****

 **Office of Grants and Research**

 **FFY 2020 Sustained Traffic Enforcement Program**

 **Grant Application**

**Cover Sheet**

|  |  |
| --- | --- |
| **Police Department Information** | **Fiscal Contact Information *(optional)*****)** |
| Police Department: | Name: |
| Project Title: FFY2020 Sustained Traffic Enforcement Program (STEP) | Title: |
| Address: | Address: |
| City: | State: | City: | State: |
| Zip: | +4: | Zip: | +4: |
| Telephone: | Telephone: |
| Website: | Fax: |
| DUNS Number: | Email: |
| **Chief of Police or Commissioner** | **Grant Manager Contact Information** |
| Name: | Name: |
| Title: | Title: |
| Telephone: | Telephone: |
| Email: | Email: |
| **Additional** **Grant Contact Information** | **Funding Request** |
| Name: | Total Funding Requested: $ |
| Title: | *Total of both Enforcement and Administrative Budgets (from Page 5).**Eligible Departments and Maximum Award Amounts are listed on Page 6.* |
| Telephone: |
|  Email: |
| **Authorized by:** |  |
| **Print Name & Title:** |  **Date:**  |
| **Signature:** |  |
|  |

|  |
| --- |
| **Department Profile / Grant Experience / Goals** |

|  |
| --- |
| How many full-time officers are presently on staff in your department? \_\_\_\_\_\_\_\_\_Is your department? Fully-staffed \_\_\_\_ Under-staffed: \_\_\_\_ |
|   |
| Identify the # of officers trained in the following:CPS Technicians: \_\_\_\_\_ PBT: \_\_\_\_\_ Radar/LiDAR: \_\_\_\_\_ DRE: \_\_\_\_ ARIDE: \_\_\_\_  |
|  |
| Does your department have a dedicated traffic unit? Yes \_\_\_\_ No \_\_\_\_ |
|  |
| **Categories** | **2016** | **2017** | **2018** | **2019** |
| ***From the MassDOT Crash Portal, “IMPACT”*** [***https://apps.impact.dot.state.ma.us/cdp/report-view/13***](https://apps.impact.dot.state.ma.us/cdp/report-view/13) |
|  Fatal Crashes |  |  |  |  |
|  Serious Injury Crashes |  |  |  |  |
|  Total Crashes |  |  |  |  |
| ***From your department’s internal data:*** |
|  OUI Arrests |  |  |  |  |
|  Seat Belt Citations  |  |  |  |  |

1. In the past few years, what were some of the grant’s successes? *Please name at least two.*
	1.

 *b.*

1. What were some of the grant challenges and how did you address them? *Please name at least two.*
	1.

 *b.*

1. Describe your department’s traffic safety goals that you expect to accomplish with this grant. **You must state at least two goals** that are numeric and contain some measure of reduction. *For example, “To decrease fatalities \_\_\_\_\_ % from \_\_\_\_\_ during calendar years 2016 to 2019.*
	1.

 *b.*

*(Note: you will be asked to note your progress towards your goals in the Final Narrative Report due Oct. 15, 2020. Refer to the Grant Narrative (AGF) for Statewide Goals and Performance Measures).*

1. What are your city’s most serious crash and injury problems? Include where and when these problems occur. *Please reference the data source in your explanation*.

|  |
| --- |
| **Budgets – Enforcement and Data Entry/Analyst** |

**I. Enforcement Budget**

Based on your answer to Question 4 above, list the projected enforcement locations (name of street, roadway or intersection) in the box below along with the estimated number of patrol hours for each location.

|  |  |
| --- | --- |
| ***Location*** | ***Estimated # of Patrol Hours*** |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| 6. |  |
| 7. |  |
| 8. |  |
| 9. |  |
| 10. |  |

**Estimated Total # of Enforcement Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Estimated Average Overtime Hourly Rate: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Requested Amount for Enforcement: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Enforcement budgets should be based on what your department can reasonably estimate***

***to spend from the start of the contract period through Sept. 15, 2020.***

**II. Data Entry/Analyst (Optional) Budget**

You may submit an additional budget ***(not to exceed 5% of the total award amount)*** for data entry/administrative/analyst time associated with the overtime enforcement activity generated by the STEP grant. This is an optional budget and unique to this grant and, ***must not constitute supplanting.***

If requesting an amount for the Data Entry/Analyst budget:

1. Explain and/or describe the administrative activity to be performed as it relates to the STEP enforcement activity.
2. List name and estimated number of non-enforcement/administrative hours (straight or overtime). If analyst work, confirm what data source/analyst tool(s) will be used.

|  |  |
| --- | --- |
| ***Personnel*** | ***Estimated # of Hours*** |
|  |  |
|  |  |
|  |  |

**Estimated Total # of Data Entry/Analyst Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Estimated Average Hourly Rate: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Requested Amount for Data Entry/Analyst: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Cannot exceed 5% of overall budget.)***

|  |
| --- |
| ***Total Requested FFY 2020 STEP Grant Award Amount*** |
| ***Requested Amount for Enforcement*** | $ |
| ***Requested Amount for Data Entry/Analyst*** | $ |
| ***Total Funding Requested:*** | $ |

***FFY 2020 STEP Grant Eligibility List and Maximum Award Amount***

 

***Application Deadline: December 18, 2019***

**Application Submission**

A complete application will consist of all forms and documents listed below. Please submit **one original application packet *(marked ‘original’)* and one copy of the application packet *(marked ‘copy’)***.

* *Completed and Signed STEP Application Form*
* *Signed AGF Assurances Form (Page 7 of this application form)*
* *Scope of Services (Signed)*
* *Contractor Authorized Signatory Listing*
* *OGR Subrecipient Grant Conditions (signed and initialed as directed in document)*
* *Federal Funding Accountability and Transparency Act (FFATA)*
* *Risk Assessment*
* *A-133*
* *Organization Seat Belt Policy*
* *Organization Overtime Policy*
	+ - * *All forms can be found at* [*https://www.mass.gov/service-details/traffic-safety-grants*](https://www.mass.gov/service-details/traffic-safety-grants) *under the link for the FFY20 STEP grant****.***

Application packets must be received **no later than December 18, 2019.**  No faxes or emails will be accepted. It is recommended that packets are hand-delivered or sent by certified mail to the address below.

Any questions regarding this application should be directed to Deb Firlit, Program Coordinator at 617.725.3356 or at Deborah.Firlit@mass.gov.

Office of Grants & Research/Highway Safety Division

Attn: Deb Firlit

10 Park Plaza, Suite 3720-A

Boston, MA 02116

**FFY 2020 Sustained Traffic Enforcement Program (STEP)**

**Availability of Grant Funding (AGF) Assurances**

The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Police Department/municipality hereby acknowledges understanding of the terms and conditions as identified in the FFY 2020 Sustained Traffic Enforcement Program Availability of Grant Funding (AGF). 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 Local, State, Federal, and Office of Grants and Research Guidelines.

I hereby acknowledge that funding is based on the availability of federal funds and I certify and that any funds that may be received for this grant program do not supplant any other funds available to this department or municipality.

I hereby acknowledge having read and understood all FFY 2020 Sustained Traffic Enforcement Program grant requirements and will comply with the best of my ability.

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

Authorized Representative Name and Title *(please print)*

­­­­­­­­­­

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

Authorized Signature in **Blue Ink**

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

Date