

# 2022

## California Area Injury Prevention Mini-Grant Application

### I. Application Instructions

Review all application instructions before you begin your application to ensure you understand all instructions, guidelines and questions contained in this application. If you have any questions about this application, please contact Carolyn Garcia at (916) 930-3981 x336 / [carolyn.garcia2@ihs.gov](mailto:carolyn.garcia2@ihs.gov).

A. **Eligibility:** All tribal health programs receiving environmental health services through the California Area Indian Health Service (IHS) Environmental Health Services Section (EHSS) are eligible to apply for injury prevention project funding. Tribal health programs that have already taken their injury prevention program tribal shares are not eligible for this funding. ***If you are unsure of your eligibility, before submitting your application please contact Carolyn Garcia at (916) 930-3981 x336/carolyn.garcia2@ihs.gov.***

B. **Application Submission:** All injury prevention mini-grant applications must be received by the California Area IHS EHSS by close of business on **December 17, 2021**. Email your completed application and supplemental supporting documentation to: [carolyn.garcia2@ihs.gov](mailto:carolyn.garcia2@ihs.gov). You may also fax your completed application and supporting documents to (916) 930-2954 OR you may mail your completed application to:

California Area Indian Health Service  
ATTN: Carolyn Garcia  
Environmental Health Services Section  
650 Capitol Mall Suite 7-100  
Sacramento, CA 95814  
FAX PH: 916-930-3954  
EMAIL: carolyn.garcia2@ihs.gov

Ensure that all submitted application materials are addressed to the attention of "Carolyn Garcia". Upon receipt of your application, within 24 hours you will receive an email at the email address included on your application notifying you that your application was received. If your application is incomplete, you will be notified and offered the opportunity to submit any missing materials. If your mini-grant application is not complete by close of business **December 31, 2021**, your application will be removed from consideration for funding.

C. **Deadline Extension:** If you are not able to submit your completed application by December 17, 2021, you may request an application deadline extension. All application deadline extension

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requests must be received in writing by our office no later than close of business **December 10, 2021**. Requests for an application deadline extension received after December 10, 2021 will not be considered.

**To request an extension, submit a written request to our office using the form included in this application as Attachment 1: Extension Request.** Return your extension request form to the California Area IHS Environmental Health Services Section via email to [carolyn.garcia2@ihs.gov](mailto:carolyn.garcia2@ihs.gov), OR by fax to (916) 930-2954 OR by mail to the California Indian Health Service, Environmental Health Services Section, 650 Capitol Mall Suite 7-100, Sacramento, CA 95814. Ensure that all materials faxed or mailed are addressed to the attention of “Carolyn Garcia”.

Upon receipt of your extension request form, you will be notified whether or not your extension request has been approved by email no later than December 17, 2021. Please note that the any deadline extension granted is limited to an additional 10 days beyond the original application deadline. Your application and all supporting documentation must be received by December 31, 2021 or it will be removed from consideration for funding.

**D. Funding Level Weight Factors:** Each mini-grant application received is evaluated using criteria designed to define a *WEIGHT FACTOR* that is used to determine an applicant’s award funding level. The criteria used to arrive at a *WEIGHT FACTOR* for each mini-grant application are as follows:

**D.1: Child Passenger Safety Seat (CPSS) Program:** The following criteria are used to determine your car seat application’s award funding level in 2022. All applicants begin with an initial *funding level factor* of 1.0.

#1 If your program received an injury prevention mini-grant in **2021**, your *funding level factor* will be **decreased by a negative 1.0 WEIGHT FACTOR** if your program fails to submit a completed mini-grant program reporting form for **2021**. To avoid having this weight factor applied to your application, your reporting form must include copies of receipts that document the purchase of at least 75% of the car seats your program was awarded to purchase in 2021 and a list of car seat recipients in 2021. (NOTE: Receipts must be for purchases made during the 2021 reporting period of Oct. 1, 2020 to Sept. 30, 2021.)

#2 If your program received an injury prevention mini-grant in **2020**, your *funding level factor* will be **decreased by a negative 0.25 WEIGHT FACTOR** if your program failed to submit a completed mini-grant program reporting form for **2020**. To avoid having this weight factor applied to your application, you must submit a completed minigrant reporting form and include a list of car seat recipients in 2020 and copies of receipts that document the purchase of at least 50% of the car seats your program

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was awarded to purchase in 2020. (NOTE: Receipts must be for purchases made during the 2020 reporting period of Oct. 1, 2019 to Sept. 30, 2020.)

To foster the incorporation of methods that greatly improve the effectiveness of a Child Passenger Safety Seat (CPSS) distribution program, the initial *funding level factor* is adjusted further if the following elements are incorporated into your CPSS distribution program:

#3 Your *funding level factor* is **increased by a 0.25 WEIGHT FACTOR** if your program sent a staff member to an Indian Health Service Introduction or Intermediate Injury Prevention course, National Highway and Traffic Safety Administration (NHTSA) Child Passenger Safety (CPS) Technician course or IHS/CAO car seat observational survey training during calendar year 2021. To receive this weight factor, include the name of the individual who attended the training, their job title, the date of the training attended, the location of the training attended and documentation of completing this training. (Note: A positive WEIGHT FACTOR will not be applied to your funding level factor if you do not provide documentation of attending this training. If you have difficulty in obtaining documentation, contact Carolyn Garcia at 916-920-3981x336/ carolyn.garcia2@ihs.gov for assistance. Also note that this weight factor will not be increased above 0.25 if more than one staff member from your program attended one of the aforementioned trainings or if a staff member attended more than 1 of the aforementioned trainings in 2021.)

#4 Your *funding level factor* is **decreased by a 0.25 WEIGHT FACTOR** if your program does not include baseline and follow up CPSS observational surveys using a methodology that has been approved by the IHS Injury Prevention Program. (NOTE: To avoid having this WEIGHT FACTOR applied to your *funding level factor* you must provide documentation of the method(s) used to perform your baseline observational survey and include your 2022 baseline survey results as part of your mini-grant application. Guidance for a CPSS observational survey is enclosed as Attachment 6.)

