**Office of Grants and Research**

**FFY 2021 Municipal Road Safety Grant Program**

**Funding Application**

# Please complete each 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 (Chief of Police, Mayor or Town Administrator)** | |
| Organization Name: | | Name: | |
| Project Title: Municipal Road Safety Grant (MRS) | | Title: | |
| Address: | | Address: | |
| City: | State: | City: | State: |
| Zip: | +4: | Zip: | +4: |
| Telephone: | | Telephone: | |
| Website: | | Fax: | |
| DUNS Number: | | Email: | |
| **Fiscal Contact Information** | | **Grant Manager Contact Information** | |
| Name: | | Name: | |
| Title: | | Title: | |
| Address: | | Address: | |
| City: | State: | City: | State: |
| Zip: | +4: | Zip: | +4: |
| Telephone: | | Telephone: | |
| Email: | | Email: | |
| **Funding** | | **Federally Approved Indirect Cost Rate** | |
| Total Grant Funding Requested: $ | | Does applicant have a federally approved rate? | * Yes ☐ No |
| If yes, what is the rate?  Attach copy. |  |
| Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | If no, will the applicant be requesting the de minimis rate? | * Yes ☐ No |

**Program Description**

# Project Title: Municipal Road Safety Grant (MRS)

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

Complete all sections using a font size of 11 pt.

1. **Describe your department’s philosophy and commitment to traffic safety. Include the following elements:**
   * Why it is important to you.
   * Estimated number of hours dedicated to traffic enforcement outside of grant overtime activity.
   * Most significant problem area (i.e. texting and driving/ speed/ impaired driving).
   * The data used to identify the most significant problem.
   * If your department has suffered budget reductions, please explain the impact as it pertains to traffic safety.

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1. **Describe how receiving this award will augment your department’s current traffic safety efforts. Please include as many elements as you plan to incorporate (Enforcement, Equipment, and Non-Enforcement).**

*(Use as much space as needed. Attach any additional pages if necessary.)*

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1. **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) **please fill in the following:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Categories** | **2017** | **2018** | **2019** | **2020\*** |
| Total Crashes |  |  |  |  |
| Serious Injury Crashes |  |  |  |  |
| Fatal Crashes |  |  |  |  |

\*2020 Date Range:

1. **From your department’s internal data, please complete as much of the following as possible. *OGR understands that smaller communities will have significantly smaller numbers to report than larger.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Categories** | **2017** | **2018** | **2019** | **2020\*** |
| OUI Arrests |  |  |  |  |
| OUI Drug Arrests |  |  |  |  |
| Seat Belt Citations |  |  |  |  |
| Speeding Citations |  |  |  |  |
| Distracted Driving Citations\*\* |  |  |  |  |

\*2020 Date Range:

\*\*Distracted driving shall include the following: Improper Use of Phone/Electronic Device, Texting, Impeded Operation

1. **Based on the data charts from Questions 3 & 4, please enter measurable target goals/projections for all three:**
   * To decrease fatalities \_\_\_\_% from \_\_\_\_ during calendar year 2020 to \_\_\_\_ in 2021.
   * To decrease the number of impaired driving-related crashes \_\_\_\_% from \_\_\_\_ during calendar year 2020 to \_\_\_\_ in 2021.
   * To decrease unrestrained passenger vehicle occupant injuries \_\_\_\_% from \_\_\_\_ during calendar year 2020 to \_\_\_\_ in 2021.
2. **Identify the problem(s) that exist in your community related to impaired driving, distracted driving, and occupant protection. Specify any trends (either crash or citation-related) which exist as they pertain to the location (street, intersection, etc.), day of the week, and/or time of day.**

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1. **Identify at least three streets and/or intersections where the patrols during an overtime enforcement campaign period will have the greatest impact *(based on the answer to question 5).***

|  |  |
| --- | --- |
| **Location 1** |  |
| **Location 2** |  |
| **Location 3** |  |

