

**KAPPA SAFE INFANT SLEEP MINI-GRANT OUTREACH PROJECT  
Mini-Grant Application | 2018 Funding Cycle**

*Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD), National Institutes of Health (NIH), U.S. Department of Health and Human Services (HHS)

***Kappa Safe Infant Sleep Community Engagement Project Mini-Grants RFA***

**APPLICATION FORM**

Please enter requested information in the spaces provided below. Required fields are marked with an asterisk (\*).

**Organization Information**

- ❖ Name of Province: \_\_\_\_\_
- ❖ Name of Chapter: \_\_\_\_\_
- ❖ Mailing Address: \_\_\_\_\_
- ❖ Phone: \_\_\_\_\_
- ❖ Fax: \_\_\_\_\_
- ❖ Date When Chapter was established (MM/DD/YYYY): \_\_\_\_\_
- ❖ Type of Chapter  Graduate  Undergraduate  Silhouettes
- ❖ IRS Classification of the Chapter \_\_\_\_\_
- ❖ Tax ID Number: \_\_\_\_\_

**Contact Information**

- ❖ Name of Authorized Contact Person: \_\_\_\_\_
- ❖ Title: \_\_\_\_\_
- ❖ Mailing Address (if different from above): \_\_\_\_\_  
\_\_\_\_\_
- ❖ Phone: \_\_\_\_\_
- ❖ Cell: \_\_\_\_\_
- ❖ Email Address: \_\_\_\_\_
- ❖ Name of Secondary Contact Person: \_\_\_\_\_
- ❖ Title: \_\_\_\_\_

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❖ **Mailing Address (if different from above):** \_\_\_\_\_

❖ **Phone:** \_\_\_\_\_

❖ **Cell:** \_\_\_\_\_

❖ **Email Address:** \_\_\_\_\_

**Project Information**

**\*Date of Proposed Project (06/17/2018 through 08/31.2018):**

**\*Mini-Grant Amount Requested:** \_\_\_\_\_ *(Up to \$1,000.00)*

**Proposed Date(s) of Activities** (Please provide a description for each activity you are planning. If you are only conducting one activity please remember you have to reach a minimum of 25 community members)

**Event 1:**

*Month* \_\_\_\_\_ *Day* \_\_\_\_\_ *Projected # attendees* \_\_\_\_\_

**Primary audience to be served (Please select all that apply)**

- Men  African American Parents  African American Grandparents  Faith based
- Community Stakeholders  Other (Please specify) \_\_\_\_\_

**Type of Activity**

- Safe infant sleep training/education workshops
- Disseminating approved Safe to Sleep® messages at health fairs and other community events via presentations
- Safe infant sleep demonstration activities

**Do you plan to collaborate with other organizations? (if so, provide their names)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How will you conduct or carry out the Community Safe Infant Sleep Education Workshop with mini-grant funds?**

\_\_\_\_\_

\_\_\_\_\_

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**Event 2: (If Applicable)**

Month \_\_\_\_\_ Day \_\_\_\_\_ Projected # attendees \_\_\_\_\_

**Primary audience to be served (Please select all that apply)**

- Men  African American Parents  African American Grandparents  Faith based
- Community Stakeholders  Other (Please specify) \_\_\_\_\_

**Type of Activity**

- Safe infant sleep training/education workshops
- Promoting Disseminating the safe infant sleep message at health fairs and other community events via presentations
- Safe infant sleep demonstration activities

**Do you plan to collaborate with other organizations? (if so, provide their names)**

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**How you will conduct or carry out the Community Safe Infant Sleep Education Workshop with mini-grant funds?**

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**Event 3: (If Applicable)**

Month \_\_\_\_\_ Day \_\_\_\_\_ Projected # attendees \_\_\_\_\_

**Primary audience to be served (Please select all that apply)**

- Men  African American Parents  African American Grandparents  Faith based
- Community Stakeholders  Other (Please specify) \_\_\_\_\_

**Type of Activity**

- Safe infant sleep training/education workshops
- Promoting Disseminating the safe infant sleep message at health fairs and other community events via presentations
- Safe infant sleep demonstration activities

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**Do you plan to collaborate with other organizations? (if so, provide their names?)**

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**How you will conduct or carry out the Community Safe Infant Sleep Education Workshop with mini-grant funds?**

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**Project Sustainability**

**Please describe the changes you hope to bring to your community through the project:**

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**How will the chapter continue to promote the Safe Infant Sleep Message once the funding ends?**

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**Social Media**

**Do you plan to have a social media component? (if so, provide an explanation and include your plan to tag NICHD)**

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### Budget Justification

#### Giveaway

**Raffle Items:** (\$100.00 per every 25 event participants). **Raffles prizes cannot be given to each attendee and prize recipients must be randomly selected.** Example of giveaway items that may be purchased include Safe sleep items: wearable blankets or one-piece sleepers, fitted mattress sheets, pacifiers with nothing attached (i.e. string, pin, etc.)