#5 Your *funding level factor* is **decreased by a 0.25 WEIGHT FACTOR** if your CPSS program does not include at least one staff member who is certified as a National Highway and Traffic Safety Administration (NHTSA) Child Passenger Safety (CPS) Technician. (NOTE: To avoid having this WEIGHT FACTOR applied to your application, you must submit a valid copy of a current NHTSA CPS Certificate for each CPS certified technician working with your program.)

#6 Your *funding level factor* is **increased by a 0.25 WEIGHT FACTOR** if your program provided matching resources towards the purchase of additional car seats in 2021. To be eligible for this funding factor, the matching resources must be equal to at least 50% of the 2021 funding award your program received through the California Area

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IHS to purchase car seats. For example, if your program was funded by the California Area IHS to purchase 50 car seats in 2021 and your program purchased and distributed an additional 25 car seats in 2021, an additional 0.25 *WEIGHT FACTOR* will be applied to your application's funding level factor. (NOTE: To have this *WEIGHT FACTOR* applied to your application's funding level, you must have expended all funds awarded in 2021 for the purchase of CPSS and must include a copy of the purchase receipt(s) with your application. These receipts must be from purchases made within the reporting period of October 1, 2020 – September 30, 2021.)

**D.2: Smoke Detector Distribution Program:** The following criteria are used to determine your application's award funding level in 2022. All applicants begin with an initial *funding level factor* of 1.0.

#1 If your program received an injury prevention mini-grant in 2021, your *funding level factor* is **decreased by a negative 1.0 *WEIGHT FACTOR*** if your program fails to submit a completed mini-grant program reporting form for 2021. To avoid having this weight factor applied to your application, your reporting form must include receipts that document the purchase of at least 75% of the smoke detectors your program was awarded funding to purchase in 2021 by the California Area IHS and a list of smoke detector recipients in 2021. (NOTE: Receipts must be for purchases made during the 2021 reporting period of Oct. 1, 2020 to Sept. 30, 2021.)

#2 If your program received an injury prevention mini-grant in **2020**, your *funding level factor* will be **decreased by a negative 0.25 *WEIGHT FACTOR*** if your program failed to submit a completed mini-grant program reporting form for **2020**. To avoid having this weight factor applied to your application, you must submit a completed minigrant reporting form and include a list of smoke detector recipients in 2020 and include copies of receipts that document the purchase of at least 50% of the smoke detectors your program was awarded to purchase in 2020. (NOTE: Receipts must be for purchases made during the 2020 reporting period of Oct. 1, 2019 to Sept. 30, 2020.)

To foster the incorporation of methods that greatly improve the effectiveness of a smoke detector distribution program, the award *funding level factor* is adjusted further if the following elements are incorporated into your smoke detector distribution program:

#3 Your *funding level factor* is **increased by a 0.25 *WEIGHT FACTOR*** if your program has sent a staff member to an Indian Health Service Introduction or Intermediate Injury Prevention course or a home fire safety training during calendar year 2021. To receive this weight factor, include the name of the individual who attended the training, their job title, the date of the training attended, the location of the training attended and documentation of the completion of the training. (Note: A positive

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WEIGHT FACTOR will not be applied to your funding level factor if you do not provide documentation of the completion of the training. If you have difficulty in obtaining documentation, contact Carolyn Garcia at 916-920-3981 x336/ carolyn.garcia2@ihs.gov for assistance. Also note that this weight factor will not be increased above 0.25 if more than one staff member from your program attended one of the aforementioned trainings in 2021 or if a staff member attended more than 1 of the aforementioned trainings in 2021.)

#4 Your *funding level factor* is **increased by a 0.25 WEIGHT FACTOR** if you provide documentation of your smoke detector distribution program's partnership with another organization on the installation of the smoke detectors. A letter of commitment from the partner organization must be submitted with your application to have this *WEIGHT FACTOR* applied to your program's award *funding level factor*.

#5 Your *funding level factor* is **decreased by a 0.25 WEIGHT FACTOR** if your smoke detector distribution program does not perform and document follow-up testing, battery replacement OR a before/after evaluation using the smoke detector evaluation guide (Attachment 5) for the smoke detectors distributed by your program. (NOTE: You must provide documentation demonstrating how and by whom follow-up testing, evaluation and/or battery replacement is performed for each smoke detector installed by your program to avoid having this *WEIGHT FACTOR* applied to your *funding level factor*. Guidance on performing follow up evaluations is enclosed in this application as Attachment 5.)

#6 Your *funding level factor* is **increased by a 0.25 WEIGHT FACTOR** if your program provided matching resources towards the purchase of additional smoke detectors in 2021. To be eligible for this funding factor, the matching resources must be equal to at least 50% of the 2021 funding award your program received through the California Area IHS for the purchase of smoke detectors. For example, if your program was funded by the California Area IHS EHSS to purchase 50 smoke detectors in 2021 and your program purchased and distributed an additional 25 smoke detectors in 2021, an additional 0.25 *WEIGHT FACTOR* will be applied to the award funding level factor. (NOTE: To have this *WEIGHT FACTOR* applied to your application's funding level, you must have expended all the funds awarded in 2021 for the purchase of smoke detectors and include a copy of the purchase receipt(s) with your application. These receipts must be from purchases made within the reporting period Oct. 1, 2020 – Sept. 30, 2021.)

**D.3: Bicycle Helmet Distribution Program:** The following criteria are used to determine your application's award funding level in 2022. All applicants begin with an award *funding level factor* of 1.0.

