CHILD PASSENGER PROTECTION PROGRAM

FACILITY NAME: ____________________________________________

Reporting Period:
October 1, 2014 through September 30, 2015

INSTRUCTIONS: Please complete and submit to the Sarah Snyder by January 15, 2016

1. ___ Estimated number of American Indian children born per year in your service population.

2. ___ Amount of funding received for car seats from CA IHS in FY 2015. Our records indicate that _____________ was sent to your program from the CA IHS.

3. ___ Number of seats purchased during this period.

4. ___ Total expenses for seats purchased during this period. Please attach a copy of your receipt(s).

5. ___ Number of seats distributed during this period. Please attach a list of recipients.

6. ___ Total amount of money collected for seats that were sold.

7. ___ Number of seats needed for next year for your Indian service population.

8. Briefly describe your efforts to evaluate the success of this program (e.g. observational surveys, patient feedback surveys, etc.). To obtain credit, please attach evaluation results.

9. Please describe any injuries that were prevented because of the use of a child safety seat, provided by the Tribal Health Program.
10. Please describe any success stories or events, resulting from the funds provided by CA IHS mini-grant program. Please attach documentation of any photos, news articles, flyers, etc. that showcase your injury prevention efforts.

11. List Names of NHTSA Certified Technician(s):

_________________________________ _______________________________

_________________________________ _______________________________

12. Based on the criteria on the reverse of this form, what funding level (weight factor) do you think your program should be awarded? Please circle one:

0.75  1.0  1.25  1.50  1.75

Submitted by: ________________________________________________________

Name and Title (please Print)    Date

Email address: ________________________________________________________

Listed below is the criteria used to evaluate your FY 2015 program and to determine your funding level during this year. (WEIGHT FACTOR) for Child Passenger Seats. **The funding factor starts at 1.0.**

#1 your WEIGHT FACTOR is **decreased by .25** if you do not provide documentation of distribution of at least 75% of the child passenger seats that were funded during the reporting period by the IHS.

#2 your WEIGHT FACTOR is **decreased by .50** if you failed to submit any reports for this program for the previous year.

To provide a quality program and address common factors which greatly reduce the effectiveness of child passenger protection programs the **WEIGHT FACTOR is increased for incorporating the following components:**

#3 your WEIGHT FACTOR is **increased by .25** if you conduct an IHS-approved observational/evaluation study for your program (please include observation methods and results in your report).

#4 your WEIGHT FACTOR is **increased by .25** if your Health Program provided matching funding of at least 50% to purchase additional car seats during FY 2015 (For Example: If the IHS provided your program with $500 for car seats and your Health Program provided an additional $250, you will receive an additional 0.25 for your WEIGHT FACTOR for next year's funding.)

#5 your WEIGHT FACTOR is **increased by .25** if your coordinator for this program is certified with the National Highway and Traffic Safety Administration in child passenger protection.

*The awarded amounts may be reduced, pending the availability of funding.

CC: Executive Director