



# Office of Grants and Research

## FFY 2020 General Traffic Safety Grant Funding Application

Please complete each individual field. If requesting funding for more than one project, you may use one Cover Sheet (if the same information applies to multiple projects), multiple Project Description pages, and one Signature Page.

### Cover Sheet

Applicant Organization Information		Authorizing Official	
Organization Name:		Name:	
Project Title(s):		Title:	
Address:		Address:	
City:	State:	City:	State:
Zip:	+4:	Zip:	+4:
Telephone:		Telephone:	
Website:		Fax:	
DUNS Number:		Email:	
Fiscal Contact Information		Programmatic Contact Information	
Name:		Name:	
Title:		Title:	
Address:		Address:	
City:	State:	City:	State:
Zip:	+4:	Zip:	+4:
Telephone:		Telephone:	
Email:		Email:	
Funding Request		Federally Approved Indirect Cost Rate	
Total Funding Requested: \$	Does applicant have a federally approved rate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, what is the rate? Attach copy.		
	If no, will applicant be requesting the de minimis rate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

# **Project Description**

**If requesting funding for more than one project, a separate Project Description must be completed for each.**

**Project number:**

**Project Title:**

**Amount of Funding Requested for this project:**

Complete all sections using no more than 10 pages using a font size of 11 pt.

**1) Which area(s) of road safety will this proposal address?**

- |   |  |
|---|--|
| <input type="checkbox"/> Alcohol and/or Drug-Impaired Driving | <input type="checkbox"/> Motorcycle Safety               |
| <input type="checkbox"/> Seat Belts                           | <input type="checkbox"/> Younger Drivers, < 21 years old |
| <input type="checkbox"/> Child Passenger Safety               | <input type="checkbox"/> Older Drivers, => 65 years old  |
| <input type="checkbox"/> Speeding                             | <input type="checkbox"/> Pedestrian Safety               |
| <input type="checkbox"/> Distracted Driving                   | <input type="checkbox"/> Bicyclists Safety               |
| <input type="checkbox"/> Drowsy Driving                       | <input type="checkbox"/> Traffic Records                 |

**2) Describe the primary goal(s) of this proposed project. A goal should be a brief, clear summary of the desired outcome of the project.**

**3) Describe the traffic safety problem(s) to be addressed:**

**4) Describe / provide the data and source(s) that helped define the problem(s) to be addressed:**

**5) Proposed Countermeasure (optional):**

To strengthen a proposal, applicants should provide the countermeasure title from the publication- “Countermeasures That Work: A Highway Safety Countermeasure Guide For State Highway Safety Offices, Ninth Edition, 2017” [https://www.nhtsa.gov/sites/nhtsa.dot.gov/files/documents/812478\\_countermeasures-that-work-a-highway-safety-countermeasures-guide-.pdf](https://www.nhtsa.gov/sites/nhtsa.dot.gov/files/documents/812478_countermeasures-that-work-a-highway-safety-countermeasures-guide-.pdf) or, propose to implement an alternate or innovative countermeasure.

Countermeasure Title –

**6) If proposing a countermeasure that is not listed in the above publication, briefly describe it and cite any known examples of it being successfully implemented:**

**7) Describe how the traffic safety problems(s) will be addressed including major planned activities, and justification for using the proposed approach. Activities should be specific, measurable, achievable, and relevant, and time-bound (SMART).**

**8) Provide in sequential order the approximate time (days, weeks or months) needed to complete the major activities:**

Activity	Duration

**9) Describe the evaluation method(s) that will be used (i.e. pre- and post-attitudinal surveys, behavior observational surveys, benchmark(s), performance measure(s), data analysis, etc.) to measure the effectiveness or impact of the project. Subrecipients may be required to submit documentation of the evaluation(s), process/outcome upon completion of the project.**

**10) If your organization has implemented a similar project in the past, describe what was successful or not successful. If challenges were encountered, describe what changes, if any will be made.**

**11) List all public/private sector partners, and describe their role(s) for the project. Submitting copies of signed letters of partnership commitments may strengthen the proposal.**

**12) Seat Belt Policy-** In order to be awarded grant funds from the Office of Grants and Research, the subrecipient's organization must have a Seat Belt Policy in place. A copy of the policy must be either submitted as an attachment with the application or provided prior to finalizing the award contract.

**Does your organization currently have a seat belt policy?** ☐ Yes ☐ No

**Sample Seat Belt Use Policy**

(Name of Organization) recognizes that when used, seat belts are extremely effective in preventing injuries and loss of life. According to the National Highway Traffic Safety Administration, research has shown that lap/shoulder seat belts, when used, reduce the risk of fatal injury to front seat occupants (age 5 and older) of passenger cars by 45 percent and the risk of moderate-to-critical injury by 50 percent. For light-truck occupants, seat belts reduce the risk of fatal injury by 60 percent and the risk of moderate-to-critical injury by 65 percent.

We care about our employees, and want to make sure that no one is injured or killed in a tragedy that could have been prevented by the use of seat belts. Therefore, all employees must wear seat belts when operating an organization-owned vehicle, or any vehicle on the organization's premises, or on organization business; and all occupants are to wear seat belts or, where appropriate, child restraints when riding in an organization-owned vehicle, or any vehicle on the organization's premises, or in a personal vehicle being used for the organization's business. All employees and their families are strongly encouraged to always use seat belts and the proper child restraints whenever they are driving or riding in any vehicle, in any seating position.

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Signed & Dated by an Authorized Signatory for the organization

**13) Provide a budget narrative that clearly describes how the funds will be used:**

**14) Provide a line item budget: Overtime, fringe, indirect costs, payroll taxes, supplies, equipment and other items.**

Item description	Quantity	Unit Cost	Line total
Project Total			\$

## Signature Page

### Non-Supplanting

If the Executive Office of Public Safety and Security should award funds, the grant will be used to supplement, not supplant other state or local funding sources during the period of the contract with the Office of Grants and Research.

Supplanting includes: (a.) replacing routine and/or existing state or local allocations with federal grant funds and/or (b.) using federal grant funds for costs of activities that constitute general expenses required to carry out the overall responsibilities of state, local, or federally-recognized Indian tribal governments. Funds for programs and services provided through this grant are intended to supplement, not supplant, state or local funding sources.

By signing below it is acknowledged that I have been informed by the Executive Office of Public Safety and Security that supplanting of awarded grant funds is strictly prohibited.

I understand that if funds are awarded, additional subrecipient grant conditions will be incorporated into the contract agreement.

Print or type Authorized Signatory Name and Title:

Signature (Use Blue Ink):

Date:

## Application Checklist and Instructions

Required blank forms are available for download <https://www.mass.gov/service-details/traffic-safety-grants>

- ☐ Contractor Authorized Signatory Listing (not for state agencies)
- ☐ OGR Subrecipient Grant Conditions (not for state agencies)
- ☐ FFATA form (if award greater than or equal to \$25,000)
- ☐ A-133 Form (not for state agencies)
- ☐ Risk Assessment Form
- ☐ Organization's Seat Belt Policy (may be submitted later)
- ☐ One signed original (signed in blue ink and stamped "original") and one copy (stamped "copy") of the application must be sent by certified mail or hand-delivered to:

Office of Grants and Research

ATTN: Highway Safety Division

10 Park Plaza, Suite 3720-A, Boston, MA 02116

It is recommended to verify receipt of application with the Highway Safety Division prior to deadline due to potential mail delivery problems.

If you have any questions about this application or this program more generally, please contact:

The Office of Grants and Research- Highway Safety Division, 10 Park Plaza, Suite 3720-A, Boston, MA 02116 or call 617.725.3301