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#1 If your program received an injury prevention mini-grant in 2021, your *funding level factor* is **decreased by a negative 1.0 WEIGHT FACTOR** if your program fails to submit a mini-grant program reporting form for 2021. To avoid having this weight factor applied to your application, your report must include a receipt that documents the purchase of at least 75% of the bike helmets your program was funded to purchase in 2021 by the California Area IHS. (NOTE: Receipts must be for purchases made during the 2021 reporting period of Oct. 1, 2020 – Sept. 30, 2021.)

#2 If your program received an injury prevention mini-grant in **2020**, your *funding level factor* will be **decreased by a negative 0.25 WEIGHT FACTOR** if your program failed to submit a completed mini-grant program reporting form for **2020**. To avoid having this weight factor applied to your application, you must submit a completed minigrant reporting form and include a list of bike helmet recipients in 2020 and include copies of receipts that document the purchase of at least 50% of the bike helmets your program was awarded to purchase in 2020. (NOTE: Receipts must be for purchases made during the 2020 reporting period of Oct. 1, 2019 to Sept. 30, 2020.)

To foster the incorporation of methods that greatly improve the effectiveness of a bicycle helmet distribution program, the award *funding level factor* is adjusted further if the following elements are incorporated into your distribution program:

#3 Your *funding level factor* is **increased by a 0.25 WEIGHT FACTOR** if your program sent a staff member to a Traumatic Brain Injury Prevention, IHS/CAO car seat observational survey training (*training includes section on bike helmet surveys*) or Indian Health Service Introduction or Intermediate Injury Prevention course during calendar year 2021. To receive this weight factor, include the name of the individual who attended the training, their job title, the date of the training attended, the location of the training attended and documentation of the completion of the training. (Note: A positive WEIGHT FACTOR will not be applied to your funding level factor if you do not provide a documentation of the completion of the training. If you have difficulty in obtaining documentation, contact Carolyn Garcia at 916-920-3981x336/ carolyn.garcia2@ihs.gov for assistance. Also note that this weight factor will not be increased above 0.25 if more than one staff member from your program attended one of the aforementioned trainings in 2021 or if a staff member attended more than 1 of the aforementioned trainings in 2021.)

#3 Your *funding level factor* is **decreased by a 0.25 WEIGHT FACTOR** if your program has not performed a baseline and follow up observational survey of your bicycle helmet program using a methodology that has been approved by the California Area IHS Injury Prevention Program. (NOTE: To avoid having this *WEIGHT FACTOR* applied to your *funding level factor* you must provide documentation of the method(s) used



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to perform your baseline observational survey and include your 2022 baseline survey results as part of your mini-grant application. Guidance for an observational/evaluation study is enclosed in this application as Attachment 4.)

#4 Your *funding level factor* is **increased by a 0.25 WEIGHT FACTOR** if your program provided matching resources towards the purchase of additional bike helmets in 2021. To be eligible for this funding factor, the matching resources must be equal to at least 50% of the 2021 funding award your program received through the California Area IHS for the purchase of bike helmets. (For example, if your program was funded by the California Area IHS to purchase 50 bicycle helmets and your program purchased and distributed an additional 25 bicycle helmets in 2021, an additional 0.25 *WEIGHT FACTOR* will be applied to the funding level factor. To have this *WEIGHT FACTOR* applied to your application's funding level, you must expend all the funds awarded for the purchase of bike helmets in 2021 and must submit a copy of the purchase receipt(s) with your application. These receipts must be from purchases made during the 2021 reporting period of Oct. 1, 2020 – Sept. 30, 2021.)

**D.4: CAIHS Injury Prevention Special Project:** The California Area IHS will fund 3 special injury prevention projects in 2022. These projects must be developed by a Tribal Health Program in partnership with their local California Area IHS Environmental Health Specialist (refer to Attachment 7). **Projects developed without a partnership with a California Area IHS Environmental Health Specialist will not be considered for funding.**

Awards for CAIHS special injury prevention projects will be capped at **\$3500 each**. Funds awarded for a special injury prevention project may only be used to address a specific injury problem in your community through the purchase injury prevention equipment (e.g. prescription lockboxes, prescription drop kiosk, CPS training dolls) OR injury prevention specialized training/services **which builds the capacity** of your tribal health program. The latter cost category would include costs associated with attending a Train the Trainer course in a specific injury prevention topic (e.g. Matter of Balance, Stepping Up) or fees associated with delivering community health services that target a specific injury problem (e.g. elder strength building exercise courses).

To apply for this project funding the tribal health program is to submit a completed application form found in Section VII and all associated supporting documents.

The table that follows illustrates how the Injury Prevention Special Project applications will be scored. Note that a total of 100 points is possible. **Projects with a score of 70 or less will not be considered for funding.**

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Special Injury Prevention Project Proposal Scoring					
Letter of Support from IHS Environmental Health Officer		If not included, proposal will not be considered for funding			
1.	Definition of the Injury Problem:	Injury problem defined by data	0-5 points	Data is specific to California or the Tribal Community	0-5 points
2.	Project goal is <i>SMART</i> ( <i>specific, measurable, achievable, relevant, time oriented</i> ):		0 OR 10 points		
3.	Project intervention is:	A proven strategy	0 OR 5 points	Reference literature provided supporting intervention	0-5 points
4.	Project Evaluation:	Includes baseline data	0-15 points	Includes detailed description of metrics that will be reported upon project completion	0 OR 10 points
5.	Project Marketing:	Completed	0-5 points	Includes partnership with another organization	0 OR 5 points
6.	Project Budget:	Completed and consists solely of allowable costs	0 OR 10 points	Includes in-kind contribution	0-5 points
7.	Project Work Plan:	Completed	0-15 points		
8.	Project Logic Model:	Completed	0-5 points		
TOTAL POSSIBLE POINTS: 100					

E. Device Sales. Injury prevention equipment purchased using funding provided by the California Area IHS injury prevention program may only be sold by health programs that have developed all of the administrative elements required by the California Area IHS EHSS Guidelines for Device Sales. Refer to Attachment 2 for details.



