Commonwealth of Massachusetts

Executive Office of Public Safety and Security

Office of Grants and Research

Highway Safety Division

10 Park Plaza, Suite 3720 - A

Boston, MA 02116-3933

Tel: (617) 933-3528

**Application Form**

**FFY 2019 Traffic Enforcement and Equipment Grant Program**

**Deadline for all applications: November 6, 2018**

**All sections must be completed to be eligible.**

1. **ASSURANCES**

The Police Department/municipality acknowledges, and if funded, agrees to comply with all grant contract requirements and performance measures. This municipality or department understands and agrees that a grant received as a result of this application is subject to the regulations governing highway safety projects and grant management requirements and will comply with all State, Federal, and Office of Grants and Research guidelines. Funding is based on availability of federal funds. I certify, the federal funds that may be received for this grant program, do not supplant any other funds available to this department or municipality.

I hereby acknowledge my understanding of the above grant requirements, and, will comply with to the best of my ability:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Representative Name and Title (please print)

Please note that the signatory must be authorized to enter into a contract with the Commonwealth, per the Authorized Signatory Listing form.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature in **Blue Ink**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

1. **Contact Information**

|  |  |
| --- | --- |
| Department Name |  |
| Department Street Address |  |
| Department Mailing Address (if different) |  |
| City/Town |  |
| Zip Code |  |
| Unique Entity Identifier (DUNS #)  |  |

|  |  |
| --- | --- |
| Grant Contact Name\* |  |
| Title |  |
| Email Address |  |
| Telephone |  |
| Fax |  |

\*Contact person responsible for submitting grant application, managing program, and submitting monthly reports. If multiple individuals are responsible for these tasks, fill out the additional page of contact information at the end of this document and indicate specific assignments/roles for each individual.

|  |  |
| --- | --- |
| Chief Name |  |
| Email Address |  |
| Telephone |  |
| Fax |  |

**Department and Community Profile**

1. How many officers are trained as:
	1. Drug Recognition Expert: \_\_\_\_\_\_\_\_
	2. ARIDE Certified: \_\_\_\_\_\_\_\_
	3. Certified Child Passenger Safety (CPS) technician: \_\_\_\_\_\_\_\_
	4. Crash Reconstructionist: \_\_\_\_\_\_\_\_
2. How many officers do you currently have on staff? \_\_\_\_\_\_\_\_\_\_\_\_

If under-staffed, please state reason(s).

1. Has your department adopted a voluntary HSD Zero Tolerance safety belt enforcement policy? If yes, please submit a copy with your supporting documents.
2. **Grant Experience**
3. Did your department participate in a Traffic Enforcement grant program between FFY 2014 and FFY 2018?
	1. Which year(s)?
	2. How much was you department awarded (per year) and what percentage of the funding were you able to use in those years?
	3. What were some of the grant’s successes?
	4. What were some of the challenges and how did you address them?
	5. Do you foresee any challenges in the upcoming FFY 2019?
4. **Goals & Evaluation**

The department’s Traffic Enforcement grant goals should be numeric and contain some measure of reduction. To the best of your department’s ability, please use crash data from your own department’s system.  Goals should be in the format below, although you may change the goals per unique community needs. **Please fill in at least 3 goals from the program areas listed below.**

|  |
| --- |
| **Overall:** |
| EXAMPLE: • To decrease fatalities \_\_\_\_% from \_\_\_\_ during calendar year 2016 to \_\_\_\_ in 2019 |
| • |
| • |
|  |
| **Impaired Driving Specific:** |
| EXAMPLE: • To decrease the number of impaired driving-related crashes \_\_\_\_% from \_\_\_\_ during calendar year 2016 to \_\_\_\_ in 2019 |
| • |
| • |
|  |
| **Occupant Protection Specific:** |
| EXAMPLE: • To decrease unrestrained passenger vehicle occupant injuries \_\_\_\_% from \_\_\_\_ during calendar year 2016 to \_\_\_\_ in 2019 |
| • |
| • |
|  |
|  **Distracted Driving Specific:** |
| •  |
| • |
| • |
|  |

NOTE: **Application will not be accepted without goals in the above format.** Please contact Program Coordinator with questions or concerns.

**V. Goals & Evaluation Continued**

1. How were these goals determined?
2. Using local crash data for your city or town, please identify streets/intersections where grant-funded patrols would have the greatest impact.
3. How will you measure your progress toward the goals listed above?
4. How will you determine the program’s success?
5. **High Visibility Enforcement (HVE) Schedule**

“Open Enforcement” is defined as overtime patrols scheduled at any time of the day or week when your department’s data shows the greatest need in your community. This year the grant defines specific time periods for *open* but *focused* enforcement in the major traffic safety program areas of Impaired Driving, Distracted Driving and Occupant Protection. The schedule below shows the campaign focus, time period, and estimated percentage of funds allowed for that time period.



Within the campaign focus time periods, a department is required to participate in each of NHTSA’s three national HVE mobilizations: December Drive Sober or Get Pulled Over (DSOGPO), May Click It or Ticket (CIOT) and, August DSOGPO by conducting a minimum of 8 enforcement hours in each of the mobilizations as noted above in the “Required Enforcement Hours” column. *Although not required, it is highly recommended that at least 8 hours of enforcement are conducted during the Distracted Driving campaign period.*

1. **Breakdown of Funding Allocation**



1. **FFY 2019 Traffic Enforcement and Equipment Grant Budget Request**

|  |  |
| --- | --- |
| Maximum Allowable Award | $ |
| Enforcement Budget Requested | $ |
| Equipment Budget Requested\* | $ |
| FFY 2019 Total Funds Requested | $ |

\*Equipment Budget Requested: to complete this section, the Equipment Purchase Assurances Form and the Itemized Equipment Request Form must be filled out and submitted with this application. Both forms can be found at the end of this document, following the Submission Instructions. Please note that departments will be responsible for any balances exceeding their eligible maximum equipment award amount.

