



Attachment #1
2008-2009 Bicycle Helmet
Safety Partnership Agreement and Order Form

Local Epilepsy Service Providers:

- Pensacola: Epilepsy Northwest Services of Florida**
Phone: 850-433-1395; E-mail: Marcia.Gainey@doh.state.fl.us
- Tallahassee: Epilepsy Association of the Big Bend**
Phone: 850-222-1777; E-mail: epilepsyassoc@embarqmail.com
- Orlando: Epilepsy Association of Central Florida**
Phone: 407-422-1416; E-mail: chuck.carmen@epilepsy-cf.org
- St. Petersburg: Suncoast Epilepsy Association**
Phone: 727-547-8000; E-mail: mfinch@suncoastepilepsy.org
- Tampa: Epilepsy Services of West Central Florida**
Phone: 813-870-3414; E-mail: dgrant@epilepsyservices.com
- Sarasota: Epilepsy Association of Southwest Florida**
Phone: 941-953-5988; E-mail: director@seizureorders.org

Statewide: Epilepsy Foundation of Florida

- Miami** Phone: 305-670-4949;
E-mail: lanton@efof.org
- Broward** Phone: 954-779-1509;
E-mail: Mgomez@efof.org
- Palm Beach** Phone: 561-478-6515;
E-mail: Ajaloski@efof.org
- Jacksonville** Phone: 904-731-3752;
E-mail: Tjones@efof.org
- Gainesville** Phone: 352-378-4324;
E-mail: Jlyons@efof.org
- Lead Agency** Phone: 561-214-3412;
E-mail: Seddins@efof.org

Safety Partner: You are cordially invited to collaborate with the **Epilepsy Service Program Providers** to support head injury deterrence and prevention of acquired epilepsy in the State of Florida. Bicycle helmets are made available free of cost to Florida residents through a grant from the **Florida Department of Transportation**. Should your organization be interested in distributing bicycle helmets, please complete this Safety Partnership and Order Form and return it to one of the corresponding local Epilepsy Services Provider listed above:

Safety Partner Organization: _____
Contact: _____ **Title:** _____
Address: _____
Phone: _____ **Fax:** _____ **E-mail:** _____

Bicycle Helmet Order: The grant requires that a trained individual properly fit helmets prior to distribution. By accepting, the helmets for distribution to children and/or adults this organization understands and agrees to fit all helmets distributed. If your organization does not currently have a qualified trainer, we will be pleased to arrange training for you. **Yes, we have a qualified trainer to fit helmets** or **No, we need to be trained.**

Ship Helmets To: _____
Attention: _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Phone: _____ **Fax:** _____ **E-mail:** _____

Bike Helmet Size:	Male	Female	Total Quantity
Toddler Regular (19" - 20 1/2")			
Small/ Child (5-8) (21" - 22")			
Youth (8 & Up) (21 5/8" - 22 7/8")			
S/M Adult (22 1/2" - 23")	Not Gender Specific		
M/L/Adult (23" - 24")			
Total Number of Helmets Requested			

Shipping:

- Ground Shipping:** will be provided at no cost to the Safety Partners.
- Special Handling:** If you require special handling a **\$40.00** fee will be charged. Special Handling includes advance notification of delivery, residential delivery, redirected deliveries, etc.
 - If "special handling" is requested, please indicate the name and phone number of the contact person: _____

Upon receipt of the order, the helmets should be counted and order confirmed. Please notify helmets@efof.org of any discrepancies with your order. We can not be responsible for any discrepancies not reported within five working days of receipt of helmets.

 Signature of Safety Partner Agency Representative

 Date

 ESP Provider/Coordinator

 Date