# 2022

## California Area Injury Prevention Mini-Grant Application

### II. Program Reporting

The California Area Injury Prevention Mini-Grant Program requires all recipients of an injury prevention mini-grant to submit a mini-grant program reporting form or narrative report at the end of the funding cycle. **The 2022 injury prevention mini-grant program reporting form/narrative report is due November 1, 2022.**

Each mini-grant recipient will be required to submit the following documentation at the end of the funding cycle:

1. Receipts for the purchase of equipment acquired using California Area IHS injury prevention mini-grant funding.
2. CAIHS Injury Prevention Special Project: Programs that receive an injury prevention special project award will be required to submit a narrative report that details the activities completed by the project, a detailed breakdown of the funds expended including copies of all receipts and an evaluation of the project's progress towards its goal.
3. Injury Prevention Equipment Distribution: Programs that are funded for the purchase and distribution of child passenger safety seats, smoke detectors and/or bike helmets must submit a completed mini-grant program reporting form AND provide documentation of the purchase AND distribution of at least 75% of the equipment acquired using California Area IHS injury prevention mini-grant funding. Distribution documentation shall include the following information:

Injury Prevention Program	Required Information
Child Passenger Safety Seat	The recipient's name, distribution date, the type and number of seats distributed, results of car seat observational survey(s).
Smoke Detectors	The recipient's name, distribution date and the number of smoke detectors distributed/installed.
Bicycle Helmets	The recipient's name, age, distribution date, number of helmets distributed, results of bike helmet observational survey(s).

# California Area Indian Health Service

## 2022 Injury Prevention Mini-Grant Application

### III. Applicant Information

Tribal Health Program Information			Program Coordinator Information	
<b>Tribal Health Program Name:</b>			<b>Name</b> (first, last):	
<b>Health Care Facility Name</b> (if different from above):			<b>Job Title:</b>	
<b>Facility Mailing Address:</b>			<b>Email Address:</b>	
<b>City:</b>			<b>Work Phone Number:</b> XXX-XXX-XXXX	
<b>State:</b>	<b>Zip:</b>	<b>Mailing Address</b> (If different from facility mailing address):		
<b>Phone Number:</b> XXX-XXX-XXXX				
<b>In 2021, did your program receive a mini-grant from the California Area Indian Health Service injury prevention mini-grant program for:</b>				
Child passenger safety seat distribution program? <input type="checkbox"/> Yes <input type="checkbox"/> No  Smoke detector distribution program? <input type="checkbox"/> Yes <input type="checkbox"/> No  Bicycle helmet distribution program? <input type="checkbox"/> Yes <input type="checkbox"/> No			If funded in 2021, did your program submit a Program Reporting Form for 2021? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>Please select the 2022 injury prevention mini-grant programs below for which you are applying today</b> (check all that apply):  <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"><input type="checkbox"/> <b>Child Passenger Safety Seat</b></div> <div style="text-align: center;"><input type="checkbox"/> <b>Smoke Detector</b></div> <div style="text-align: center;"><input type="checkbox"/> <b>Bicycle Helmet</b></div> <div style="text-align: center;"><input type="checkbox"/> <b>Special Project</b></div> </div>				

# California Area Indian Health Service 2022 Injury Prevention Mini-Grant Application

## IV. Child Passenger Safety Seat (CPSS) Distribution Program Application

HEALTH PROGRAM NAME: \_\_\_\_\_

### Child Passenger Safety Seat (CPSS)

1. \_\_\_\_\_ Enter an estimate of the number of American Indian children born each year in your service population.
2. \_\_\_\_\_ Enter an estimate of the number of CPSS that your program will need in 2022 for your American Indian service population.
3. \_\_\_\_\_ Enter the amount of matching funding provided by your program in 2021 and spent towards the purchase of CPSS. If not applicable, enter "0" and proceed to question 4.  

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3.1. Supporting Documentation: To have a positive *WEIGHT FACTOR* applied to your application's *funding level factor*, attach a copy of the receipt(s) for the CPSS purchased using matching funds from your program in 2021. Check the box at the left when complete. (*NOTE: Only purchases made between October 1, 2020 to September 30, 2021 will qualify your application for this positive WEIGHT FACTOR.*) Check the box on the left when completed.

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4. In the space below, report your CPSS usage rate and briefly describe the observational survey method your program uses to collect CPSS usage data for your community. Include a list of observation sites, survey frequency and the date/time of the surveys you used to determine your community's baseline usage rate for the 2022 funding period. *You may attach as many additional sheets as necessary.*

- ☐ 4.1. To avoid a negative *0.25 WEIGHT FACTOR* being applied to your application's *funding level factor*, attach copies of your completed CPSS observational survey forms used to determine your baseline usage rate for the 2022 funding period. Check the box on the left when complete.

5. Provide the name(s) of the NHTSA CPS certified technician(s) who will be working with your program.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

- ☐ 5.1. Supporting Documentation: Attach copies of the NHTSA CPS Technician Certificates for each individual named above. Check the box on the left when completed. (*NOTE: A **NEGATIVE 0.25 WEIGHT FACTOR** will be applied to your funding level factor if you do not include a copy of a current NHTSA CPS technician certificate for each person listed above.*)

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6. Provide the name, job title and course information for a staff member who has attended an IHS Introduction or Intermediate Injury Prevention course, NHTSA CPS Technician course or California Area IHS CPSS observational survey training during the 2021 calendar year.

