

**Application for CDC Smoke Alarm Mini-Grant and Residential Fire Safety Project  
Kentucky Injury Prevention and Research Center**

**Organization and Contact Information:**

Organization: \_\_\_\_\_

Mailing Address (street / P.O Box): \_\_\_\_\_

City: \_\_\_\_\_ State: **Kentucky** ZIP Code: \_\_\_\_\_

County: \_\_\_\_\_ Health District: \_\_\_\_\_ Area Development District: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Alternate Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Primary Project Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Secondary Project Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Agency Head / Director: \_\_\_\_\_ Title: \_\_\_\_\_

Organization Type:  Local Health Dept.     Fire Department     Rescue Squad     EMS Agency  
 Health Care Provider     Law Enforcement     School or College     Other Local Govt.  
 Private Non-Profit Service Organization     Head Start / Pre-School / Day Care  
 Other: \_\_\_\_\_

Number of employees or members: \_\_\_\_\_ Personnel are:  Paid     Volunteer     Combination

Describe your organization: What do you do? What population do you serve? What services do you provide? How is your organization structured? Is your organization a government agency, affiliated with government, or entirely private?

## Community and Population Served:

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

(A county, city, district, etc. may be considered as a community.  
List data only for the area actual being served by this project.)

Total Community Population: \_\_\_\_\_

Households in Community: \_\_\_\_\_

Population Under 5 Years: \_\_\_\_\_

Average Household Income: \_\_\_\_\_

Population Aged 65 and Over: \_\_\_\_\_

Percent of House. in Poverty: \_\_\_\_\_

Total annual fires in your community: \_\_\_\_\_

Year for which fire data is given: \_\_\_\_\_

Total annual residential fires: \_\_\_\_\_

Total annual fire-related injuries: \_\_\_\_\_

Total annual fire fatalities: \_\_\_\_\_

Annual residential fire-related injuries: \_\_\_\_\_

Total annual residential fire fatalities: \_\_\_\_\_

Approx. % of homes with smoke alarms: \_\_\_\_\_

Source for fire data: \_\_\_\_\_

Provide any additional information about your community that you believe is necessary to properly describe or understand it.

## Needs Description:

What need for smoke alarms exists in your community? How do you know this need exists? Is it limited to one portion of the community, or the entire community? Can you show that at least half of the households to be served are in poverty?

What other resources are available, or might be available, to meet these needs? If other resources are available, how are they being used? Why are more resources needed? (You may attach additional pages to explain the need and resources if needed.)

## **Resources Requested and Project Plan:**

Number of lithium battery powered ionization-type smoke alarms requested: \_\_\_\_\_

Describe your project plan. How do you plan to use the alarms and other resources requested? Who will receive alarms, and how will recipients be identified or located? How will alarms be installed? Who will install them? What type of education will be given to alarm recipients? When and where will installer training be conducted? (KIPRC coordinators will work with this trainer to set up installer training.) How will this project be coordinated with any other fire safety projects in your community? How will you verify that at least half of the households you serve are beneath the poverty line?

## Key Project Personnel:

Project Coordinator: (This individual should also be listed as the Primary Contact on Page 1.)

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

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

List at least one qualified person who will train installers in how to properly install smoke alarms, and give his/her qualifications. (If you do not have a qualified installation instructor available, the KIPRC staff can provide this training for you.)

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

List any other personnel who will play a major role in this project, including personnel from any other agencies or organizations collaborating in this project, and give a brief description of the role they will play in the project.

## Media Partner:

Please list the name of at least one media organization (radio or television station, newspaper, etc.) covering your service area that has agreed to support this project by airing or printing at least one public service announcement (PSA) or news story per month during the project period. Please attach a letter or other documentation from the media partner confirming their support.

Media Organization: \_\_\_\_\_ Type of Media (Radio, etc.): \_\_\_\_\_

Person to Contact: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

## Evaluation Plan:

Describe how you intend to determine if this project is successful, and whether or not changes or improvements might be needed for any future projects. How will you know if you were successful in following your plan? How will you know who received the alarms, and whether or not they used them -- or used them correctly? What things can you measure that should tell you whether or not this project helped improve the situation? (Avoid trying to measure fatalities; they are usually so rare that they are not a good indicator of whether or not a program was successful in a local community.) At a minimum, your plan should include a six month post-installation follow up check (120 households or 25 percent of the project households, whichever is greater) and a method for tracking fires in project households. Attach an additional page if needed.

The target date for project completion will be Sept. 30, 2010. Will this be a problem? \_\_\_\_\_

If the project is completed by the expected date, when could you submit the final report? \_\_\_\_\_

**CDC Smoke Alarm Mini-Grant and Residential Fire Safety Project  
Local Partner Agency Certification**

On behalf of the organization applying for this grant of smoke alarms, I certify that:

- I am authorized to sign this application and agreement on behalf of the organization, and to obligate the organization to make a good faith effort to perform all activities specified below;
- The organization, including its personnel and agents, agrees to follow the rules and guidelines for this project as listed in this application and in the application instructions, including the requirements that at least fifty percent of the households served be at or below the poverty level, which are incorporated into this agreement by reference;
- The organization will receive any smoke alarms provided under this agreement at a mutually agreed-upon location and transport and/or store them with due care until they are installed;
- The organization will provide those alarms without charge, including any service charges or fees for installation that might otherwise apply, to those who qualify;
- At least one adult member of any household that receives an alarm through this project will receive fire safety education, including information about how to properly maintain the smoke alarm and how to exit the home if an alarm sounds;
- A record of all alarms installed by this project will be kept, and that a copy of the completed installation forms will be provided to KIPRC within 30 days following an installation;
- The organization will conduct community fire safety education activities and partner with one or more local media outlets to publicize fire safety during the project period;
- A follow up survey of 25 percent of the households receiving alarms, or 120 households (whichever is less), will be conducted within six months of the installation of the alarms, using forms provided by KIPRC, and the completed forms will be returned to KIPRC;
- A method of tracking fires in project homes will be implemented, and KIPRC will be notified of any known fires occurring in project homes for at least two years after alarms are installed;
- A short (3 to 6 page) typed summary report of this project, including the results of the project evaluation activities, will be provided to KIPRC within 60 days after the end of the project;
- The organization will make all reasonable efforts to carry out all portions of this project as described in this application, unless changes are approved by the designated representative(s) of the Kentucky Injury Prevention and Research Center (KIPRC); and
- That the smoke alarms provided by KIPRC for this project will be acknowledged as having been provided by KIPRC using funds from the National Center for Injury Prevention and Control of the Centers for Disease Control and Prevention, in cooperation with the Kentucky Department for Public Health, and that no alarm provided by this project shall be used in any way as an incentive, inducement, prize, advertisement or fund-raising activity, or for the purpose of providing financial benefit or consideration to any person, business or organization, except for the benefit to qualified recipients of receiving working smoke alarms.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Printed or Typed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title (Printed or Typed)