

2021

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.

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, please contact Carolyn Garcia at (916) 930-3981 x336/carolyn.garcia2@ihs.gov before submitting your application.***

B. Application Submission: All injury prevention mini-grant applications must be received by the California Area IHS EHSS by close of business on **December 18, 2020**. Email your completed application and supplemental supporting documentation to: 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, 2020, your application will be removed from consideration for funding.

C. Deadline Extension: If you are not able to submit your completed application by December 18, 2020, you may request an application deadline extension. All application deadline extension requests must be received in writing by our office no later than close of business **December 11,**

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2020. Requests for an application deadline extension received after December 11, 2020 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, 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 18, 2020. Please note that the any deadline extension granted is limited to an additional 10 days beyond the original application deadline. Also, your application and all supporting documentation must be received by December 31, 2020 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 application’s award funding level in 2021. All applicants begin with an initial award *funding level factor* of 1.0.

#1 If your program received an injury prevention mini-grant in 2020, 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 2020. 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 50% of the car seats your program was awarded to purchase in 2020. (NOTE: The amount your program was required to purchase in 2020 has been reduced to accommodate for the issues COVID-19 created for your distribution program. NOTE: Receipts must be for purchases made during the 2020 calendar year.)

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

#2 Your *funding level factor* is **increased by a 0.25 *WEIGHT FACTOR*** if your program sent a staff member to an Indian Health Service Injury Prevention Level I course or National Highway and Traffic Safety Administration (NHTSA) Child Passenger Safety

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(CPS) Technician course during calendar year 2020. 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 a copy of the certificate of completion. (Note: A positive WEIGHT FACTOR will not be applied to your funding level factor if you do not provide a copy of the training certificate. Also note that this weight factor will not be increased above 0.25 if more than one staff member from your program attended an Injury Prevention Level I or NHTSA CPS Technician training in 2020.)

#3 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 2021 baseline survey results as part of your mini-grant application. Guidance for a CPSS observational survey is enclosed as Attachment 6.)

#4 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.)

#5 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 2020. To be eligible for this funding factor, the matching resources must be equal to at least 50% of the 2020 funding award your program received through the California Area IHS to purchase car seats. (For example, if your program was funded by the California Area IHS to purchase 50 car seats in 2020 and your program purchased and distributed an additional 25 car seats in 2020, 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 2020 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 in the calendar year 2020.)

D.2: Smoke Detector Distribution Program: The following criteria are used to determine your application's award funding level in 2021. All applicants begin with an initial award *funding level factor* of 1.0.

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#1 If your program received an injury prevention mini-grant in 2020, 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 2020. To avoid having this weight factor applied to your application, your reporting form must include receipts that document the purchase of at least 50% of the smoke detectors your program was awarded funding to purchase in 2020 by the California Area IHS. (NOTE: The amount your program was required to purchase in 2020 has been reduced to accommodate for the issues COVID-19 created for your distribution program. NOTE: Receipts must be for purchases made during the 2020 calendar year.)

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:

#2 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 Injury Prevention Level I course or home fire safety training during calendar year 2020. 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 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 a Home Fire Safety or Injury Prevention Level I training in 2020.)

#3 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*.

#4 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*.)

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#5 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 2020. To be eligible for this funding factor, the matching resources must be equal to at least 50% of the 2020 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 2020 and your program purchased and distributed an additional 25 smoke detectors in 2020, an additional 0.25 *WEIGHT FACTOR* will be applied to the award funding level factor. To have this *WEIGHT FACTOR* applied to your application's funding level, you must have expended all the funds awarded in 2020 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 in the calendar year 2020.)

D.3: Bicycle Helmet Distribution Program: The following criteria are used to determine your application's award funding level in 2020. All applicants begin with an award *funding level factor* of 1.0.

#1 If your program received an injury prevention mini-grant in 2020, 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 2020. To avoid having this weight factor applied to your application, your report must include a receipt that documents the purchase of at least 50% of the bike helmets your program was funded to purchase in 2020 by the California Area IHS. (NOTE: The amount your program was required to purchase in 2020 has been reduced to accommodate for the issues COVID-19 created for your distribution program. NOTE: Receipts must be for purchases made during the 2020 calendar year.)