Name: \_\_\_\_\_  
(FIRST) (LAST)

Job Title: \_\_\_\_\_

Location of Eligible Training: \_\_\_\_\_  
City, STATE

Date of Eligible Training: \_\_\_\_\_

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6.1. Supporting Documentation: To have a positive *WEIGHT FACTOR* applied to your application's *funding level factor*, attach a copy of the training completion certificate provided by the the California Area IHS, IHS Environmental Health Support Center ([www.ihs.gov/ehsc](http://www.ihs.gov/ehsc)) or NHTSA for the individual named above. Check the box on the left when completed. (NOTE: A positive 0.25 *WEIGHT FACTOR* **will not** be applied to your *funding level factor* if you do not provide a copy of the training certificate. If you have difficulty in obtaining the certificate, contact Carolyn Garcia at [916-920-3981x336/carolyn.garcia2@ihs.gov](mailto:916-920-3981x336/carolyn.garcia2@ihs.gov) for assistance.)

# California Area Indian Health Service 2022 Injury Prevention Mini-Grant Application

## V. Smoke Detector Distribution Program Application

HEALTH PROGRAM NAME: \_\_\_\_\_

### Description: Smoke Detector Distribution Program

1. \_\_\_\_\_ Enter an estimate of the number of smoke detectors your program will need in 2022 for your American Indian service population.
2. \_\_\_\_\_ Enter the amount of matching funding provided by your program in 2021 and spent towards the purchase and distribution of smoke detectors. If not applicable, enter "0" and proceed to question 3.  

☐ 2.1 Supporting Documentation: To have a positive *WEIGHT FACTOR* applied to your application's award *funding level factor*, attach a copy of the receipt(s) for the smoke detectors purchased using matching funds from your program in 2021. Check the box on the left when completed. *(NOTE: Only purchases made during the 2021 reporting period of October 1, 2020 – September 30, 2021 will qualify your application for this WEIGHT FACTOR.)*
3. In the space below, briefly describe the methods your program will use to distribute smoke detectors. *(For example: your program will partner with the local fire department or tribal maintenance department to install the smoke detectors into tribal member homes.) You may attach as many additional sheets as necessary.*

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- ☐ 3.1 To receive a positive *WEIGHT FACTOR* applied to your application's award *funding level factor*, attach a copy of the commitment letter from your program partner who has agreed to install the smoke detectors into tribal member homes. Check the box at the left when complete.

4. In the space below, briefly describe the methods your program will use to evaluate the success of your smoke detector distribution program (e.g. evaluation of change in knowledge, follow-up testing and/or battery replacement checks, etc.). You may attach as many additional sheets as necessary.

- ☐ 4.1 To avoid a negative 0.25 *WEIGHT FACTOR* applied to your application's award *funding level factor*, attach a copy of the form your program will use in 2022 to document follow-up testing, battery replacement, change in knowledge or other before/after installation evaluation for the smoke detectors distributed by your program. Check the box on the left when complete.

5. Provide the name, job title and course information for a staff member who has attended an Home Fire Safety or IHS Introduction or Intermediate Injury Prevention course during the 2021 calendar year.

Name: \_\_\_\_\_  
(FIRST) (LAST)

Job Title: \_\_\_\_\_

Location of Eligible Training: \_\_\_\_\_  
(City, STATE)

Date of Eligible Training: \_\_\_\_\_

- ☐ 5.1 Supporting Documentation: To have a positive *WEIGHT FACTOR* applied to your application's *funding level factor*, attach a copy of the training completion certificate. Check the box on the left when completed. (NOTE: A positive 0.25 *WEIGHT FACTOR* **will not** be applied to your *funding level factor* if you do not provide a copy of the training certificate. If you have difficulty in obtaining the certificate, contact Carolyn Garcia at [916-920-3981](tel:916-920-3981) or [carolyn.garcia2@ihs.gov](mailto:carolyn.garcia2@ihs.gov) for assistance.)



## VI. Bicycle Helmet Distribution Program

## Bicycle Helmet Distribution Program Description

- ## Section VI: Bicycle Helmet Application

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3.1 Supporting Documentation: To avoid a negative 0.25 *WEIGHT FACTOR* applied to your application's *funding level factor*, attach copies of your completed bike helmet observational survey forms from 2021. Check the box on the left when complete.

4.

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Enter the amount of matching funding provided by your program in 2021 and spent towards the purchase of bicycle helmets. If not applicable, enter "0" and proceed to question 5.

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4.1. Supporting Documentation: To receive a positive *WEIGHT FACTOR* applied to your application's award *funding level factor*, attach a copy of the receipt(s) for the bicycle helmets purchased by your program using matching funds. Check the box on the left when completed. (NOTE: Only purchases made between October 1, 2020 and September 30, 2021 will qualify your application for this *WEIGHT FACTOR*.)

5. Provide the name, job title and course information for a staff member who has attended a Traumatic Brain Injury, IHS Introduction or Intermediate Injury Prevention course or California Area CPSS Observational Survey training (*includes bike helmet survey section*) during the 2021 calendar year.

Name: \_\_\_\_\_  
(FIRST) (LAST)

Job Title: \_\_\_\_\_

Location of Eligible

Training: \_\_\_\_\_  
(City, STATE)

Date of Eligible Training: \_\_\_\_\_

☐

5.1 Supporting Documentation: To receive a positive *WEIGHT FACTOR* applied to your application's award *funding level factor*, attach a copy of the training completion certificate. Check the box on the left when completed. (NOTE: A positive 0.25 *WEIGHT FACTOR* **will not** be applied to your funding level factor if you do not provide a copy of the training certificate. If you have difficulty in obtaining the certificate, contact Carolyn Garcia at [916-920-3981x336](tel:916-920-3981x336)/[carolyn.garcia2@ihs.gov](mailto:carolyn.garcia2@ihs.gov) for assistance.)

# California Area Indian Health Service 2022 Injury Prevention Mini-Grant Application

## VII. Injury Prevention Special Project Application

HEALTH PROGRAM NAME: \_\_\_\_\_

### Description: Injury Prevention Special Project

1. Enter the name of the Environmental Health Specialist who collaborated with you on the development of your proposal. Attach a letter/email of support from your \_\_\_\_\_ California Area IHS Environmental Health Specialist and check this box. ☐
2. Describe the injury problem in your community your special project will target. Include any data you have collected or researched that characterizes the injury problem in your community (i.e. seatbelt use rates in your community, fall injury rate for your community, self-harm injury rate for your community, poisoning injury rate for your community etc.).

