



## INFANT SAFE SLEEP MINI-GRANT PROGRAM

### APPLICATION

The INFANT SAFE SLEEP MINI-GRANT PROGRAM is administered by the SID Network of Ohio. See **Program Guidelines** for details. All applications must be completed and delivered by mail or email. Applications will not be accepted by fax.

**Mail completed application to:**

Infant Safe Sleep Mini-Grant Program  
C/O SID Network of Ohio  
421 Graham Rd, Suite H  
Cuyahoga Falls, OH 44221  
800-477-7437  
sidnetwork@sidsohio.org

**For questions regarding this application:**

Please contact:  
Dr. Stacy Scott, Program Manager  
(419) 490-5993  
stacy@sidsohio.org

DATE: \_\_\_\_\_

#### I. APPLYING ORGANIZATION

1. Organization Name: \_\_\_\_\_ Year started: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. City, state, zip: \_\_\_\_\_

4. Website: \_\_\_\_\_

5. Telephone: (\_\_\_\_) \_\_\_\_\_

6. Contact person/Title: \_\_\_\_\_

7. Contact email: \_\_\_\_\_

8. Alternate contact person/Title: \_\_\_\_\_

9. Tax exempt status: Is your organization a 501C3?  YES  NO. If not, then 501 c (\_\_\_\_) insert number.

Tax ID#: \_\_\_\_\_

10. Check one category that best describes your organization:  Civic Assoc.  Human Services  Arts Organization  
 Church  Other: \_\_\_\_\_ (please explain)

11. Please provide a mission statement or brief history of your organization's role in the community. (Attach a maximum one additional page to complete if necessary. Please do not include other printed material, CDs, videos, etc.)

**II. PROJECT SUMMARY** (Attach a maximum one additional page to complete Section II if necessary.)

Must include how this activity will impact your community in terms of reducing the risk of SIDS and promoting infant safe sleep. Explain how the project will be carried out; how the funds will be used and the expected results of the project.

12. A) Project Title: \_\_\_\_\_

B) Project Description:

C) Project Start Date: \_\_\_\_\_ Project End Date: \_\_\_\_\_

D) Project Location (address including zip code):

E) County where the activity/project will occur: \_\_\_\_\_

F) Do you have any project partners? If so, please list partners and their contribution (An organization may be considered a project partner if it is a co-sponsor of the project, or contributes cash, facilities, goods or services to the project):

G) Describe target audience/beneficiaries for your project:

H) Projected number of beneficiaries (Participants and/or Audience): \_\_\_\_\_

I) How will an *Infant Safe Sleep Mini-Grant program* improve or enhance your project?

J) Attach a project budget. Must include a detailed listing of income (both cash and in-kind) and a detailed listing of expenses.

13. Request: (maximum \$600) \_\_\_\_\_

**III. SIGNATURE**

Authorized Official's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_