



September 2, 2015

Dear Principal:

Children's Hospital of Illinois and Russell's Cycling and Fitness are working together once again on the Kohl's Kids Ride Safe UNDERCOVER bicycle program. Since 2002, the program has partnered with 132 schools and distributed over 27,000 free bicycle helmets to students. This grant program has an application process requiring a commitment by the school and the Parent Teacher Organization or other active group to promote bicycle safety and physical activity.

The PTO president of your school has also been sent an application packet regarding the UNDERCOVER program. To be considered for UNDERCOVER, please complete and submit the enclosed grant application and supporting materials to Children's Hospital of Illinois by **December 15, 2015**.

Once we receive all the applications, we will use a standardized selection process to choose schools to be a part of the 2014 UNDERCOVER program. **All Kindergarten through 5th grade students from the selected schools will receive free bicycle helmets and will be encouraged to ride their bikes to school no less than weekly. CHOI will collaborate with the school to help promote bike safety and bike riding to school.**

Upon selection, schools will be notified in writing, followed by a phone call to set dates for education on helmet measuring and assembly day. Volunteers from the school or parent organization will be required to assist in measuring. Each classroom takes approximately 15 minutes to measure. Specific instructions for the measuring day will be sent.

On the day of the assembly, a brief 30-minute educational presentation will be given to all students K-5th grade. Helmets will be fitted and distributed to students either in their classrooms or in the gymnasium following the assembly. Volunteers will also be an essential part of the helmet fittings that day.

We look forward to another year of UNDERCOVER and would be happy to discuss any questions you may have. You can reach me at (309) 624-5906.

Sincerely,

Jamie L. Sammis MBA
Program Coordinator



Kohl's Kids Ride Safe

UNDERCOVER Bike Helmet Program

Application Deadline: **December 15, 2015**

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 and promote physical activity by elementary students. As part of the UNDERCOVER event, trained representatives from Children's Hospital of Illinois visit the school to measure every student in 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) in which to 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 and encourage children to ride to school as a way to promote better health.
4. Be able to provide a minimum of two 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 **December 15, 2015**.

Notifications of grant awards will be sent in early January.

Measuring visits for those schools who receive grants may be scheduled in January and February. Fitting/ Education Days may be scheduled throughout March 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 14th year and has been made possible by the support and generosity of Kohl's, Russell's Cycling and Fitness, 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 309-624-5906



Kohl's Kids Ride Safe

UNDERCOVER Bike Helmet Program Application

Application Deadline: December 15, 2015

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 and encourage biking to school?

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
