

**Bicycle Safety Mini-Grant Application**  
**Grant Period August 1, 2008 – June 10, 2009**

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**Please Note:** The first workshop for mini-grant recipients  
will be held in Camp Hill, October 2008.

**A. GENERAL INFORMATION:** *(Please type or print clearly)*

**Applicant's Organization:** \_\_\_\_\_

**County:** \_\_\_\_\_

**Program Coordinator:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** ( ) \_\_\_\_\_ **Ext.** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please complete the section below even if the information is the same as above.  
The Letter of Agreement and grant money will be issued to the following:*

**Name of Organization  
to receive grant award:** \_\_\_\_\_

**County:** \_\_\_\_\_

**Program Coordinator:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** ( ) \_\_\_\_\_ **Ext.** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **B. PROJECT INFORMATION:**

1. Amount of funds requested (not to exceed \$5000.00): \$ \_\_\_\_\_  
(Whole dollar amounts ONLY, no cents)

2. Estimated number of persons to receive bicycle safety education: \_\_\_\_\_

Estimated number of children to receive bicycle helmets: \_\_\_\_\_

3. Explain the intended use/purpose of funds:

4. Describe how your activities will help to meet the mini-grant program objectives:

5. Will the project serve a low-income area or school? Yes No  
If yes, please provide statistics of the community or school:

6. Educational Activities - specify the target audience(s), the primary message(s) for each target audience, and how the messages will be delivered:

7. Describe how youth will be involved in educating peers and younger-aged youths:



**Safe Kids Pennsylvania  
Bicycle Safety Mini-grant Application  
2008-2009 Budget Form**

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**Organization Applying**

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**Fiscal Organization**

<b>CATEGORY</b>	<b>TOTAL AMOUNT (Whole dollar amounts ONLY)</b>
<b>Travel:</b> (Include travel for 2 workshops to be held in Camp Hill.)	
<b>Educational / Safety Materials:</b>	
<b>Supplies / Helmets:</b>	
<b>Printing / Duplication:</b>	
<b>Other:</b> (Specify)	
<b>Total</b>	

**\*Please itemize and be as specific as possible with each category of your budget.**

**EXAMPLE**

**Safe Kids Pennsylvania  
Bicycle Safety Mini-grant Application  
2008-2009 Budget Form**

Safe Kids Susquehanna County

**Organization Applying**

Montrose Community Hospital

**Fiscal Organization**

<b>CATEGORY</b>	<b>TOTAL AMOUNT</b>
<b>Travel:</b> (include travel for 2 workshops to be held in Camp Hill.)  700 miles, 2 round trips to Harrisburg @ .505 per mile	  \$353.50  \$353.50
<b>Educational / Safety Materials:</b>  600 Bike Safety books (\$.90 each)	  \$540.00  \$540.00
<b>Supplies / Helmets:</b>  600 Helmets (\$6.00 each) 2 reams paper (\$8.00 each) 600 Bike Licenses (\$.30 each) Film for bike licenses	  \$3600.00 \$16.00 \$180.00 \$100.00  \$3896.00
<b>Printing / Duplication:</b>  Photocopying of 800 flyers (\$.03 each)	  \$24.00  \$24.00
<b>Other:</b> (Specify)  Postage – press releases and reports Photo processing	  \$52.00 \$100.00  \$152.00
<b>Total</b>	          \$4965.50

**\*Please itemize and be as specific as possible with each category of your budget.**

## Work Plan – Program Objectives and Activities

**Program Goals:**

1. Increase bicycle helmet use.
2. Improve bicycle riding and safety skills.
3. Improve bicycle riders’ knowledge of the laws.
4. Increase motorists’ awareness of bicyclists and sharing the road issues.

**Program Activities:** List the activities that will be completed. The first *seven* activities listed below are required.

**Completion date:** For each activity, indicate when each activity will be completed.

**Organizations:** For each activity, indicate the organization(s) responsible for completing the activity.

**Actions:** For each activity, indicate the actions that will be taken and the person(s) responsible for completing the activity. Add more steps if needed.

Expected Completion Date	Organization(s)	Activity	Actions and person(s) responsible
		Submit one copy of the mid-term report ( <i>March 4, 2009</i> )	
		Conduct an observation of a minimum of 25 bicyclists in the area where the bicycle safety program and derby will be held ( <i>April 2009</i> )	
		Conduct an educational component in the target area where the bicycle derby will be held ( <i>May 2009</i> )	

<b>Expected Completion Date</b>	<b>Organization(s)</b>	<b>Activity</b>	<b>Actions and person(s) responsible</b>
		Involvement of youth in providing educational services to younger age youth ( <i>May 2009</i> )	
		Conduct a bicycle derby ( <i>May 2009</i> )	
		Conduct an observation of a minimum of 25 bicyclists in the area where the bicycle safety program and derby was held ( <i>May 2009 after derby and educational component</i> )	
		Submit two copies of the final report and the expenditure summary sheet ( <i>June 10, 2009</i> )	

<b>Expected Completion Date</b>	<b>Organization</b>	<b>Activity</b>	<b>Actions and person(s) responsible</b>