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:

#2 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 or Indian Health Service Injury Prevention Level I training during calendar year 2020. 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

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than one staff member from your program attended a Traumatic Brain Injury Prevention or IHS Injury Prevention Level I training in 2020.)

#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 to perform your baseline observational survey and include your 2021 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 2020. To be eligible for this funding factor, the matching resources must be equal to at least 50% of the 2020 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 2020, 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 2020 and must submit a copy of the purchase receipt(s) with your application. These receipts must be from purchases made in the calendar year 2020.)

D.4: NEW: CAIHS Injury Prevention Special Project: The California Area IHS will fund 3 special injury prevention projects in 2021. These projects must be developed by a Tribal Health Program in partnership with their local CAIHS Environmental Health Specialist (refer to Attachment 7).

Awards for CAIHS special injury prevention projects will be capped at \$3000 each. Funds awarded for a special injury prevention project may only be used to purchase injury prevention equipment or injury prevention specialized training or services **which builds the capacity** of your tribal health program to address a specific injury problem in your community. 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.

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The table that follows illustrates how the Injury Prevention Special Project applications will be scored. Note that a total of 125 points is possible.

| | | | | | |
|-----------------------------------|--|--|-----------|--|----------|
| 1. | Project developed in partnership with CAIHS Environmental Health Specialist (EHS): | CAIHS EHS Letter of support | 15 points | | |
| 2. | Definition of the Injury Problem: | Injury problem defined by data | 5 points | Data is specific to California or Tribal Community | 5 points |
| 3. | Project goal is <i>SMART</i> (<i>specific, measurable, achievable, relevant, time oriented</i>): | | 10 points | | |
| 4. | Project intervention is: | A proven strategy | 5 points | Reference literature provided supporting intervention | 5 points |
| 5. | Project Evaluation: | Includes baseline data | 5 points | Includes detailed description of metrics that will be reported upon project completion | 5 points |
| 6. | Project Marketing: | Completed | 5 points | Includes partnership with another organization | 5 points |
| 7. | Project Budget: | Completed and consists solely of allowable costs | 5 points | Includes in-kind contribution | 5 points |
| 8. | Project Work Plan: | Completed | 5 points | | |
| 9. | Project Logic Model: | Completed | 5 points | | |
| TOTAL POSSIBLE POINTS: 125 | | | | | |

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.

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II. Program Reporting

The California Area Injury Prevention Mini-Grant Program will require 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 2021 injury prevention mini-grant program reporting form/narrative report will be due November 1, 2021.**

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, detailed breakdown of the funds expended 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 50% of the equipment acquired using California Area IHS injury prevention mini-grant funding. This 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. |
| 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. |

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III. Applicant Information

| Tribal Health Program Information | | | Program Coordinator Information | |
|--|---|---|---|--|
| Tribal Health Program Name: | | | Name (first, last): | |
| Health Care Facility Name (if different from above): | | | Job Title: | |
| Facility Mailing Address: | | | Email Address: | |
| | | | Work Phone Number: XXX-XXX-XXXX | |
| City: | State: | Zip: | Mailing Address (If different from facility mailing address): | |
| Phone Number: XXX-XXX-XXXX | | | | |
| In 2020, did your program receive a mini-grant from the California Area Indian Health Service injury prevention mini-grant program for: | | | | |
| 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 2020, did your program submit a Program Reporting Form for 2020? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| Please select the 2021 injury prevention mini-grant programs below for which you are applying today (check all that apply): | | | | |
| <input type="checkbox"/> Child Passenger Safety Seat | <input type="checkbox"/> Smoke Detector | <input type="checkbox"/> Bicycle Helmet | <input type="checkbox"/> Special Project | |

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IV. Child Passenger Safety Seat 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 2021 for your American Indian service population.
3. _____ Enter the amount of matching funding provided by your program in 2020 and spent towards the purchase of CPSS. If not applicable, enter "0" and proceed to question 4.
 - 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 2020. Check the box at the left when complete. (*NOTE: Only purchases made during the 2020 calendar year 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, briefly describe the methods your program will use to evaluate the success of your CPSS distribution program in 2020 (e.g. observational surveys, client feedback surveys, change in knowledge evaluation, “Tell-Show-Do” training evaluations, etc.). Attach copies of your evaluation forms, observational forms and surveys used as part of your CPSS distribution program. *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 a copy of your CPSS program’s 2021 baseline CPSS observational survey results and a description of the method used. 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 Injury Prevention Level I course or NHTSA CPS Technician course during the 2020 calendar year.