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3. Describe the goal for your project in 2022 and the intervention you've selected to reduce the injury problem you've identified in your community. Attach references from the literature which demonstrate the intervention strategy you have selected is a proven strategy. *You may attach as many additional sheets as necessary.*
4. Describe the methods you will use to evaluate and determine if your special injury project has achieved its goal. Include any surveys, forms or other metrics you will use to evaluate your special injury project. Report any baseline data you have collected to define your injury problem and/or will use to measure your progress toward the project goal. *You may attach as many additional sheets as necessary.*

## California Area Indian Health Service 2022 Injury Prevention Mini-Grant Application

5.
  - A. Describe how you will market your special injury project to your community (flyers, social media, etc.).
  - B. Describe any partnerships formed to support and assist with implementing your project. Include letters of commitment when applicable. *You may attach as many additional sheets as necessary.*
6. Provide a project budget and budget justification narrative for your project. Allowable costs are restricted to the purchase of injury prevention equipment and specialized service/training fees that build the capacity of your tribal health program to address an injury problem (e.g. fees for Matter of Balance TtT Certification, Stepping On TtT Certification). Indirect, Administrative, personnel, travel, maintenance, repair and construction costs will not be funded. *You may attach as many additional sheets as necessary.*
7. Complete the special injury project work plan and logic model for your project (see next page).

# California Area Indian Health Service

## 2022 Injury Prevention Mini-Grant Application

<b>CAIHS Injury Prevention Special Project Work Plan Template</b>							
<b>Objective:</b>							
<b>Project Activity</b>	<b>Action Steps</b>	<b>Person Responsible</b>	<b>Evaluation Elements to collect</b>	<b>Timeframe by Qtr.</b>			
<b>CAIHS Injury Prevention Special Project Logic Model Template</b>							
<b>RESOURCES/INPUTS:</b>	<b>ACTIVITIES</b>	<b>OUTPUTS:</b>	<b>SHORT TERM OUTCOMES</b>	<b>LONG TERM OUTCOMES</b>			

## Attachment 1: Extension Request

Use this form to request an extension to the mini-grant application deadline

**Return this form by close of business December 10, 2021 via:**

Email: [carolyn.garcia2@ihs.gov](mailto:carolyn.garcia2@ihs.gov)

USPS Mail: California Area Indian Health Service;

ATTN Carolyn Garcia; 650 Capitol Mall Ste 7-100

Sacramento, CA 95814

Tribal Health Program Information			Program Coordinator Information
Tribal Health Program Name:			Name (first, last):
Health Care Facility Name (if different):			Job Title:
Facility Mailing Address:			Email Address:
			Work Phone Number: xxx-xxx-xxxx
City:	State:	Zip:	Mailing Address (if different from facility):
Phone Number: xxx-xxx-xxxx			
<b>Please select the injury prevention mini-grant program(s) below for which you are requesting a deadline extension (<i>check all that apply</i>):</b>			
<input type="checkbox"/> Smoke Detector	<input type="checkbox"/> Child Passenger Safety Seat	<input type="checkbox"/> Bicycle Helmet	<input type="checkbox"/> Special Project
In the space below, please provide a justification for your request to receive an extension to the injury prevention mini-grant application deadline. You may attach additional sheets as necessary.			



## **Attachment 2: Device Sale Rules**

### **CALIFORNIA AREA INDIAN HEALTH SERVICE INJURY PREVENTION PROGRAM**

#### **GUIDELINES FOR THE OPTIONAL SALE OF INJURY PREVENTION EQUIPMENT**

Indian health programs are not required to resell injury prevention equipment (i.e. car seats, bicycle helmets, or smoke detectors) received from or purchased via funds received from CAIHS. However, any Indian health program desiring to do so must adhere to the following guidelines:

1. Indian health programs desiring to resell injury prevention equipment must adopt a formal policy for such sales.
2. The policy must stipulate who shall be required to pay for equipment and at what cost. It must specify if flat rates or a sliding scale will be used to levy these charges.
3. Special accounts must be established to track collections generated from the sale of injury prevention equipment. These accounts must differentiate between collections generated from car seats, bicycle helmets, and smoke detectors.
4. Funds generated from the sale of respective injury prevention equipment must only be used to purchase the same type of additional equipment (i.e. funding derived from the sale of car seats must only be used to purchase additional car seats, funding derived from the sale of bicycle helmets must only be used to purchase additional bicycle helmets, and funding derived from the sale of smoke detectors must only be used to purchase additional smoke detectors).
5. Activity associated with the sale of injury prevention equipment must be reported on CAIHS Injury Prevention Program annual report forms.
6. Failure to abide by these guidelines may result in decreased future monetary assistance to participating Indian health programs.

## Attachment 3: California Area IHS Injury Prevention Mini-Grant Application Tips

### California Area Mini- Grant Guide

The California Area Injury Prevention Program wants to help you submit the very best application possible, so we are sharing our top 10 tips for a successful application and program.

