



**Core State Injury Prevention Program (Core SIPP)  
Increasing Capacity for Child Passenger Safety in Montana  
Mini-Grant**

**2026 Application Form**

**Contact Information:**

|   |  |
|---|--|
| Applicant Name  |  |
| Mailing Address   |  |
| City, Zip Code  |  |
| County of Residence ( <i>from the list of eligible counties</i> ) |  |
| Contact Phone   |  |
| Contact Email   |  |
| Sponsoring Agency ( <i>if applicable</i> )                        |  |
| Agency Contact ( <i>if applicable</i> )                           |  |

Please check all that apply:

- ☐ I am a resident of an eligible county (required)
- ☐ I understand that this grant reimburses costs only after submission of receipts and proof of successful completion of the course
- ☐ I understand wages/staff time are NOT reimbursable
- ☐ I will register for the CPST course within 2 weeks of approval
- ☐ I will submit proof of certification and all reimbursement paperwork within 30 days of course completion

I am registered/plan to register for the following course:

Course Dates: Click or tap here to enter text.

Course Location: Click or tap here to enter text.



**Reimbursement Request** (estimate; actual reimbursement requires receipts)

Course Registration: **\$95.00**

Mileage (*total to and from x \$.70 per mile*): Click or tap here to enter text.

Lodging (*check state rates*): Click or tap here to enter text.

Per Diem (*check state rates*): Click or tap here to enter text.

**Total Estimated Reimbursement:** Click or tap here to enter text.

(Current state rates can be found on the Travel Summary at <https://doa.mt.gov/employee-travel>)

**Short Narrative**

1. Describe why you want to become a Child Passenger Safety Technician and how you plan to use your certification in your community.

2. Briefly describe how families in your county will benefit from increased access to CPST services.



**The grant cycle runs from December 1, 2025 to July 31, 2026, or as long as funding is available.**

**Applications may be sent via email to [rachel.fox@mt.gov](mailto:rachel.fox@mt.gov).**

**A W-9 is required. Please send your W-9 in the mail, or via the state's secure file transfer service (<https://transfer.mt.gov/Home/Login>) and *not by email*.**

**Rachel Fox – EMS and Trauma Systems  
P.O. Box 202951  
Helena, MT 59620-2951**