



Office of Grants and Research FFY 2024 Traffic Safety Grant Program for State Government Agencies

Attachment A – Application

All sections must be completed and typed to be eligible, except for the signature on Page 2, which can be done manually.

Applicant Agency 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):		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?	YES 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?	YES NO

Applicant Signature Page

Certification:

As the Chief Executive Officer of the _____ (agency name),
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:

Refer back to *Section V. Application Preparation* of the AGF for help answering the questions below.

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"/> Motorcyclist Safety |
| <input type="checkbox"/> Seat Belt Usage | <input type="checkbox"/> Younger Drivers \leq 21 years old |
| <input type="checkbox"/> Child Passenger Safety | <input type="checkbox"/> Older Drivers \geq 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.

3) Describe the traffic safety problem(s) and provide recent state data to illustrate the problem(s) to be addressed by your project. National data can also be included, but problem identification must be primarily derived from Massachusetts data.

4) Describe in detail the activities that will be conducted to address the identified traffic safety problem(s).

5) Provide justification that the project activities will address the problem(s) and help the applicant meet the project's goal(s) and objectives.

6) Provide a timeline of project activities and/or deliverables, including the desired start date and the length of time needed to complete each activity/deliverable

Activity	Duration

7) Provide at least 3 measurable objectives to be achieved by this project

Objective 1:

Objective 2:

Objective 3:

**8) Provide a budget narrative that describes how the requested funds will be used.
Also, provide details on match if applicable.**