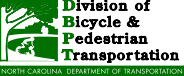
**North Carolina Department of Transportation ** **Bicycle Helmet Initiative - 2019 Call for Applications**

Submittal Deadline is

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| **North Carolina Crash Facts:** | | | | |
| Each year in North Carolina, an average of 20 bicyclists are killed while bicycling, one in six bicyclists killed in NC are under the age of 161. Children ages 5 to 14 are seen in emergency rooms for bicycle related injuries more than any other sport. Typically, only 45 percent of children usually wear helmets2. Helmets can reduce the risk of severe brain injuries by 88 percent3.   1. Funding for the Bicycle Helmet Initiative is made possible through the “[Share the Road](https://www.ncdot.gov/divisions/bike-ped/safety-education/Pages/share-road-plate.aspx)” specialty license plate. Persons dedicated to bicycle safety in North Carolina have continued to support this initiative that provides funding that makes the Bicycle Helmet Initiative possible for the children in North Carolina that will benefit most from this initiative.   *(1NCDOT, Crash Data Tool -Bicycle Injury Query- 2012, 2Safe KidsWorldwide-*[*www.safekids.org,*](http://www.safekids.org/) *3Helmet Safety Institute –www.helmet.org)* | | | | |
| **Applicant Information**  ***\* Indicates required field.*** | | | | |
| \* Organization applying for the Bicycle Helmet Initiative award:  [Organization] | | | | |
| \* Contact Person:  [Contact Person] | \* Title:  [Contact Person Title] | | \* Best Day-Time Phone Number:  [Phone] | |
| \* E-mail Address:  [Email] | | | | |
| \* Physical Mailing Address (PO Boxes are not acceptable):  [Mailing Address] | | \* City:  [City] | \* State:  [State] | \* Zip Code:  [Zip Code] |

I attest that the information given in this application is true to the best of my knowledge; and I as a participant of a bicycle safety and awareness program in my community do promise to make every effort to distribute any awarded helmets to low-income children who would most benefit from this initiative.

[Attest - Do you attest that the information is true?]

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| --- | --- |
| [Attest - Name] | [Attest - Title] |
| Name | Title |
| [Attest - Date] |  |
| Date |  |

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| **Application Questionnaire**  (All questions are to be filled in completely) |
| 1. The Bicycle Helmet Initiative award is specifically provided to make helmets available to low income children. Considering this, how many helmets would you be able to distribute?   [Number of Helmets to Distribute] |
| 1. List the community groups you plan to partner with to distribute the helmets:   *(Support letters can accompany application packet; partnership is not mandatory for qualification but each letter of support will increase the application’s chances of award.*)   1. [Community Group Partner (a)] 2. [Community Group Partner (b)] 3. [Community Group Partner (c)] 4. [Community Group Partner (d)]   e. [Community Group Partner (e)] |
| 1. List any bicycle safety programs or events you are aware of in your local area (*include school, police and community programs – Use space to state if no programs exist in your area*). 2. [Bicycle Safety Programs/Events (a)] 3. [Bicycle Safety Programs/Events (b)] 4. [Bicycle Safety Programs/Events (c)] 5. [Bicycle Safety Programs/Events (d)] |
| 1. Do you plan on utilizing the North Carolina “Let’s Go NC!” Bicycle and Pedestrian Safety Curriculum (<https://connect.ncdot.gov/projects/BikePed/Pages/LetsGoNC.aspx>) as part your helmet distribution efforts?   ["Let's Go NC!" Curriculum?] |
| 1. Describe any helmet or bicycle safety initiatives or events you were involved with in the last year. Include information on the target audience and how many individuals were reached:   [Describe Helmet/Bicycle Safety Initiatives/Events] |

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| **Narrative Description**  (Please limit descriptions to space provided) |
| 1. In the space provided, please describe your bicycle safety program and how helmets will be distributed to low income children. If you answered ‘yes’ to Question (4), specify how you will incorporate the Let’s Go NC! curriculum.   [Describe Bicycle Safety Program and How Helmets will be Distributed to Low Income Children] |
| 1. Provide your explanation for the requested number of helmets in Question (1).   [Explanation for Requested Number of Helmets] |

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| All groups/organizations that receive helmet awards through the Bicycle Helmet Initiative will be required to forward a brief summary report of their program. This report can be a page or less, but no more than three pages. For all pictures that accompany reports a signed parental consent must be kept on record by the host organization for a period of three years. NCDOT, Division of Bicycle and Pedestrian Transportation reserves the right to use information and images furnished through this initiative at its own discretion. **Click fields below to select ‘Yes’.**  **I understand that a summary report must be submitted 30 days following the bicycle safety event.**  [I understand that a summary report must be submitted 30 days following the bicycle safety event.]  **I understand that I/my organization must obtain parental consent for all images.**  [I understand that I/my organization must obtain parental consent for all images.] |

**Note: Submission of application to the Bicycle Helmet Initiative is not a guarantee of award.**

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| **Submittal Information** | |
| **The deadline for applications is 5:00pm on** . | **E-mail Address:**  Bryan Lopez  Subject Line: 2019 Bicycle Helmet Initiative Application Email: [balopez@ncdot.gov](mailto:balopez@ncdot.gov)  Attachment preference format: PDF |
| **Mailing Address:**  Bryan Lopez  NCDOT Division of Bicycle and Pedestrian Transportation 1552 Mail Service Center  Raleigh, NC 27699-1552 |