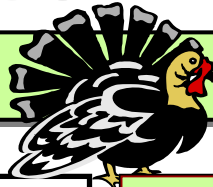


Kids' Plates Newsletter

Volume VI, Issue 3



November 2005

Greetings Kids' Plates Grantees,

Happy Thanksgiving! Each year around this time, I find myself reflecting on the many aspects of my life that I am truly thankful for. I find the holiday season to be the perfect time to take stock of the many wonderful things in my life. It is the perfect time to embrace those people, ideas, and activities that we hold so dear and to make any changes needed to pursue the well-being of ourselves and those around us. I wish each of you a happy, healthy, and safe Thanksgiving. --Shanna

Kids' Plates Contracts and Invoices

Most of you have sent in your signed Kids' Plates contract...thank you. For those of you who have not, please get it signed and sent in immediately. We cannot pay on any of your invoices without the signed Kids' Plates contract in place.

By the way...your first invoice is due. If you have not sent it yet, please do so. If you haven't spent any money, please give us a call to let us know. Remember, our new contact for Kids' Plates invoicing is Anne Ainsworth and she is available by:
Phone: 619-594-0984 or
Email aainsworth@projects.sdsu.edu.


If you need help creating your first invoice, give Anne a call or email the draft invoice to her for a quick review before you mail in the "official" signed and dated version.

Other questions, comments, or concerns? Contact me at sholland@projects.sdsu.edu or 619-594-5039.

MARK YOUR CALENDAR !

Second Kids' Plates Meeting (mandatory)

The official meeting date is Tuesday January 31, 2006 from 9:30-4:30.

Thanks to all who provided input on the afternoon training topic. The winner by a mile is.....  Evaluation Methods for Short Term Programs. See you there!

Info that Might Interest You

5th Annual New Partners for Smart Growth-Building Safe, Healthy and Livable Communities

When: January 26-28, 2006

Where: Denver, CO

Cost: \$245 (early reg. by 1/9/06)

www.outreach.psu.edu/programs/smartgrowth

Lifesavers 2006

When: April 9-11, 2006

Where: Austin, TX

Cost: \$200 (early reg. by 2/24/06)

More Info: www.lifesaversconference.org/

Kids' Plates Professional Development Awards

There are some professional development funds left but they're going fast. These funds will allow you to send staff to relevant intentional childhood injury control professional development events (including state or national conferences). Up to \$1,500 per agency is available through June 30, 2006 or until funds are depleted. Visit www.CIPPP.org and follow the prompts to download and reply to the RFA.

Helpful Hints

Below is a sample of the Boilerplate Invoice from your Grant Agreement, notated with callouts. If you have any questions while preparing your invoice, please contact Anne Ainsworth, Kids' Plate Program Specialist, 619-594-0984. She will be happy to assist you.

Exhibit E INVOICE FORMAT BOILERPLATE

Be sure to use the program name, as it appears, on the Grant Agreement

Use dates, within the grant and invoicing period, that the expenses were incurred. Do not overlap dates.

From: (program name and address)

Invoice No: _____

Invoice Period Covered: _____ (from what date to what date are you billing for?)

Send To:

Center for Injury Prevention Policy and Practice
Kids' Plates Program, Attn: Shanna Holland
6475 Alvarado Road, Suite 105
San Diego CA 92120

BUDGET CATEGORY	APPROVED BUDGET	CURRENT PERIOD	EXPENDITURES TO DATE	CURRENT FUND BALANCE
All categories in this section should be written exactly the same as those in the approved budget. Do not collapse the budget lines	List the original amounts in each budget category. Get these from your approved budget	List the current actual expenditures in each budget category that you are currently invoicing for. <u>Expenditures are actual (dollars and cents) not rounded amounts.</u>	List the total actual expenditures spent to date in each budget category- including the actual expenses you are currently billing.	List the remaining balance, using whole numbers, in each budget category. Do not leave blanks or use dashes.

IMPORTANT!
Follow these instructions for problem free invoicing.

Use the name, as it appears, on your Grant Agreement

Invoice Total: \$ _____

Make Check Payable to: (program name)

I certify that all expenditures reported (or payment requested) are for appropriate purposes and in accordance with the provisions of the Award.

(signature of authorized agency officer)

(print name of authorized agency officer)

Contact Person: _____

Telephone No. _____