

***Guidelines for Safe Kids Pennsylvania Mini-Grants
as funded by the Pennsylvania Department of Health
August 1, 2008 – May 29, 2009***

***The following packet is for those Chapters / Coalitions applying
for the Smoke Alarm or Bike Helmet Mini-Grant.***

Types of Mini-Grants Available:

- (1) Bicycle Helmets **or** Smoke Alarms funds (100 smoke alarms **or** 150 bike helmets per each coalition/chapter)
 - (2) Car Seats **or** Portable Cribs funds (20 car seats **or** 20 portable cribs per each coalition/chapter)
- ** Note: Each Chapter / Coalition is eligible for only one grant in each category above.***

1. General Provisions for all Mini-grants

A. Eligible Mini-Grant Applicants

Eligible applicants are Safe Kids Pennsylvania Coalitions and Chapters and any organization that is in the process of applying to Safe Kids Pennsylvania to become a chapter. To be considered for a Mini-Grant, the applicant must submit the appropriate application forms.

The application must be submitted on the appropriate attached Mini-Grant Application form or on 8½ X 11 white paper in a format which contains the required information in the same order as shown on the Mini-Grant Application forms. **Two copies of the application must be submitted to Safe Kids Pennsylvania by June 19, 2008.**

B. Reporting Procedures

The Mini-Grant recipient must submit two copies of the final report by **May 29, 2009**. A report form will be distributed in February, 2009. The report must contain the following:

- Number of events;
 - Held
 - Participated in
- Number of children who received intervention;
 - Educational materials
 - Safety items
- Evidence that collaboration with State and Community Health Improvement Partners occurred;

- Summary of the program accomplishments in accordance with the recipients work plan;
- Evaluation results and outcomes;
- One copy of materials developed for and used in the project;
- Copies of any news articles related to the recipients grant activities.

2. Guidelines for Smoke Alarms or Bicycle Helmets

Purpose:

The purpose of this Mini-Grant is to provide resources to coalitions and chapters so they can implement proven safety interventions which will reduce injuries for low-income children.

Eligible applicants must complete the following application forms:

General Information
Smoke Alarm / Bicycle Helmet Application
Work Plan

Maximum allowable Grant: 100 smoke alarms or 150 bicycle helmets

A helmet needs assessment (helmet sizes, etc.) for individual coalitions/chapters will be distributed upon application approval.

Mini-grant Requirements:

- Focus on low-income population
- Collaborate with local Highway Safety staff (bicycle safety), fire departments, and other agencies that serve the population or focus on the same goals.
- Educate the target population through one-on-one or group instruction.
- Smoke alarms must be installed in the home, not just given to target populations.
- Helmets distributed must be fitted on the child's head and straps adjusted appropriately.
- Applicants must include an Evaluation Plan - Evaluation forms will be provided upon request.
 - *Bike Helmets:* Conduct baseline helmet observation surveys before the start of the project and follow-up helmet observation surveys one month after project ends to determine change in helmet use.
 - *Smoke Alarms:* Conduct follow-up surveys of smoke alarm recipients one month after installation to determine if client tested the alarm.

MINI-GRANT APPLICATION
GRANT PERIOD
AUGUST 1, 2008 – MAY 30, 2009

INSTRUCTIONS: This page must be completed by every coalition/chapter applying for the Smoke Alarm or Bicycle Helmet Mini-Grants. Be sure to include a list of coalition members with the application.

| | | |
|--|---------------|---------------|
| Choose one of the following: _____ Bicycle Helmets _____ Smoke Alarms | | |
| GENERAL INFORMATION: <small>(please type or print clearly)</small> | | |
| Local Coalition/Chapter: | | |
| Coalition Coordinator: | | |
| Signature: | | Date: |
| Address: | | |
| City: | State: | Zip: |
| Telephone: | Fax: | Email: |
| <i>Please complete the section below even if the information is the same as above.</i> | | |
| Name of Organization to receive helmets or smoke alarms: | | |
| Contact Person: | | |
| Address: | | |
| City: | State: | Zip: |
| Telephone: | Fax: | Email: |

Smoke Alarm/Bicycle Helmet Mini-Grant Application

INSTRUCTIONS: Complete only if applying for smoke alarms or bicycle helmets

1. **Coalition/Chapter Name:** _____

2. **Which resource is needed? (check only one)**

100 Smoke Alarms

150 Bicycle Helmets

3. **Target population : (specify)**

4. **Workplan - Complete on Page 5**

5. **With which agencies will you partner?**

6. **Who will deliver the education and assure that the child has a properly fitted helmet? In regard to smoke alarms, who will install the smoke alarm?**

7. **Evaluation Plan:**

Workplan -- Program Objectives and Activities

| OBJECTIVES | ACTION ITEM | COMPLETION DATE | AGENCY RESPONSIBLE | # OF PARTICIPANTS |
|------------|-------------|-----------------|--------------------|-------------------|
| | | | | |