



BRYCE KENNEDY MEMORIAL INC.

SCHOOL TAX ID #

Drunk driving will affect 1 out of 3 people. Nearly $\frac{1}{4}$ of fatally injured teenage drivers were drinking prior to their crashes, with nearly $\frac{2}{3}$ of these at legally intoxicated levels. Each year crashes related to alcohol ingestion in the US cost more than \$80 billion. Texas leads the nation in drunk driving deaths. Communities cannot afford to ignore the devastating impact that underage drinking is causing. There is an ongoing need to provide educational alcohol awareness programs to youth that promote awareness and prevention of underage drinking and impaired driving.

On October 1, 2006, three young men made a choice. One chose to drink and drive. Bryce and another friend chose to get in the truck with a drunk driver. The vehicle lost control, causing the truck to leave the freeway and crash into a tree. One passenger was killed on impact. Bryce was critically injured and was taken to the hospital. The driver was transported to the hospital in stable condition. Bryce subsequently was removed from life support and died from his injuries. In an effort to prevent other families from living this tragedy, Bryce Kennedy Memorial, Inc. was formed to provide funding to high schools and other organizations to conduct educational programs for youth that promote awareness and prevention of underage drinking and impaired driving.

Grant Application Packet Table of Contents

- I. Eligibility and Restrictions
- II. Application Guidelines
- III. Grant Application
- IV. Report of Activities
- V. In a Nutshell



Eligibility and Restrictions

- Open to any High School for a Shattered Dreams Program.
- Open to any youth/teen program that promotes alcohol/drug awareness, prevention or education
- Funds will be dispersed at Bryce Kennedy Memorial, Inc. discretion.
- Funded programs must be completed within the year of the grant or funds will need to be returned.
- To apply for a grant, an original application must be completed and mailed to Bryce Kennedy Memorial, Inc.

Application Guidelines

- Complete application form
- Contract must be dated before the event- funds will not be retroactive
- Mail fully completed application to:
Bryce Kennedy Memorial, Inc
PMB 163
2438 Industrial Blvd.
Abilene, TX 79605
- Bryce Kennedy Memorial, Inc. will contact the requestor within 30 days of receipt of application with approval or denial of grant.

For more information please contact us at 325-691-0758 or by email brycekennedymemorial@yahoo.com



Grant Application

Name of High School or organization: _____

Address: _____

Principal or Director: _____

Phone: _____

Fax: _____

Email: _____

Name/Title of Contact: _____

Phone: _____

Fax: _____

Email: _____

1. Projected date of program: ___/___/___
2. Type of school or organization: Rural Urban Suburban
3. Total number of student population/ Group: _____
4. Estimated number of youth participating in program? _____
5. Reasons for interest in an Alcohol awareness program:
 - Homecoming
 - Prom
 - Graduation
 - Spring Break
 - Student concern regarding alcohol by peers
 - Community concern
 - Other: _____

Agreement

1. Grantee agrees to conduct program for which they have applied.
2. The grantee agrees to use the grant funds for the purpose of the event and only that event that they have applied for.
3. The grantee agrees to provide Bryce Kennedy Memorial Inc. with a report on activities conducted, a picture of the students with the Bryce Kennedy Memorial banner, a copy of the DVD (where applicable).
4. The grantee must show a DVD provided by Bryce Kennedy Memorial, Inc. when appropriate such as in Shattered Dreams Programs.
5. The grantee agrees to comply with the general provisions.
6. The agreement may be terminated before the established completion date by either party upon the failure of the other party to fulfill its obligation under this agreement upon 10 days written notice or mutual consent.
7. The grantee shall also save harmless Bryce Kennedy Memorial, Inc. from all claims and liability due to activities of him/herself, his/her agents or employees performed under this agreement and which result for an error, omission or negligent act of the grantee or any person employed or representing the grantee.
8. The grantee shall also save harmless Bryce Kennedy Memorial, Inc. from any and all expenses, including attorney fees, which may be incurred by Bryce Kennedy Memorial, Inc. in litigation or otherwise resisting said claim or liability which might be imposed on Bryce Kennedy Memorial, Inc. as the result of such activities by the grantee, his agents or employees.
9. Bryce Kennedy Memorial, Inc. and the grantee shall not assign or otherwise transfer its rights or obligation under this agreement except with the prior written consent of the other party.
10. Upon completion or termination of this agreement, all documents prepared by the grantee or furnished to the grantee by Bryce Kennedy Memorial, Inc. shall be delivered to and become the property of Bryce Kennedy Memorial, Inc. All data prepared under this agreement shall be made available upon request to Bryce Kennedy Memorial, Inc. without restriction or limitation on their future use. The grantee may, at his/her own expense, have copies made of the documents or any other data that he has furnished to Bryce Kennedy Memorial, Inc. under this agreement without restriction or limitation on their future use.

The Grantee:

X _____

Date _____

Report of Activities

School/Organization Name:

Date of Event:

Number of Participants:

Number of Parents involved:

1. Community members involved in planning and presenting event (check all that apply)

TABC

Parents

Community groups (Boys and Girls club, Rotary, etc.)

School board members/ local decision makers

Media/reporters

Local Businesses

Hospitals/medical personnel

Emergency medical services

Fire Department

Courts (judges, prosecutors)

Funeral Homes/ Medical examiner's office

MADD/SADD or related organizations

Other: (please specify): _____

2. Components of your program (check all that apply)

Mock crash scene

Living Dead

Parent death notification

Arrest/adjudication of DUI offender

Survivor or student counseling/debriefing

Medical treatment of crash victims

Retreat

Letters to parents/ friends from the "dead"

Victim funeral

Video production of events

Project graduation

Educational video

Personal testimonies

Educational speaker

Distribution of educational or awareness/prevention materials

Other

3. How effective do you think your program was in preventing underage drinking

and

Impaired driving?



In a Nutshell

When Bryce Kennedy Memorial, Inc. supports your program in return all that we ask is the following:

1. You display a banner that Bryce Kennedy Memorial, Inc. will provide giving BKM recognition for helping fund your event. (The banner will need to be returned)
2. You play a video that we provide that is approximately 10 minutes long that tells about the night that Bryce died and why we do what we do.
3. You send us a breakdown of your expenses.
4. You will need to send us pictures from your event as well as a copy of the DVD of your event.
5. One of your pictures should be of your students with the banner that we provide.
6. You remind your students that if they participated in or viewed a Shattered Dreams that BKM sponsored to go on line and apply for the scholarship that is offered.
7. BKM supplies T-shirts to the participants (approximately 50 shirts) so sizes need to be sent as soon as possible to make sure that they can be shipped in time. (This is a grey T-shirt with our logo on the front and your school name, mascot and date of the event on the back)
8. Please use email brycekennedymemorial@yahoo.com for most questions or call 325-691-0758 or 325-280-4009.