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**Office of Grants and Research**

**FFY 2020 Traffic Enforcement Grant**

**Program Application**

**Cover Sheet**

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| --- | --- |
| **Police Department Information** | **Fiscal Contact Information****)** |
| Police Department: | Name: |
| Project Title: FFY2020 Traffic Enforcement Grant | 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: | *Please refer to the award schedule to find your department’s available funding.* |
| Telephone: |
|  Email: |
| **Authorized Signature** | **Date** |
|  |  |
|  |

**Department/Community Profile and Goals**

|  |
| --- |
| How many full-time officers are presently on staff in your department? \_\_\_\_\_\_\_\_\_Is your department? Fully-staffed \_\_\_\_ Over-staffed \_\_\_\_ Under-staffed: \_\_\_\_ |
|   |
| *Identify the # of officers trained in the following:*CPS Technicians: \_\_\_\_\_ PBT: \_\_\_\_\_ Radar or LiDAR: \_\_\_\_\_ DRE: \_\_\_\_\_ ARIDE: *\_\_\_\_\_*  DDACTS: *\_\_\_\_\_*  |
|  |
| **Categories** | **2019\*** | **2018** | **2017** | **2016** |
| Crashes |  |  |  |  |
| Fatalities |  |  |  |  |
| Injuries |  |  |  |  |
| OUI arrests |  |  |  |  |
| Seat Belt Citations  |  |  |  |  |

*\*Please indicate the time period this includes.*

1. Describe the primary goal(s) of this proposed project. A goal should be a brief, clear summary of the desired outcome of the project.*Please enter projections for all three.*
	1. To decrease fatalities \_\_\_\_% from \_\_\_\_ during calendar year 2019 to \_\_\_\_ in 2020.
	2. To decrease the number of impaired driving-related crashes \_\_\_\_% from \_\_\_\_ during calendar year 2019 to \_\_\_\_ in 2020.
	3. To decrease unrestrained passenger vehicle occupant injuries \_\_\_\_% from \_\_\_\_ during calendar year 2019 to \_\_\_\_ in 2020.
2. Describe / provide the data and source(s) that helped define the problem(s) to be addressed:
3. Based on this data, identify the problem(s) that exist in your community related to impaired driving, distracted driving, and occupant protection. Make note of any trends that exist as they pertain to age, location (street, intersection, etc.), month, day of week, and time of day.
4. Please identify streets and/or intersections (at least three total) where the patrols during the campaign periods will have the greatest impact (based on the answer to question three):
5. Describe / provide the data and source(s) that helped identify why each street/intersection was chosen for increased overtime patrols during the grant activity:

**High Visibility Enforcement (HVE) Schedule**

All funds will be dedicated to enforcement activity during six (6) campaign periods, each of which addresses a specific traffic safety issue in a concentrated time. The chart below defines the focus of the campaign, time period, report due date and required enforcement hours during NHTSA’s national HVE mobilizations.



**Important Note:** within certain campaign 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 these three campaigns. Also, a minimum of 8 enforcement hours is highly recommended during the month of April which is dedicated to Distracted Driving. Mobilization dates may vary but departments will be notified in advance.

***Application Deadline: October 28, 2019***

A list of all eligible departments is on Page 6. It is also posted on the website:

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

**Application Checklist**

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

* Completed FFY2020 Traffic Enforcement Grant Application
* Signed AGF Assurances Form *(Page 5 of this application form)*
* Scope of Services *(Signed)*
* Contractor Authorized Signatory Listing - *Note: A town or city administrator must complete the Authorized Signatory form with his/her 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 on Page 1.*
* OGR Subrecipient Grant Conditions
* FFATA form (if award is greater than or equal to $25,000)
* A-133 Form
* Risk Assessment Form
* Organization’s Seat Belt Policy
* Organization’s Overtime Policy
* 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 (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 October 28, 2019**. Expected notification of awards will occur on/about November 11, 2019.

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.

**FFY 2020 Traffic Enforcement Grant**

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

The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Police Department/municipality hereby acknowledges understanding of the terms and conditions as identified in the FFY 2020 Traffic Enforcement 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 Traffic Enforcement grant 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**

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

Date

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