**8. If your department is budgeting for enforcement equipment (Radar, LiDAR, Speed Radar Signs,**

**Traffic Data Recorders):**

* **Please fill in the chart.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Equipment*** | ***Inventory*** | ***Approx. Age*** | ***Equipment*** | ***Inventory*** | ***Approx. Age*** |
| Radar |  |  | Speed Radar Signs |  |  |
| LiDAR |  |  | Traffic Data Recorders |  |  |
|  |  |  |  |  |  |
| Number of Officers on a Patrol Shift | |  |  | |  |

* **Provide an explanation as to how the equipment will augment the planned enforcement. Please justify the need and how/where the equipment will be used.**

(Example A: The department has no data recorders and will post them on street A, B and C in order to --- Example B: The department would benefit from new Handheld Radar units to enforce speed and reduce crashes caused by speed in area X, Y and Z). Note: The equipment award may be adjusted to reflect the justification provided.

*(Use as much space as needed. Attach any additional pages if necessary.)*

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**9. If proposing to utilize grant funds for Non-Enforcement traffic safety activities, describe the issue to be**

**addressed/need, activity to be implemented and expected outcome as a result.**

|  |
| --- |
| *Name of Activity:*  *Need and Problem to be Addressed:*  *Activity to be Implemented*  *Expected Outcome:* |
| *Name of Activity:*  *Need and Problem to be Addressed:*  *Activity to be Implemented*  *Expected Outcome:* |
| *Name of Activity:*  *Need and Problem to be Addressed:*  *Activity to be Implemented*  *Expected Outcome:* |

**10. Motor Vehicle Automated Citation and Crash System (MACCS)**

\_\_\_\_\_ Check here if you are already participating in the MACCS program, or

\_\_\_\_\_ Check here if you have submitted a request letter to DCJIS to participate in the MACCS program.

**11. Proposed Countermeasure Strategies (optional):**

**To strengthen a proposal, the applicant should provide countermeasure titles 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-9thedition-2017v2\_0.pdf**](https://www.nhtsa.gov/sites/nhtsa.dot.gov/files/documents/812478_countermeasures-that-work-a-highway-safety-countermeasures-guide-9thedition-2017v2_0.pdf) **that are planned to be implemented identify alternate or innovative countermeasures.**

*Countermeasure Title –*

**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 submitted as**

**an attachment with the application.**

**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 five 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 a personal vehicle being used for the organization’s business. All employees and their families are strongly encouraged always to use seat belts and the proper child restraints whenever they are driving or riding in any vehicle, in any seating position.

Signed & Dated by an Authorized Signatory for the organization.

**13. Budget Narrative- Please use the space below to describe how the funds will be used and further explain**

**any budget items being requested so that the reviewers clearly understand all costs associated with this**

**proposal.**

|  |
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***BUDGET WORKSHEET***

**General Instructions**

Attachment B – Excel Budget Detail Worksheet must be filled out and included with the application. The worksheet can be found at <https://www.mass.gov/service-details/traffic-safety-grants>under the link for the FFY21 MRS Grant program.

The budget worksheet contains sections for each element and other related costs. The mandatory Enforcement element section must be budgeted for a minimum of four (4) enforcement hours in each of the campaigns listed below. If you are requesting an optional element (Equipment, Non-Enforcement), fill in the appropriate budget section with related costs. Please note that the total of all sections cannot exceed the maximum amount award per tier level. Refer to the Funding Levels chart (below) for your maximum award amount.

