

# KAPPA SAFE INFANT SLEEP COMMUNITY ENGAGEMENT 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)

OMB # 0925-0701

Expiration Date: 02/2021

## ***Kappa Safe Infant Sleep Community Engagement Project*** **Announcement Type: New Request for Applications (RFA)**

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0701). Do not return the completed form to this address.

### 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: \_\_\_\_\_  
\_\_\_\_\_

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**Contact Information**

❖ **Name of Authorized Contact Person:** \_\_\_\_\_  
\_\_\_\_\_

❖ **Title:** \_\_\_\_\_  
\_\_\_\_\_

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

❖ **Phone:** \_\_\_\_\_  
\_\_\_\_\_

❖ **Cell:** \_\_\_\_\_  
\_\_\_\_\_

❖ **Email Address:** \_\_\_\_\_  
\_\_\_\_\_

❖ **Name of Secondary Contact Person:** \_\_\_\_\_  
\_\_\_\_\_

❖ **Title:** \_\_\_\_\_  
\_\_\_\_\_

❖ **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)**

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**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 Parent(s)  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)**

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**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

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- 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 Forum 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

**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**

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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.

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Healthy snacks for an activity or event**

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**Maximum \$50.00**

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.

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

Global Infant Safe Sleep Center, Inc

Attn: Dr. Stacy Scott

P.O. Box 403

Toledo, Ohio 43697-1020

Email: info@gisscenter.org

Fax: 419 754-2424

**REQUEST SUMMARY**

**AMOUNT**

**Raffle Items**

\_\_\_\_\_

**Door Prizes**

\_\_\_\_\_

**Safe Sleep Demonstration**

\_\_\_\_\_

**Design/Printing/Duplication of Project**

**Promotion/Administrative Material**

\_\_\_\_\_

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

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**Health Snacks for an Activity or Event** \_\_\_\_\_

**Event Support** \_\_\_\_\_

**TOTAL REQUEST** \_\_\_\_\_

**SAMPLE BUDGET**

<b>REQUEST SUMMARY</b>	<b>AMOUNT</b>
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>