**California Area Office**  
Carolyn Garcia  
Environmental Health Program  
Director  
PH: 916-930-3981 x336  
Email: [carolyn.garcia2@ihs.gov](mailto:carolyn.garcia2@ihs.gov)

**Escondido District Office**  
CAPT Brian Lewelling  
District Environmental Health Officer  
PH: 760-735-6891  
Email: [brian.lewelling@ihs.gov](mailto:brian.lewelling@ihs.gov)

**Redding District Office**  
Rinnah Wyatt  
District Environmental Health Officer  
PH: 530-246-5339 x312  
Email: [rinnah.wyatt@ihs.gov](mailto:rinnah.wyatt@ihs.gov)

**Sacramento District Office**  
LCDR Tim Shelhamer  
District Environmental Health Officer  
PH: 916-930-3981 x338  
Email: [tim.shelhamer@ihs.gov](mailto:tim.shelhamer@ihs.gov)

**Arcata Field Office**  
Aaron Alexander  
Field Environmental Health Officer  
PH: 707-822-1688 x207

**Ukiah Field Office**  
VACANT  
Field Environmental Health Officer  
PH: 916-930-3981 x338  
Email: [tim.shelhamer@ihs.gov](mailto:tim.shelhamer@ihs.gov)

**Clovis Field Office**  
Alyssa Bernido  
Field Environmental Health Officer  
PH: 559-322-7443  
Email: [alyssa.bernido@ihs.gov](mailto:alyssa.bernido@ihs.gov)

#### 1. Keep track of all receipts and purchases

Failure to include receipts with your program reporting form for the helmets, smoke detectors and car seats purchased by your program will result in reduced funding.

#### 2. Turn in a completed program reporting form

Programs who do not submit a completed program reporting form will not be eligible for funding during the next funding cycle and reduced funding during the following grant cycle.

#### 3. Purchase regular brands items

This means no luxury items such as \$50 bike helmets or \$200 car seats.

#### 4. Spend all your money

We want to be sure all the money is going toward injury prevention activities for the current year.

#### 5. Become, or partner with, a Child Passenger Safety Technician

Having a certified technician as part of your program will your application's funding level.

#### 6. Keep distribution lists, sign-in sheets, and flyers

Failure to include distribution lists with your program reporting form will result in reduced funding on your subsequent applications.

#### 7. Document success stories

Did a parent share a story with you about an incident where injuries were prevented using the items purchased through the mini-grant? We want to hear about it!

#### 8. Use the provided evaluation tools

Applicants that don't evaluate their injury prevention program/project will be subject to reduced funding.

#### 9. Turn in a complete application

Partial information is difficult to score and will result in reduced or no funding.

**10. Ask us for help!** Contact your local Environmental Health Officer to get assistance with your application and more tips for making your injury prevention program successful.

## Attachment 4: Sample Bicycle Helmet Observation Survey

### BICYCLE HELMET OBSERVATION SURVEY

Instructions: Conduct the survey at locations where a large number of children are riding bicycles (parks, ball fields, schools, swimming pools). Observe the children and circle "yes" if a helmet is worn and "no" if a helmet is not. Complete 50 observations or as many as possible in 1 hour.

At least one survey should be conducted **BEFORE** distributing the bike helmets or doing any educational campaigns or bike rodeos. Conduct this survey again **AFTER** helmets have been distributed and education was provided.

**Tribe:** \_\_\_\_\_ **Person conducting observation:** \_\_\_\_\_

**Email address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **to** \_\_\_\_\_ **Location:** \_\_\_\_\_

Child	Helmet	
1	YES	NO
2	YES	NO
3	YES	NO
4	YES	NO
5	YES	NO
6	YES	NO
7	YES	NO
8	YES	NO
9	YES	NO
10	YES	NO
11	YES	NO
12	YES	NO
13	YES	NO
14	YES	NO
15	YES	NO
16	YES	NO
17	YES	NO
18	YES	NO
19	YES	NO
20	YES	NO
21	YES	NO
22	YES	NO
23	YES	NO
24	YES	NO
25	YES	NO

Child	Helmet	
26	YES	NO
27	YES	NO
28	YES	NO
29	YES	NO
30	YES	NO
31	YES	NO
32	YES	NO
33	YES	NO
34	YES	NO
35	YES	NO
36	YES	NO
37	YES	NO
38	YES	NO
39	YES	NO
40	YES	NO
41	YES	NO
42	YES	NO
43	YES	NO
44	YES	NO
45	YES	NO
46	YES	NO
47	YES	NO
48	YES	NO
49	YES	NO
50	YES	NO

## Attachment 5: Sample Smoke Detector Evaluation Guide

### Smoke Detector Evaluation Guide

Tribe: \_\_\_\_\_ Address: \_\_\_\_\_

Prior to installing or replacing smoke detectors, check the ones currently installed. Check the boxes for the smoke detectors if they are present and/or working properly.

**Home Before** Date: \_\_\_\_\_

**Home After** Date: \_\_\_\_\_

**Smoke Detector in the:**

**Downstairs Hallway**

☐

Present

☐

Functional

**Upstairs Hallway**

☐

Present

☐

Functional

**Bedroom 1**

☐

Present

☐

Functional

**Bedroom 2**

☐

Present

☐

Functional

**Bedroom 3**

☐

Present

☐

Functional

**Bedroom 4**

☐

Present

☐

Functional

**Finished Basement/Attic**

☐

Present

☐

Functional

Notes:

**Smoke Detector in the:**

**Downstairs Hallway**

☐

Present

☐

Functional

**Upstairs Hallway**

☐

Present

☐

Functional

**Bedroom 1**

☐

Present

☐

Functional

**Bedroom 2**

☐

Present

☐

Functional

**Bedroom 3**

☐

Present

☐

Functional

**Bedroom 4**

☐

Present

☐

Functional

**Finished Basement/Attic**

☐

Present

☐

Functional

Notes:

# Attachment 6: Sample Child Passenger Safety Evaluation Forms

## Child Passenger Safety Seat Observation Survey Form

Goal: Identify an estimated number of unrestrained children in the community before and after CPSS Distribution

Instructions: Observe for a minimum of 45 minutes the vehicles at one location in the community where parents/children are frequently present. This could be a shopping area, school or child care drop off site, health clinic or fast food drive through. Write down the number of children ages 0-6 observed in a CPSS and the number of children who are not in a CPSS.