From the excel budget worksheet, summarize the amount from each element section and fill in the grid below. For Non-Enforcement Traffic Safety Activities, include any costs in sections labeled, Contractor/Consultant and Travel. All numbers will be rounded up to the nearest whole dollar.

|  |  |  |
| --- | --- | --- |
| ***FFY 2021 Funding Levels*** |  |  |
| **Population** | **Tier** | **Max Award Amount** |
| Greater than 40,000 | 1 | $40,000.00 |
| 20,000 to 39,999 | 2 | $25,000.00 |
| 12,000-19,999 | 3 | $20,000.00 |
| Less than 12,000 | 4 | $12,000.00 |
|  |  |  |

***Our Department is Tier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Maximum Award Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Funding Requested for each Budget:***

|  |  |  |
| --- | --- | --- |
| ***Enforcement*** | ***Equipment*** | ***Non-Enforcement Traffic Safety Activities*** |
| ***$*** | ***$*** | ***$*** |
| ***Total Award Amount Requested: $*** | | |

***ENFORCEMENT CAMPAIGNS***

Please note: The Enforcement amount requested from the excel worksheet will be divided equally among

the five (5) campaigns.

|  |  |
| --- | --- |
| Winter Impaired Driving (DSOGPO) | December 16, 2020 – January 23, 2021 |
| April Distracted Driving | April 2 - 18, 2021 |
| May Click It Or Ticket (CIOT) | May 17 - 31, 2021 |
| Summer Speed | June 11 – 27, 2021 |
| Summer Impaired Driving (DSOGPO) | August 20 – September 6, 2021 |

**Commonwealth of Massachusetts**

**Office of Grants and Research**

**FFY 2021 Municipal Road Safety Grant**

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

The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Police Department hereby acknowledges the terms and conditions as identified in the FFY 2021 Municipal Road Safety (MRS) Availability of Grant Funding. The Department understands and agrees that a grant received as a result of this application process is subject to the regulations governing highway safety projects and grant administrative requirements and agrees to comply with all applicable Local, State and Federal rules and regulations.

I hereby acknowledge that if purchasing equipment, the Department will comply with all grant contract requirements and related state and federal guidelines as they pertain to the purchasing of allowable equipment. The Department understands and agrees that any items approved for purchasing will be used specifically for traffic enforcement/safety purposes as set forth in conjunction with the FFY 2021 MRS grant program.

I hereby acknowledge that funding is contingent upon the availability of federal NHTSA funds, and certify if awarded, that these federal funds will not supplant any other funds currently made available to the Department.

By signing below, I hereby acknowledge having read and understand all FFY 2021 MRS grant administration requirements and agree to comply with the best of the Department’s ability.

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

Authorized Representative Name and Title *(please print)*

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Authorized Signature in **Blue Ink**

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

Date

***Application Deadline: October 14, 2020***

All Massachusetts municipal police departments are eligible to apply for the MRS grant.

A complete list of cities/towns by population is in Appendix A of the MRS AGF.

**Application Checklist**

**Required blank forms are available for download** [**https://www.mass.gov/service-details/traffic-safety-grants**](https://www.mass.gov/service-details/traffic-safety-grants)**.**

* Completed FFY2021 Municipal Road Safety Grant Application
* Signed AGF Assurances Form *(prior page)*
* Completed Attachment B – Excel Budget Detail Worksheet
* Scope of Services *(Initialed)*
* 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 *(Initialed & Signed)*
* FFATA form (if the award is greater than or equal to $25,000)
* A-133 Form
* Risk Assessment Form
* Organization’s Seat Belt Policy
* Organization’s Overtime Policy

**Application** packets include allrequired documents listed aboveand **must include two (2) copies - one original** *signed in blue ink* and stamped “original” **and one copy** stamped “copy” (please print/copy double-sided if possible) and must be sent via US Post Office, UPSS or FedEx to:

Office of Grants and Research

ATTN: Highway Safety Division (Richard Valeri)

10 Park Plaza, Suite 3720-A

Boston, MA 02116 -3933

Additionally, email a copy of your application form and budget sheets *only* (in MS Word or Adobe .PDF format) to **OGR.MRS@mass.gov.**

It is recommended to verify receipt of this application with Richard Valeri at OGR.MRS@mass.gov, prior to the **deadline of October 14, 2020**. Expected notification of awards will occur on/about November 30, 2020.

If you have any questions about the application or the program more generally, contact Mr. Valeri at [OGR.MRS@mass.gov](mailto:OGR.MRS@mass.gov) or 617-933-3528.