

APPLICATION CHECKLIST

The Application Checklist must be completed, signed and submitted as part of the official application for accreditation.

General Format			
<input type="checkbox"/> 1 " margins <input type="checkbox"/> Arial, 12 pt. font <input type="checkbox"/> Page numbers on every page	<input type="checkbox"/> Spell check and grammar check performed <input type="checkbox"/> Headers for each section (listed as they are in the application outline)		
Section 1: Contact Information	Section 2: Community Description		
<input type="checkbox"/> Two contacts (preferably from different organizations): <ul style="list-style-type: none"> ● Name ● Email ● Title ● Phone ● Organization ● Mailing address 	<input type="checkbox"/> Who is the lead agency and why <input type="checkbox"/> Brief summary of community <input type="checkbox"/> Why community is seeking accreditation		
Section 3: Criteria to be a Safe Community			
I. Sustained Collaboration (If any items are in the appendix, please make note in the application) <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Name of coalition <input type="checkbox"/> Member names, organizational affiliations and email address <input type="checkbox"/> Coalition structure <input type="checkbox"/> Organizational support – at least 2 letters of support </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Date group formed <input type="checkbox"/> Meeting minutes from time of Letter of Intent submission until application submission <input type="checkbox"/> Mission statement <input type="checkbox"/> Communications strategy </td> </tr> </table>		<input type="checkbox"/> Name of coalition <input type="checkbox"/> Member names, organizational affiliations and email address <input type="checkbox"/> Coalition structure <input type="checkbox"/> Organizational support – at least 2 letters of support	<input type="checkbox"/> Date group formed <input type="checkbox"/> Meeting minutes from time of Letter of Intent submission until application submission <input type="checkbox"/> Mission statement <input type="checkbox"/> Communications strategy
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II. Data collection and application <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Demographic data: Include data in rates or percentages for most recent year available. Compare local data to county, state and/or U.S. data, when possible. <ul style="list-style-type: none"> ● Age ● Economic status/poverty level ● Gender ● Educational attainment ● Race ● Employment status ● Education <input type="checkbox"/> Injury and fatality data: Include data in rates or percentage <ul style="list-style-type: none"> ● Age ● Data from last 5-10 years (to show trends) ● Race ● Compare data to county, state and/or U.S ● Gender </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Data summary table: Summary statements based on injury data for: <ul style="list-style-type: none"> ● Motor vehicle safety ● Falls prevention ● Substance abuse/misuse ● Workplace safety ● Violence and suicide prevention ● Emergency preparedness (state if there have been any natural or man-made disasters) <input type="checkbox"/> Data sources <input type="checkbox"/> Project goals – should align with what is stated in "Effective Strategies" section <input type="checkbox"/> How data will be used to develop new strategies </td> </tr> </table>		<input type="checkbox"/> Demographic data: Include data in rates or percentages for most recent year available. Compare local data to county, state and/or U.S. data, when possible. <ul style="list-style-type: none"> ● Age ● Economic status/poverty level ● Gender ● Educational attainment ● Race ● Employment status ● Education <input type="checkbox"/> Injury and fatality data: Include data in rates or percentage <ul style="list-style-type: none"> ● Age ● Data from last 5-10 years (to show trends) ● Race ● Compare data to county, state and/or U.S ● Gender 	<input type="checkbox"/> Data summary table: Summary statements based on injury data for: <ul style="list-style-type: none"> ● Motor vehicle safety ● Falls prevention ● Substance abuse/misuse ● Workplace safety ● Violence and suicide prevention ● Emergency preparedness (state if there have been any natural or man-made disasters) <input type="checkbox"/> Data sources <input type="checkbox"/> Project goals – should align with what is stated in "Effective Strategies" section <input type="checkbox"/> How data will be used to develop new strategies
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III. Effective Strategies to address unintentional and intentional injuries <input type="checkbox"/> Uses table format to outline <input type="checkbox"/> Three initiatives outlined: <ul style="list-style-type: none"> ● Project name ● Project goal (should match what is stated in Data section) ● Project description ● Is it promising or evidence-based? Source included ● Target group ● Length of project ● Partners 	IV. Evaluation Methods <input type="checkbox"/> Uses table format to outline <input type="checkbox"/> Three initiatives outlined by the following: <ul style="list-style-type: none"> ● Activities ● Indicators ● Outcomes ● Method ● Length ● Result 		
Section 4: Community Inventory			
<input type="checkbox"/> Uses table format to outline programs, policies and practices under each of the six injury areas. Includes name of initiative and target audience(s) for each item listed in table. <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> ● Motor vehicle safety ● Falls prevention ● Substance abuse/misuse </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> ● Workplace safety ● Violence and suicide prevention ● Emergency preparedness </td> </tr> </table>		<ul style="list-style-type: none"> ● Motor vehicle safety ● Falls prevention ● Substance abuse/misuse 	<ul style="list-style-type: none"> ● Workplace safety ● Violence and suicide prevention ● Emergency preparedness
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Completed by: _____	Date: _____		