**GRANT PROPOSAL EXAMPLE FOR**

**LOCAL CAR SEAT ACTIVITIES**

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

*(On your agency letterhead)*

**FROM:**

*(grantee applicant)*

**TO:**

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 *(your agency name)* to add or support local child passenger safety resources and activities.

**QUALIFICATIONS:**

*Explain your agency’s*

* *Involvement in child passenger safety (CPS) efforts and/or traffic safety programs.*
* *Experience managing public funds efficiently and ethically.*
* *Consistent use of the National Digital Check Form (NDCF) for car seat checks.*

**DELIVERABLES:**

*Include the following*

* *Share how this will support your local technician network.*
* *Explain how the tools and services will help families; with attention given to low-income and underserved populations.*

**BUDGET:** *EXAMPLE*

|  |
| --- |
| ***ESTIMATED COSTS TO SUPPORT LOCAL EFFORTS*** |
|  |  | ***Sub-total*** | ***TOTAL*** |
| ***Car Seat Sign-offs/Mentor at 4 hour event*** | ***Service fee-****Instructor/Proxy****Mileage*** *(Tacoma-Aberdeen) 158 miles roundtrip* | *$400**$106* | ***$506*** |
| ***2-CEU Class*** | ***Service*** *-Presenter****Mileage*** *(Tacoma-Aberdeen) 158 miles roundtrip* | *$300**$106* | ***$406*** |
| ***Car Seat Inspection Materials*** | *Latch manuals (2) @ $48.00**Infant doll for training* | *$96**$30* | ***$126*** |
| ***Child restraints for low-income, underserved populations*** | *Convertible and booster seats* |  | ***$1,500*** |
|  |  | ***Sub-total*** | ***$2,538*** |

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 attended the Pre-Grant Webinar, read and understand Washington’s Child Passenger Safety Policies and Procedures, and agree to follow if awarded a grant.**

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

*(Signature of person with contracting authority)*

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

*(Printed name)*

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

*(Date)*

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

*(Phone)*

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

*(Email)*