**GRANT PROPOSAL TEMPLATE FOR**

**CHILD PASSENGER SAFETY TECHNICIAN COURSE**

*(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 host a Child Passenger Safety Technician (CPST) Course.

**QUALIFICATIONS:**

*(Explain your agency’s*

* *Involvement in child passenger safety (CPS) efforts and/or traffic safety programs.*
* *Experience managing public funds efficiently and ethically.*
* *Provide any past experience with hosting CPST courses.)*

**DELIVERABLES:**

*(Include the following*

* *Anticipated course dates, class size, location, and intent to promote among emergency service personnel.*
* *Trained technicians will go on to educate anyone who transports children in their vehicle with attention given to low-income and underserved populations.*
* *Students will be educated on using the National Digital Check Form for all seat checks.*

**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.* * *Anticipated course dates: June 12-15* * *If course has 5-10 participants, service fee max is $3,900 total for instructor team.* | ***Service –*** *Lead Instructor*  ***Mileage*** *(Tacoma to Safe City) 408 miles roundtrip*  ***Meals*** *$30 dinnerx4, $20 lunchx4*  ***Lodging*** *$113+taxesx4*  ***Service –*** *Asst Instructor*  ***Mileage*** *(n/a-carpool)*  ***Meals*** *$30 dinnerx4, $20 lunchx4*  ***Lodging*** *$113+taxesx4*  ***Service –*** *Asst Instructor*  ***Mileage*** *(n/a-agency car)*  ***Meals*** *(n/a-local)*  ***Lodging*** *(n/a-local)* | *$2400*  *$267*  *$200*  *$452*  *$1,600*  *$200*  *$452*  *$1,600* | ***$3,119***  ***$2,252***  ***$1,600*** |
|  | ***TOTAL GRANT REQUEST*** |  | ***$6,971*** |

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 15th.**

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 15th.**

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)*

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

*(Printed name)*

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

*(Date)*

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

*(Phone)*

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

*(Email)*