**GRANT PROPOSAL EXAMPLE**

**FOR**

**CPST COURSE**

(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 Fire Department to host a CPST course.*

**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. Provide any past experience with hosting CPST courses. Timely submission of quarterly activity reports will be considered.)*

*EXAMPLE:*

*Our fire department has been involved in car seat efforts since 2015. We have two car seat technicians on staff. They conduct inspections by appointment and also staff community events with interactive booths to provide awareness and education regarding proper car seat use. Although we have not applied to the WA CPS Program for a grant in the past; we have successfully applied and received grants from Department of Health and Fire Service Association. We have been successful in meeting all grant requirements, reporting and budget allocations.*

**DELIVERABLES:**

*(share anticipated class size, location, and method to recruit student participation. Include proposed course dates.)*

*EXAMPLE:*

*In order to reach more of the community we serve, we hope to host a CPST course to increase our network of technicians in Safe County. This will allow us to promote additional car seat inspection resources. We will be promoting the course with two local hospitals, a police agency, and at the DSHS office. We plan to have a class of 15 students (restricted to room size) at our fire department in Safe City. We have confirmed room availability for May 13 – 16, 2021. We will seek CPST Instructors that will limit travel expenses.*

**BUDGET:**

*EXAMPLE*

|  |
| --- |
| ***ESTIMATED COSTS FOR CPST COURSE*** |
| *Provide training to child passenger safety technician candidates utilizing NHTSA’s National Standardized Child Passenger Safety Technician (CPST) Certification Course.** *Estimates are based on class size of up to 15 participants.*
* *If course has 5-10 participants, stipend max is $3,700 total for instructor team.*
* *Anticipated course dates: June 12-15*
 | ***Stipend –*** *Lead Instructor****Mileage*** *(Tacoma to Safe City) 408 miles roundtrip****Meals*** *$30 dinnerx4, $20 lunchx4* ***Lodging*** *$113+taxesx4****Stipend –*** *Asst Instructor****Mileage*** *(n/a-carpool)****Meals*** *$30 dinnerx4, $20 lunchx4****Lodging*** *$113+taxesx4****Stipend –*** *Asst Instructor****Mileage*** *(n/a-agency car)****Meals*** *(n/a-local)****Lodging*** *(n/a-local)****Stipend –*** *Tech Assistant****Mileage*** *128****Meals*** *(n/a-local)****Lodging*** *(n/a-local)* | *$2000**$237**$200**$452**$1,100**$200**$452**$1,100**$500**$74* | ***$2,889******$1,752******$1,100******$574*** |
|  | ***TOTAL GRANT REQUEST*** |  | ***$6,315*** |

Any adjustments to the above estimates will be submitted to Cesi Velez, Project Manager, for pre-approval.

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)

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(Printed name)

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(Date)

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(Phone)

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(Email)

**WASHINGTON TRAFFIC SAFETY COMMISSION**

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

(Signature)

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

(Printed name)

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(Date)