Name: _____
(FIRST) (LAST)

Job Title: _____

Location of Eligible Training: _____
City, STATE

Date of Eligible Training: _____

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 IHS Environmental Health Support Center (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 [916-920-3981](tel:916-920-3981) or carolyn.garcia2@ihs.gov for assistance.)

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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 2021 for your American Indian service population.
2. _____ Enter the amount of matching funding provided by your program in 2020 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 2020. Check the box on the left when completed. (*NOTE: Only purchases made during the 2020 calendar year 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.*) Attach copies of your evaluation forms, observational forms and surveys used as part of your smoke detector distribution program. *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 2021 to document follow-up testing, battery replacement 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 IHS Injury Prevention Level I course during the 2020 calendar year.

Name: _____
(FIRST) (LAST)

Job Title: _____

Location of Injury Prevention Level I
Training: _____
(City, STATE)

Date of Injury Prevention Level I
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 provided by the IHS Environmental Health Support Center (www.ihs.gov/ehsc) for the individual named above. Check the box on the left when completed. (NOTE: If you do not provide a copy of the training certificate, a positive *WEIGHT FACTOR* ***will not*** be applied to your award *funding level factor*.)

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VI. Bicycle Helmet Distribution Program

HEALTH PROGRAM NAME: _____

Bicycle Helmet Distribution Program Description

1. _____ Enter the number of bicycle helmets your program estimates it will need in 2020 for your American Indian service population.
2. In the space below, briefly describe the methods your program will use to distribute bicycle helmets. (For example: bicycle rodeo, school fair, health fair, etc.)
3. Briefly describe your efforts to evaluate the success of your bicycle helmet distribution program.

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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 a copy of your program's 2021 baseline bike helmet observational survey results. Check the box on the left when complete.

4. _____ Enter the amount of matching funding provided by your program in 2020 and spent towards the purchase of bicycle helmets. If not applicable, enter "0" and proceed to question 5.

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 during the 2020 calendar year will qualify your application for this WEIGHT FACTOR.*)

5. Provide the name, job title and course information for a staff member who has attended an IHS Injury Prevention Level I course during the 2020 calendar year.

Name: _____ Job Title: _____
(FIRST) (LAST)

Location of Injury
Prevention Level I

Training: _____
(City, STATE)

Date of Injury Prevention Level I

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 provided by the IHS Environmental Health Support Center (www.ihs.gov/ehsc) for the individual named above. Check the box on the left when completed. (*NOTE: A copy of the training certificate must be provided for a positive WEIGHT FACTOR to be applied to your award funding level factor. If you have difficulty in obtaining the certificate, contact Carolyn Garcia for assistance at 916-930-3981x336/carolyn.garcia2@ihs.gov*)

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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 2021 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 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.*

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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 limited to 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). *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).

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

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 11, 2020 via:

Email: 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 | | | |

Please select the injury prevention mini-grant program(s) below for which you are requesting a deadline extension (*check all that apply*):

- Smoke Detector
 Child Passenger Safety Seat
 Bicycle Helmet
 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

Ms. Carolyn Garcia
DEHS Director
PH: 916-930-3981 x336
Email: carolyn.garcia2@ihs.gov

Escondido District Office

CAPT Brian Lewelling
District Environmental Health Officer
PH: 760-735-6891
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Redding District Office

VACANT
District Environmental Health Officer
PH: 530-246-5339 x302
Email: molly.madson@ihs.gov

