

Agreement for the Funding of Wisconsin CTSO/Peer-Led Teen Driver Safety Projects

Children's Hospital and Health System, Inc. (Children's) has received grant funds targeted to improve teen driver safety in Wisconsin through student-directed educational activities that focus on at least one area that poses the greatest risk to new drivers (seat belt use, distracted driving, speeding, nighttime driving, impaired driving and passengers) or on Wisconsin's Graduated Driver License (GDL) law.

(Subgrantee's) 2018-2019 Collaborative Project proposal, attached as Exhibit A, has been selected for funding in the amount of \$(XXXX). Funds must be utilized by June 1, 2019.

(Subgrantee's) Responsibilities

- A project description, timeline and a description of how funds will be utilized will be submitted.
- The project's focus will be on one or more of the target areas identified above.
- One adult will be named as the mentor who will serve as the primary contact person.
- The project will strive to include evidence-based strategies and practices (e.g., peer instruction).
- Materials developed for the project's use must include the "Crossroads/Children's Hospital of Wisconsin" branding or recognition (these materials may also include additional sponsors/partners). Children's must approve such materials prior to their use.
- No later than June 30, 2019, (Subgrantee) will provide a summary of the project's successes that can be shared at other venues such as state conferences, the Crossroads website, and/or organizational newsletters. This summary may be provided as a written document, presentation or video, but should include an overview of the project and the outcomes achieved. We want to showcase the results of your hard work!

Children's Responsibilities

- Children's will work collaboratively with the project mentor.
- Children's will provide support by answering any questions pertinent to the project and arranging in-person meetings when the need arises.

Funding

- A completed W-9 must be on file to receive funding.
- Funding will be awarded to the agency listed on the W-9.

Each party's signature below confirms their agreement to the terms of this document.

(Subgrantee)

Signature

Name and Title:

Date

Children's Hospital and Health System, Inc.

Signature

Bridget Clementi, VP-Community Health

Date



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