**Maximum \$100.00 based on \$1,000.00 allocations for 25 Community Participants**

Amount \$ \_\_\_\_\_

Justification: \_\_\_\_\_

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**Door Prizes:** Items are considered door prizes and are subject to the \$200.00 limit for 25 event participants (i.e. Safety-approved portable play yards may be purchased). **All portable play yards must be given to prize winners unopened and in their original packaging.**

**Maximum \$200.00 based on \$1,000.00 allocations for 25 Community Participants**

Amount \$ \_\_\_\_\_

Justification: \_\_\_\_\_

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**Safe Sleep Demonstration:** Grantees should budget to **purchase one portable play yard to use for display at their events.** Additional items to purchase for interactive demonstrations may include a doll, toys, and a pillow/blanket. These items will simulate an unsafe sleep environment.

**Maximum \$100.00 (including shipping and taxes)**

Amount \$ \_\_\_\_\_

Justification: \_\_\_\_\_

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**Design/Printing/Duplication of Project Promotion/Administrative Materials:** *Print color copies of the workshop flyer at a local printer. Create and print event posters. Print black and white pre-tests, post-tests, and post-training evaluation forms. Postage.*

Grantees may design t-shirts, bags, pens, and other collateral to distribute to participants. However, the design must be sent in to Kappa and NICHD leadership for pre-approval before print.

**SPECIAL NOTE: *Educational Materials and Other Resources.***

*Printing of cobranded Kappa and NICHD educational materials, such as the new Safe Sleep for Your Baby Brochure. (Please note that publication/printing/purchase of any safe sleep materials not part of the Safe to Sleep® campaign and/or Kappa Safe Sleep Outreach Project are not allowable expenses.)*

**Maximum \$200.00 based on \$1,000.00 allocations for 25 Community Participants**

Amount \$ \_\_\_\_\_

Justification: \_\_\_\_\_

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**Honoraria/Speaker Fees** *(may not exceed 5% of grant award)*

**Maximum \$50.00 based on \$1,000.00 allocation**

Amount \$ \_\_\_\_\_

Justification: \_\_\_\_\_

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**Healthy snacks for an activity or event**

**Maximum \$100.00 based on \$1,000.00 allocations for 25 Community Participants**

Amount \$ \_\_\_\_\_

Justification: \_\_\_\_\_

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**Event Support** (facility fee/equipment rental/general supplies)

**Maximum \$200.00 based on \$1,000.00 allocation**

Amount \$ \_\_\_\_\_

Justification: \_\_\_\_\_

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**Mileage** (Transportation cost to support project activities at a mileage reimbursement rate of \$0.535 per mile)

**Maximum \$50.00**

Amount \$ \_\_\_\_\_

Justification: \_\_\_\_\_

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The application must be received by **Monday, May 14, 2018**. Applications submitted after this date will not be reviewed. Mini-grant applications can be sent by mail, email, or fax. Please use the contact information below to apply by mail. Please Include budget summary below.

Mail: **(Postmarked Monday, May 14, 2018)**

Global Infant Safe Sleep Center, Inc

Attn: Dr. Stacy Scott

P.O. Box 403

Toledo, Ohio 43697-0403

Email: [info@gisscenter.org](mailto:info@gisscenter.org)

Fax: 419 754-2424

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**REQUEST SUMMARY**

**AMOUNT**

<b>Raffle Items</b>	_____
<b>Door Prizes</b>	_____
<b>Safe Sleep Demonstration</b>	_____
<b>Design/Printing/Duplication of Project Promotion/Administrative Material</b>	_____
<b>Honoraria/Speaker Fees <i>(may not exceed 5% of grant award)</i></b>	_____
<b>Health Snacks for an Activity or Event</b>	_____
<b>Event Support</b>	_____
<b>TOTAL REQUEST</b>	_____

**SAMPLE BUDGET**

**REQUEST SUMMARY**

**AMOUNT**

Raffle Items	\$100.00
Door Prizes	\$200.00
Safe Sleep Demonstration	\$100.00
Design/Printing/Duplication of Project Promotion/Administrative Material	\$200.00
Honoraria/Speaker Fees <i>(may not exceed 5% of grant award)</i> Health Snacks for an Activity or Event	\$50.00
Event Support	\$100.00
Mileage	\$200.00
	\$ 50.00
<b>TOTAL</b>	<b>\$1,000.00</b>