Sacramento District Office

CDR Tim Shelhamer
District Environmental Health Officer
PH: 916-930-3981 x338

Arcata Field Office

Mr. Aaron Alexander
Field Environmental Health Officer
PH: 707-822-1688 x207

Ukiah Field Office

VACANT
Field Environmental Health Officer
PH: 707-462-5314 x103
Email: tim.shelhamer@ihs.gov

Clovis Field Office

Ms. Alyssa Bernido
Field Environmental Health Officer
PH: 559-322-7443
Email: alyssa.bernido@ihs.gov

- 1. Keep track of all receipts and purchases**
Attach all receipts for the helmets, smoke detectors and car seats to the program reporting form.
- 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.
- 3. Purchase regular brands items**
This means no luxury items such as \$50 bike helmets or \$300 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 increase your points and lead to more funding.
- 6. Keep distribution lists, sign-in sheets, and flyers**
We want to see that not only have the items been purchased, but also distributed in the community.
- 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**
Incorporating program evaluation into your program will increase your funding.
- 9. Turn in a completed application**
Partial information is difficult to score and often results in reduced funding.

10. Ask us for help! Contact your local Environmental Health Specialist to get even more application tips and assistance in 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 |

Form was adapted from the South Dakota Department of Public Safety

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 Form

Child Passenger Safety Evaluation Form

Goal: Identify an estimated number of unrestrained children in the community before and after funding.

Instructions: Observe cars at one place in the community that frequently has children present. This could include a shopping area, child care, school, health clinic, an intersection with a stop, or any other place where observers could see whether or not children are restrained. Write down the number of children observed in each car who are in a safety seat and the number of children who are not in a safety seat.

Complete this form **BEFORE** installing or distributing any child safety seats from the mini-grant funding. The form should be completed again **AFTER** the safety seats have been installed or distributed.

Observer(s): _____ Tribe: _____ Community: _____

Location: _____ Date: _____ Time: _____ to _____

Check one: Observation Before Installing Seats Observation After Installing Seats

| Observation/Car Number | # of Children Age 0-6 in Safety Seat: | # of Children Age 0-6 NOT in Safety Seat: | Unable to Observe: | Notes: |
|------------------------|---------------------------------------|---|--------------------------|--------|
| 1 | | | <input type="checkbox"/> | |
| 2 | | | <input type="checkbox"/> | |
| 3 | | | <input type="checkbox"/> | |
| 4 | | | <input type="checkbox"/> | |
| 5 | | | <input type="checkbox"/> | |
| 6 | | | <input type="checkbox"/> | |
| 7 | | | <input type="checkbox"/> | |
| 8 | | | <input type="checkbox"/> | |
| 9 | | | <input type="checkbox"/> | |
| 10 | | | <input type="checkbox"/> | |
| 11 | | | <input type="checkbox"/> | |
| 12 | | | <input type="checkbox"/> | |
| 13 | | | <input type="checkbox"/> | |
| 14 | | | <input type="checkbox"/> | |
| 15 | | | <input type="checkbox"/> | |
| 16 | | | <input type="checkbox"/> | |
| 17 | | | <input type="checkbox"/> | |
| 18 | | | <input type="checkbox"/> | |
| 19 | | | <input type="checkbox"/> | |
| 20 | | | <input type="checkbox"/> | |
| 21 | | | <input type="checkbox"/> | |
| 22 | | | <input type="checkbox"/> | |
| 23 | | | <input type="checkbox"/> | |
| 24 | | | <input type="checkbox"/> | |
| 25 | | | <input type="checkbox"/> | |

Form adapted from the California Office of Traffic Safety

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

Redding District Office

VACANT
District Environmental Health Officer
PH: 530-246-5339 x302
Email:

Greenville, Hoopa Valley, 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

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

Sacramento District Office

CDR Tim Shelhamer
District Environmental Health Officer
PH: 916-930-3981 x338
Email: 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 (NG)

Clovis Field Office:

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

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

Ukiah Field Office:

VACANT
Field Environmental Health Officer
PH: 707-462 5314
Email:

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 Point), Koi Nation(NG)

Escondido District Office

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

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, Capitan Grande, Cuyapaipa, Jamul, La Posta, Manzanita, Viejas), Sycuan