

HELMET PROGRAM

FACILITY NAME: _____

Reporting Period:

October 1, 2014 through September 30, 2015

INSTRUCTIONS: Please complete and submit to the CAIHS Injury Prevention Specialist by **January 15, 2016.**

1. _____ Amount of funding received for helmets from CAIHS during FY 2014. Our records indicate that \$ _____ was sent to your program for helmets.
2. _____ Amount of matching funding provided by your agency. (Extra points .25)
3. _____ Total expenses for helmets purchased during the period covered by this report. **Please attach a copy of your receipt(s).** Total Helmets purchased _____
4. _____ Number of helmets distributed during this period. **Please attach a list of recipients.**
5. _____ **Number of helmets needed for next year for your Indian service population.**
6. Briefly describe your efforts to evaluate the success of this program (e.g. observational surveys, etc.). Please attach evaluation results.

7. Please describe any injuries that were prevented because of the use of a helmet, provided by the Tribal Health Program.

8. Briefly describe any success stories that have resulted from your program such as the prevention of an injury. Also, please provide any available police reports, media coverage, or photos which convey the success of your program's injury prevention efforts.

9. 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

1.5

Submitted by: _____
(Name and Title) (Date)

Listed below is the criteria used to evaluate your FY 2015 program to determine your funding level for this year (WEIGHT FACTOR) for Helmets. **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 helmets that were previously funded 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 helmet 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.

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

Please mail form to:

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cc: Executive Director