



Office of Grants and Research

FFY 2022 Traffic Safety Grant Program for State Agencies

Attachment A – Funding Request

If requesting funding for more than one project, a separate Funding Request (Attachment A) and Budget (Attachment B) must be completed for each one.

Complete all sections below using no more than ten pages and font size of 11 points. Sections will automatically expand if needed. Applicants may reduce (not eliminate) the size of the sections if space is not required.

Cover Sheet

Applicant Organization Information		Agency Head	
Organization Name:		Name:	
Project Title:		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	
Federal Funding Requested: \$		Does the applicant have a federally approved rate?	<input type="checkbox"/> YES <input type="checkbox"/> NO
For Non-EOPSS Agencies Only: Proposed Matching Funds: \$		If yes, what is the rate? Attach copy.	
		If no, will the applicant be requesting the de minimis rate?	

Applicant Signature Page

Certification:

As the Chief Executive Officer of the _____, I hereby support this application for funding in the amount of \$_____ for _____ (Project Title) being submitted to the Office of Grants and Research (OGR) and agree to adhere to the rules and regulations as provided in the Availability of Grant Funds and subrecipient grant conditions which will be included as part of an awardee's Interdepartmental Service Agreement or Standard State Contract.

Supplanting Assurance:

Please note, supplanting funds is strictly prohibited. If awarded, all applicants must attest that these funds will be used to supplement, not supplant, other state or federal funding sources.

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 the 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.

Name and Title of Agency Official signing this application:

Signature: _____

Date: _____

Project Description

1) Which area(s) of road safety will this proposal address? Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Alcohol and/or Drug-Impaired Driving | <input type="checkbox"/> Motorcyclists Safety |
| <input type="checkbox"/> Seat Belt Usage | <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/Aggressive Driving | <input type="checkbox"/> Pedestrian Safety |
| <input type="checkbox"/> Distracted Driving | <input type="checkbox"/> Bicyclist Safety |
| <input type="checkbox"/> Drowsy Driving | |

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

3) Describe the traffic safety problem(s) and the data that helped define the problem(s) to be addressed.

9) What are your (measurable) objectives for this project, and how will you evaluate them?

For example, pre-and post-attitudinal surveys, behavior observational surveys, benchmark(s)/ performance measure(s), etc., to measure the project's effectiveness or impact. Subrecipients may be required to submit the evaluation(s) documentation and process/outcome upon completing 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) Provide a budget summary that briefly describes how the requested funds will be used. If there are details regarding an expense in Attachment B that warrants additional explanation, please provide those below. If a non-EOPSS state agency, please explain what project expense(s) will be used to cover the match requirement and the expected total amount.

