



**Newborn Safety Device Grant Application form (version 1.0)
(Due by 11:59pm on Friday, July 31st, 2026)**

Contact Information:

Applicant Agency/Organization	
Applicant Agency Address	
City, Zip Code	
Contact Name	
Contact Phone	
Contact Email	

Project Proposal

**Answer every section below*

Eligibility: Confirm that the agency/organization applying is a fire department, hospital or law enforcement agency, as outlined in 40-6-402, MCA.

Needs Assessment: Demonstrate a public need and community support for the device (30 points). *(Please include distance to the nearest existing newborn safety device (if applicable) or hospital; a letter of support from a political subdivision, governing body, and/or a community-based organization is highly encouraged.)*

Readiness: Demonstrate applicant readiness and long-term project success (50 points). *Please address the applicant’s ability to successfully install, maintain, and monitor the newborn safety device, including 24/7/365 coverage of the device location except when responding to a call and documentation of a plan for device security, regular operational checks, and immediate response protocols.*



Proposed – See MAR Notice 2026-315.1



Cost Effectiveness: Demonstrate the reasonableness of the proposed budget for installation of the newborn safety device and plan for future maintenance costs beyond the grant period (20 points)



Project Work Plan (Limit 2 Pages)

Timeline and Activities: Explain/Describe the timeline for your project – *all projects need to be completed, and invoices submitted by May 15th, 2027*
**Complete timeline and activities below. Add additional rows if needed.*

Timeline	Key Activities/Methods	Person(s) Responsible

Timeline	Key Activities/Methods	Person(s) Responsible

Timeline	Key Activities/Methods	Person(s) Responsible



Proposed – See MAR Notice 2026-315.1



I, _____, the representative for the applying agency or organization, understand:

- This is a reimbursement-based grant. We will only be reimbursed based on receipts submitted by May 15th, 2027, to the designated Department representative.
- If awarded, we must submit a W9 to the Department in order to receive our reimbursement.
- We will be required to submit, by June 1st, 2027, a report that includes:
 - The number of newborns surrendered via the newborn safety device.
 - The date and time that each newborn was placed in the newborn safety device (if applicable).
 - The sex, estimated age, and general physical condition of each newborn surrendered (If applicable).
 - Any other information specified by the Department in the notice of grant award.

Signature

Date

There is a total of \$160,000.00 available for this program. Applicants will be notified of their status no later than Monday, August 17th, 2026 at 5:00p.m. via email. Incomplete or untimely applications will be returned to the applicant.

APPLICATION SUBMISSION INSTRUCTIONS:

If sent via email, please attach the completed application form and attachments as a PDF to

Maureen Ward at maureen.ward@mt.gov

*(Please note that **EMAIL is preferred**)*

or

Mail the completed application form and attachments to:

Maureen Ward – EMSTS

P.O. Box 202951

Helena, MT 59620-2951

Please allow sufficient time for the application to arrive in order to meet the deadline