



**Kohl's Kids Ride Safe**  
**UNDERCOVER Bike Helmet Program**  
**Application Deadline: November 15, 2013**

The Kohl's Kids Ride Safe UNDERCOVER program is an injury-prevention initiative sponsored by Children's Hospital of Illinois and Kohl's Cares for Kids designed to promote the proper use of bike helmets by elementary students. As part of the UNDERCOVER event, trained representatives from Children's Hospital of Illinois Advocacy Committee will educate teachers and PTO volunteers how to measure each child grades K-5 for proper size bike helmets. Upon the arrival of the helmets (specifically ordered for each student), UNDERCOVER representatives will again visit the school to provide bike safety materials, teach proper fitting of the helmets, and conduct bicycle education. All helmets will be provided **FREE** of charge to students.

**ELIGIBILITY:**

To be eligible for an UNDERCOVER grant, elementary schools must:

1. Be located in Central Illinois.
2. Have an active parent organization or other supporting member(s) which will take on the responsibility of raising or supplying funds to continue the helmet program for incoming kindergarten or first grade students for the next 2 years. *(Cost approximately \$6.45 per helmet plus shipping).*
3. Be willing to actively encourage bike helmet use for students who ride their bikes to school.
4. Be able to provide a minimum of four volunteers to assist with measuring and fitting days. If your volunteers are not available, we will request school staff assistance. *(Two separate events approximately 4 weeks apart).*
5. Be willing to devote time during the normal school day for the measuring visit and helmet fitting/education day. *(Measuring will take approximately 15 minutes per classroom)*
6. Be able to store all bicycle helmets, which are delivered directly to the school 1-2 weeks prior to Fitting/Education Day.
7. Be responsible for sorting and distributing correct amounts and sizes of bike helmets to the appropriate classrooms prior to the Fitting/Education Day. *(Children's Hospital of Illinois will provide the lists of sizes and amounts per class).*
8. Be willing to hold one or two (depending on school size) 30-minute all-school assembly for a bicycle education program.
9. Be willing to participate and assist in program evaluation as requested by Children's Hospital.

**TIMELINE:**

All grant applications must be received by **November 15, 2013**.

Notifications of grant awards will be sent in early January.

Measuring education visits for those schools who receive grants may be scheduled in February and March.

Fitting/ Education Days may be scheduled throughout April and early May.

**DOCUMENTATION:**

1. Please attach a letter of support from your principal/school superintendent regarding your school's desire to be selected to participate in the UNDERCOVER program.
2. Please attach a letter of support from your school's parent organization regarding your schools' desire to be selected to participate in the UNDERCOVER program, including volunteer recruitment and two-year commitment of helmet supply to incoming students.
3. Please document any special needs or issues you feel your school or students may have in regards to the UNDERCOVER program, i.e. students with special health care needs, a significant population of economically disadvantaged students, other at risk students, etc. that you believe should influence our decision about choosing your school as a grant recipient.

Children's Hospital of Illinois' UNDERCOVER program is in its 13<sup>th</sup> year and has been made possible by the support and generosity of Kohl's, Russell's Cycling and Fitness, Peoria Area Safe Kids Coalition, and the American Red Cross.

Please return completed applications to:

Jamie Sammis - Advocacy  
Children's Hospital of Illinois  
530 NE Glen Oak Avenue  
Peoria, IL 61637

**FOR MORE INFORMATION, Contact:**

**Jamie Sammis of Children's Hospital of Illinois at 309-671-4813**



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Application Deadline: November 15, 2013

Name of School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Contact Person/Title \_\_\_\_\_

Number of Volunteers to Assist in Measuring \_\_\_\_\_ Fitting \_\_\_\_\_

Number of Students: K \_\_\_\_\_ 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_ 4th \_\_\_\_\_ 5th \_\_\_\_\_ Total: \_\_\_\_\_

Number of Classrooms: K \_\_\_\_\_ 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_ 4th \_\_\_\_\_ 5th \_\_\_\_\_ Total: \_\_\_\_\_

Average number of students who ride their bikes to school \_\_\_\_\_

Do you currently have a bike helmet policy? YES NO
(If yes, please attach a copy of the policy to this application)

Does your school meet all of the eligibility requirements listed on page 1? YES NO
(Please explain.)

Is your school willing to participate and assist in program evaluation, including pre/post student surveys, as requested? YES NO

Have you attached the required documentation listed on page 2? YES NO

This application must be signed both by school principal and the authorized representative of your school's parent organization.

Applicant \_\_\_\_\_

Date \_\_\_\_\_

Principal \_\_\_\_\_

Date \_\_\_\_\_

Parent Organization Representative \_\_\_\_\_

Date \_\_\_\_\_