

Equipment needs

Equipment description	Quantity	Anticipated cost	Matching funds available (Y or N)

Equipment continued

1. Please list any certified instructors within your facility and note the instructor's certification (s) i.e. BCLS, ACLS, Car Safety Seat Inspector, etc.

Name

Certification (s)

_____	_____
_____	_____
_____	_____
_____	_____

2. Is your organization interested in hosting education or injury prevention programs? _____
 If so, what type of programs are you interesting in hosting?

Completed by: _____ date: _____

Return completed form by **Sept. 1st, 2016** to Melissa Whitelaw at **melissa.whitelaw@ntrac.org** or mail to: NTRAC PO Box 3706 W.F. TX, 76301

