

**Office of Grants and Research**

**FFY 2021 Traffic Safety Grant Program for State Agencies**

**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**

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| --- | --- |
| **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: |
| Unique Entity Identifier (formerly 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? | * Yes ☐ No
 |
|  | If yes, what is the rate? Attach copy. |  |
|  | If no, will applicant be requesting the de minimis rate? | * Yes ☐ No
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**Project Description**

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

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| --- | --- |
| Planned Activity Number: |  |
| Planned Activity Name: |  |
| Amount of Funding Requested for this Planned Activity: |  |

Complete all sections using no more than 10 pages and a font size of 11 pt. for each project. Sections will expand automatically if needed. Applicants may reduce (not eliminate) the size of the sections if the space is not needed.

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| **1) Which area(s) of road safety will this proposal address? Check or circle all that apply.*** Alcohol and/or Drug-Impaired Driving
* Seat Belt Usage
* Child Passenger Safety
* Speeding/Aggressive Driving
* Distracted Driving
* Drowsy Driving
 | * Motorcyclists Safety
* Younger Drivers,< 21 years old
* Older Drivers, => 65 years old
* Pedestrian Safety
* Bicyclists Safety
* Traffic Records
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| **2) Describe in detail the traffic safety problem(s) to be addressed:** |
| **3) Describe / provide the data and source(s) that helped define the problem(s) to be addressed:** |
| **4) List all goal(s) and measurable objectives for this proposed project. A goal should be a brief, clear summary of the desired outcome(s) of the project.** ***Sample:*** ***Goals- Remove impaired motor vehicle operators from the roads by implementing two (2) Countermeasure Strategies: 1. Sobriety Checkpoints and 2. Saturation Patrols. Both Countermeasure Strategies will strive to always include participation of local police departments.******Objective 1- Conduct fifty (50) Sobriety Checkpoints and include local police participation******Objective 2- Conduct fifty (50) Saturation Patrols and include local police participation******Objective 3- Ensure that the majority of the two Countermeasure Strategies are implemented in the six (6) “hot spot” impaired driving crash regions identified by OGR.******Objective 4- Every local police department in the “hot spot” regions will be contacted and encouraged to participate*** |
| 5) Proposed Countermeasure Strategy (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](http://www.nhtsa.gov/sites/nhtsa.dot.gov/files/documents/812478_countermeasures-that-work-a-highway-safety-)-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, relevant, and time-bound (SMART).** |
| **8) Provide in sequential order the approximate time (days, weeks or months) needed to complete the major activities:**

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| **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 you are a current subrecipient and received funding for this same project, please provide any outcome data and other results obtained from evaluating your past success. 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) Provide a budget narrative that clearly describes how the funds will be used, how they tie into the proposed project and include any additional detail to ensure that the reviewer understands all items being requested as listed on your attached Excel Budget Worksheet in each category including Personnel, Fringe, Indirect Costs, Consultants/Contracts, Travel, Equipment, Supplies, and Other** |

## Signature Page

### Non-Supplanting

If the Office of Grants and Research 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 all information contained in this application is accurate and you have been informed and understand that supplanting of awarded grant funds is strictly prohibited.

I also understand that if funds are awarded, OGR Subrecipient Grant Conditions will be incorporated into the Interdepartmental Service Agreement.

Print or type Authorized Signatory Name and Title:

Signature (Use Blue Ink) Date:

# Submission of Application

**Application Deadline – April 3, 2020**

Responses to this AGF must be submitted on the OGR provided documents. Electronic versions of the blank Application template, Grant Application Budget Excel spread sheet and all other required documents are available at [www.mass.gov/service-details/traffic-safety-grants](http://www.mass.gov/service-details/traffic-safety-grants).

Application packets must include the following documents:

1. Application- one signed in blue ink and stamped “original”, and one copy, stamped “copy”.
2. Grant Application Budget Detail Excel Spread Sheet

Incomplete packets may be disqualified. Only application packets with original signatures will be accepted.

***Note:*** *A signed Assurance sheet acknowledging having read and understood the entire AGF is required and is located within the application. Please sign and return the AGF Assurance Form with the application. Do not return the AGF document. Please keep the AGF for your records.*

All original application packets must be submitted either via U.S. Postal Service (USPS), United Parcel Service (UPS), FedEx, or hand delivery to OGR at the exact address below.

Office of Grants and Research

ATTN: Jeffrey Brownell

10 Park Plaza, Suite 3720-A

Boston, MA 02116 -3933

Applicants are encouraged to use tracking numbers if submitted via USPS, UPS, or FedEx. It is recommended that applicants verify receipt of application with the Highway Safety Division prior to deadline due to potential mail delivery problems.

An unsigned electronic copy of the application and budget must be sent via email to: jeffrey.brownell@mass.gov

If you have any questions about the AGF or application, please email to the address above.