



**North Carolina Division  
of the  
American Trauma Society**

**Injury Prevention Grant Application—2023**

**I. APPLICANT INFORMATION**

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

Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

What is the purpose of your organization and how long has your organization been in existence?

Are you or your organization a participant in any of the following groups?

NC Division of the American Trauma Society	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Safe Communities Coalition	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Safe Kids Coalition	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**II. PROPOSAL INFORMATION**

1. Project Title: \_\_\_\_\_

Brief Layman's Summary (300 words max):

2. Are there others, locally or nationally, who provide services similar to those for which you are requesting funds? If so, please list.
  
3. What populations & how many individuals will directly benefit from any assistance rendered? What impact will this funding have?
  
4. Give a brief description of the background and objectives of your organization as they relate to the successful accomplishment of the project.

**III. FUNDING**

1. Total funding requested? (maximum award is \$2,500)
  
2. Please itemize how funds will be expended. The intention of the grant is not to fund items such as car seats and bike helmets. (If additional space is needed, please attach).

Description	Amount

3. What alternate sources of funding have you sought? Indicate the status of the requests.

Source Name	Status (awarded, pending, denied)	Amount

4. What sources of funding have previously supported this project or a similar project?

5. How will the project/program be funded in the future?

6. If NC ATS funds are not available this year, how will this specifically affect your project?

**IV. ADDITIONAL INFORMATION REQUIRED**

1. Please attach verification of 501(c)(3) status and federal tax identification number.

2. If funded, provide the name of institution and address to make check payable to

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

Mailing Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

**V. ATTESTATION**

*I have reviewed the eligibility requirements established by the NC Division of the American Trauma Society and state that our organization meets these requirements.*

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_