



Office of Grants and Research

FFY2023-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.

Complete all sections below using a font size of 10 points.

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 (UEI) 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 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

The applicant, whether new or a previous subrecipient, must provide detailed answers to each question to ensure each reviewer has a full understanding of the traffic safety problem(s) to be addressed, the activities that are being proposed, how project success will be measured, and how budgeted costs are justified. Proposals that lack detail will be scored lower and be partially or non-funded.

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 provide recent state data to illustrate the issues(s) to be addressed. National data can also be included, but problem identification must be primarily derived from Massachusetts data.

4) Proposed Countermeasure (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 Tenth Edition, 2020" or propose to implement an alternate or innovative countermeasure.

[Countermeasures That Work: A Highway Safety Countermeasure Guide for State Highway Safety Offices, 10th Edition, 2020 \(nhtsa.gov\)](https://www.nhtsa.gov/publications/countermeasures-that-work-a-highway-safety-countermeasure-guide-for-state-highway-safety-offices-10th-edition-2020)

Countermeasure Title –

5) If proposing a countermeasure not listed in the above publication, briefly describe it and cite examples of it being successfully implemented.

6) Describe how the traffic safety problem(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).

7) Provide a timeline of project activities/deliverables in sequential order, including the desired start date and the approximate time (days, weeks, or months) needed to complete. All awardees will be expected to begin services within 90 days of a contract or ISA being executed.

Activity	Start Date+Duration

8) 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.

9) If your organization received an award for this type of project during the period of 10/1/20-9/30/21, provide a brief narrative detailing the project's successful outcomes that justify continued support of the project. Please include the award amount and the amount of funds left unspent (if any) at the end of the award.

10) 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.

11.) Provide a budget summary that describes how the requested funds will be used. If details regarding an expense in Attachment B warrant 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.