**Important Note**: Changes to the Itemized Equipment List will be accepted but must be received no later than June 15, 2019.  Departments must submit a new Assurances Form along with a revised Itemized Equipment Request Form.  If approved, the original request for equipment becomes void and a new authorization will be issued.

1. **Application Checklist**

For Departments that **PARTICIPATED** in the FFY 2018 Traffic Enforcement & Equipment Grant program, the following documents must be submitted:

1. Completed FFY 2019 Traffic Enforcement and Equipment Grant Application
* Including: Equipment Purchase Assurance Form (signed) and Itemized Equipment Request Form (with costs)
1. Authorized Contractor Signatory Form
* Important: this form must be submitted regardless whether a department has included it with any other EOPSS/OGR/HSD grant application(s). No exceptions.
	+ A town or city administrator must complete the Authorized Signatory Form with signature at the bottom of page 1, designating the Police Chief and any other individual(s) as Authorized Signatories. Notarized page 2 is required for all individuals listed in the box on page 1.
1. Scope of Services *(initialed)*
2. A-133

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For Departments that **DID NOT** participate in the FFY 2018 Traffic Enforcement & Equipment Grant program, the following documents must be submitted:

1. Completed FFY 2019 Traffic Enforcement and Equipment Grant Application
* Including: Equipment Purchase Assurance Form (signed) and Itemized Equipment Request Form (with costs)
1. Authorized Contractor Signatory Form
* Important: this form must be submitted regardless whether a department has included it with any other EOPSS/OGR/HSD grant application(s). No exceptions.
	+ A town or city administrator must complete the Authorized Signatory Form with signature at the bottom of page 1, designating the Police Chief and any other individual(s) as Authorized Signatories. Notarized page 2 is required for all individuals listed in the box on page 1.
1. General Subrecipient Grant Conditions
2. Scope of Services *(initialed)*
3. A-133
4. Risk Assessment Form
	* Please complete sections B, C, and E.
5. FFATA
	* Only required if the department’s total award is greater than or equal to $25,000
6. Departmental Seat Belt Policy
* Please note: If your department does not implement a seat belt policy, your grant award will be reduced by 50%.
1. Upon completion and approval of an application, a contract will be generated by EOPSS/OGR/HSD and sent to the department for signature.
2. **Submission Instructions**

An electronic version of the application form and all related documents are available at:

<https://www.mass.gov/service-details/traffic-safety-grants>.

A qualified application packet must consist of the grant application form and all required attachments. Incomplete responses or unsigned applications may be disqualified, though EOPSS/OGR/HSD reserves the right to work with departments to obtain missing or incomplete information. Departments will be notified of their award amounts as applications and contracts are approved.

***NOTE:* Departments are not eligible to begin program participation without an authorizing email from EOPSS/OGR/HSD.**

The completed hard-copy of the application, along with all required additional documents, **consists of**: one signed original *(signed in blue ink and stamped “original”)* and one copy *(stamped “copy”).* The original and copy, must be hand-delivered or sent by certified mail to this address exactly as shown:

Office of Grants and Research

ATTN: Highway Safety Division (Richard Valeri)

10 Park Plaza, Suite 3720-A

Boston, MA 02116 -3933

It is recommended to verify receipt of application with Richard Valeri at Richard.Valeri@mass.gov, prior to the **deadline of November 6, 2018,** due to potential mail delivery problems.

Expected notification of awards will occur on or about November 21, 2018. However, departments will be notified individually of their award amounts as applications are received, reviewed, and approved. A list of all subrecipients will be posted on the EOPSS/OGR/HSD website at <https://www.mass.gov/service-details/traffic-safety-grants> by December 1, 2018.

If you have any questions about the application or the program more generally, please contact Richard Valeri at (617) 933-3528 or Richard.Valeri@mass.gov.

***REMINDER:*** *The following two pages must be filled out and submitted with the application if a department intends on budgeting for equipment purchase.*

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| --- |
| **FFY 2019 Traffic Enforcement and Equipment Grant Program** |

**EQUIPMENT PURCHASE ASSURANCES**

The Police Department/municipality acknowledges, and if funded agrees to comply with, all grant contract requirements and related federal guidelines as these pertain to the purchase of allowable equipment. This department/municipality understands and agrees that any items it is approved to purchase will be used specifically for traffic enforcement/safety purposes as set forth and in conjunction with the FFY 2019 Traffic Enforcement and Equipment Grant Program.

This department/municipality also understands that some items requested for purchase may be denied at the discretion of EOPSS/OGR/HSD if those items are deemed unacceptable to the program’s basic structure or considered outside of state and federal purchase guidelines.

I hereby acknowledge my understanding of the above mentioned traffic safety equipment purchase requirements and will comply with the best of my ability:

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Authorized Representative Name and Title (please print)

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Authorized Signature in **Blue Ink**

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Date

|  |
| --- |
| **FFY 2019 Traffic Enforcement and Equipment Grant Program** |

**ITEMIZED EQUIPMENT REQUEST FORM**

|  |  |
| --- | --- |
| Department Name: |  |
| Maximum Allowed Equipment Award *(Please see Eligibility List & Budget Schedule):* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Item/Manufacturer Requested** | **Cost per Unit** | **# of Units** | **Total Cost** |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
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|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  |  |
| **Total Cost of Equipment Requested***(Note: Departments are responsible for balances exceeding the maximum award amount.)* | $ |