Observer(s): \_\_\_\_\_ Tribe: \_\_\_\_\_ Community: \_\_\_\_\_

Location: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_

Car Number	# of children age 0-6 in Safety Seat	# of children age 0-6 NOT in Safety Seat	Unable to Observe	Notes:
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
TOTALS	T1	T2		

Usage Rate:  $(T1 / (T1 + T2)) \times 100$

# Attachment 6: Sample Child Passenger Safety Evaluation Forms

## Child Passenger Safety Seat Observation Survey Form

**Goal:** Identify an estimated number of unrestrained children in the community before and after CPSS Distribution

**Instructions:** Observe for a minimum of 45 minutes the vehicles at one location in the community where parents/children are frequently present. This could be a shopping area, school or child care drop off site, health clinic or fast food drive through. Write down the number of children ages 0-8 observed in a CPSS and the number of children who are not in a CPSS.

Observer(s): \_\_\_\_\_ Tribe: \_\_\_\_\_ Community: \_\_\_\_\_

Location: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_

Car Number	# infants in car seat	# infants not in car seat	# of toddlers in car seat	# of toddlers not in car seat	# of Children Age 4-8 in Car Seat	# of Children Age 4-8 not in car seat	Notes
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
TOTALS	T1	T2	T3	T4	T5	T6	

Infant Usage Rate:  $(T1/(T1+T2)) \times 100$

Toddler Usage Rate:  $(T3/(T3+T4)) \times 100$

Child Usage Rate:  $(T5/(T5+T6)) \times 100$

Overall Usage Rate:  $((T1+T3+T5)/(T1+T2+T3+T4+T5+T6)) \times 100$



# Attachment 6: Sample Child Passenger Safety Evaluation Forms

## Child Passenger Safety Seat Use Observational Survey Form

Observation Location : \_\_\_\_\_  
(provide complete address/description)

Name of Observer: \_\_\_\_\_

Observation Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

**Instructions:** Observe for a minimum of 45 minutes at one location in your community where parents and children are frequently present. This could be a shopping area, school or day care drop off site, health clinic or fast food drive through lane. For each child ages 0-8 observed, mark down whether or not they are restrained in a car seat and estimate their age.

Observation Number	Restrained		Unrestrained		Age Category			Notes:
	T1A	T2A	T1B	T2B	0-1 yr	1-3 yr	4-8 yr	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
TOTALS	T1A	T2A	T1B	T2B	TOTALS			

Total Children Restrained: T1A + T1B: \_\_\_\_\_

Total Children Unrestrained: T2A + T2B: \_\_\_\_\_

Usage Rate: \_\_\_\_\_

$((T1A+T1B)/(T1A + T2A + T1B + T2B)) \times 100$



# Attachment 7: California Area Indian Health Service Environmental Health Services Section Contact List

## Redding District Office

Rinnah Wyatt  
District Environmental Health Officer  
PH: 530-246-5339 x302  
Email: [rinnah.wyatt@ihs.gov](mailto:rinnah.wyatt@ihs.gov)

Greenville, Karuk, Modoc (Alturas, Cedarville Ranch), Pit River, Quartz Valley, Redding Rancheria, Rolling Hills (Paskenta), Susanville, Warner Mountain (Fort Bidwell)

### Arcata Field Office:

Aaron Alexander  
Field Environmental Health Officer  
PH: 707-822-1688  
Email: [aaron.alexander@ihs.gov](mailto:aaron.alexander@ihs.gov)

Hoop Valley, UIHS-Tsurai (Blue Lake, Big Lagoon, Cher-ae Heights (*Trinidad*), Elk Valley, Resighini Rancheria, Tolowa Dee-ni' (*Smith River*), Yurok Tribe of Hoopa Valley, Rohnerville (*Bear River*), Wiyot Tribe (*Table Bluff*))

## Sacramento District Office

LCDR Tim Shelhamer  
District Environmental Health Officer  
PH: 916-930-3981 x338  
Email: [tim.shelhamer@ihs.gov](mailto:tim.shelhamer@ihs.gov)

Feather River (Berry Creek, Enterprise, Mooretown), Chapa De (Auburn), Colusa (Cachil Dehe Band); Northern Valley (Chico (*Mechoopda*), Cortina, Grindstone, Yocha Dehe Wintun (*Rumsey*)), Shingle Springs, Wilton Rancheria

### Clovis Field Office:

Alyssa Bernido  
Field Environmental Health Officer  
PH: 559-322-7488 x306  
Email: [alyssa.bernido@ihs.gov](mailto:alyssa.bernido@ihs.gov)

Buena Vista Rancheria, California Valley Miwok (Sheep Ranch), Central Valley (Big Sandy, Cold Springs, North Fork, Picayune, Santa Rosa Community), MACT (Ione Band, Jackson), Mathieson Memorial Health Clinic (Chicken Ranch), Santa Ynez, Table Mountain Rancheria, Tule River, Tuolumne, Tejon

### Ukiah Field Office:

VACANT—Contact Tim Shelhamer

Consolidated Tribal Health (Cahto (*Laytonville*), Coyote Valley, Guidiville, Hopland, Pinoleville, Potter Valley, Redwood Valley, Sherwood Valley) Lake County (Big Valley, Elem, Middletown, Robinson, Scotts Valley, Upper Lake (*Habematolel*)), Round Valley (Covelo), Sonoma County Health (Cloverdale, Dry Creek, Kashia Band (*Stewarts Point*), Graton, Lytton, Manchester), Koi Nation

## Escondido District Office

CAPT Brian Lewelling  
District Environmental Health Officer  
PH: 760-735-6891  
Email: [brian.lewelling@ihs.gov](mailto:brian.lewelling@ihs.gov)

Cabazon, Indian Health Council (Inaja (*Cosmit*), La Jolla, Los Coyotes, Mesa Grande, Pala, Pauma (& *Yuima*), Rincon, San Pasqual, Santa Ysabel), Southern Indian Health Council (Barona, Campo, Cuyapaipe, Jamul, La Posta, Manzanita, Viejas), Sycuan