHTSA's National Standardized Child Passenger Safety Technician (CPST) Certification Course.<br><ul style="list-style-type: none"> <li>• Estimates are based on class size of up to 15 participants.</li> <li>• If course has 5-10 participants, stipend max is \$3,700 total for instructor team. January 2019</li> </ul> | <b>Stipend – Lead Instructor</b>                        | \$2000           | <b>\$2,807</b> |
|                                      |   | <b>Mileage</b> (Yakima-Aberdeen) 408 miles roundtrip    | \$218            |                |
|                                      |   | <b>Meals</b> \$31dinnerx4, \$17breakfastx4, \$21lunchx1 | \$213            |                |
|                                      |   | <b>Lodging</b> \$94+taxesx4                             | \$376            |                |
|                                      |   | <b>Stipend – Asst Instructor</b>                        | \$1,100          | <b>\$1,689</b> |
|                                      |   | <b>Mileage</b> (n/a-carpool)                            |                  |                |
|                                      |   | <b>Meals</b> \$31dinnerx4, \$17breakfastx4, \$21lunchx1 | \$213            |                |
|                                      |   | <b>Lodging</b> \$94+taxesx4                             | \$376            |                |
|                                      |   | <b>Stipend – Asst Instructor</b>                        | \$1,100          | <b>\$1,689</b> |
|                                      |   | <b>Mileage</b> (n/a-carpool)                            |                  |                |
|                                      |   | <b>Meals</b> \$31dinnerx4, \$17breakfastx4, \$21lunchx1 | \$213            |                |
|                                      |   | <b>Lodging</b> \$94+taxesx4                             | \$376            |                |
|                                      |   | <b>Stipend – Tech Assistant</b>                         | \$500            | <b>\$500</b>   |
|                                      |   | <b>Mileage</b> (n/a-local)                              |                  |                |
|                                      |   | <b>Meals</b> (n/a-local)                                |                  |                |
|                                      |   | <b>Lodging</b> (n/a-local)                              |                  |                |
|                                      |   |   | <b>Sub-total</b> | <b>\$6,685</b> |
|                                      |   | <b>TOTAL GRANT REQUEST</b>                              |                  | <b>\$9,475</b> |

Information on classes held, numbers reached, materials distributed, car seats inspected, etc. will be provided to Cesi Velez, Project Manager, on a quarterly basis. I understand that failure to be current on reporting may impact the grant review process.

I understand that all invoices for goods received or services performed on or prior to June 30th, **must be received by Cesi Velez, Project Manager, by July 20th.**

Invoices for goods received or services performed between July 1st and September 30th, **must be received by Cesi Velez, Project Manager, no later than October 20th.**

Invoices submitted for reimbursement after the above dates will not be paid.

Thank you for your consideration of this request for funds.

**I have read and understand Washington's Child Passenger Safety Policies and Procedures and agree to follow if awarded a grant.**

**IN WITNESS THEREOF, THE PARTIES HAVE EXECUTED THIS AGREEMENT.**

**(YOUR AGENCY NAME)**

\_\_\_\_\_  
(Signature of person with contracting authority)

\_\_\_\_\_  
(Printed name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Email)

**WASHINGTON TRAFFIC SAFETY COMMISSION**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed name)

\_\_\_\_\_  
(Date)

SAMPLE