**FFY 2018  
Massachusetts Traffic Safety Information Systems Improvement Grant  
Application for Current TRCC-approved, Section 405-c funded Projects**

**March 15, 2018**

See response requirements in the related Availability of Grant Funding (AGF).

**Authorized Signatory for the Organization**Name:  
Title:  
Organization:  
Address:  
City, Zip Code  
Phone: ( ) Ext. E-mail:

**Project Contact**Name:  
Title:  
Organization:  
Address:  
City, Zip Code  
Phone: ( ) Ext. E-mail:

9 digit DUNS Number:

**Project Title:**

**Project Overview**

a. Project must impact at least one of the following core traffic records systems: (check all that apply).  
\_\_ Crash \_\_ Roadway \_\_ Vehicle \_\_ Driver  
\_\_ Injury Surveillance \_\_ Citation/Adjudication

b. Project must improve at least one of the following performance attributes: (check all that apply).

\_\_ Accessibility \_\_ Accuracy \_\_ Completeness \_\_ Integration \_\_ Timeliness \_\_ Uniformity

**Description of Project**

a. Provide a description of the project, **highlighting how the requested additional funding will be utilized by 9/30/18.** Highlight key deliverable(s) and stakeholders.

b. Explain how the data in the impacted system(s) will be shared with state agencies and other traffic records partners.

c. Confirm the project will comply with the latest version of *the Electronic and Information Technology Accessibility Standards under Section 508 of the Rehabilitation Act of 1973*, (“508 Standards”) at [www.access-board.gov/guidelines-and-standards/communications-and-it/about-the-ict-refresh/final-rule/i-executive-summary](http://www.access-board.gov/guidelines-and-standards/communications-and-it/about-the-ict-refresh/final-rule/i-executive-summary), and (2) the *Web Accessibility Standards*, (the “ITD Standards”) issued by the Commonwealth of Massachusetts’ Information Technology Division (“ITD”) at [www.mass.gov/itd](http://www.mass.gov/itd).

**Project Timeline**   
Provide a detailed project timeline with milestones and key deliverable(s), **distinguishing the involvement of the requested additional funds**.

**2014 Traffic Records Assessment Recommendation(s)**

a. Does the project address **at least one** unmet recommendation in the Commonwealth’s *2014 Traffic Records Assessment Report* at [www.mass.gov/eopss/agencies/hsd/eopss-highway-safety-division-goals-planning.html](http://www.mass.gov/eopss/agencies/hsd/eopss-highway-safety-division-goals-planning.html)? If so, which recommendation(s) and how?

b. Does the project address a recommendation in the *Massachusetts Statewide E-Citation and Traffic Records System Business Plan* (optional) at [*www.mass.gov/eopss/agencies/hsd/eopss-highway-safety-division-goals-planning.html*](http://www.mass.gov/eopss/agencies/hsd/eopss-highway-safety-division-goals-planning.html)? If so, which recommendation(s) and how?

**Project Benchmark and Performance Measure**

a. Describe how the project has **at a minimum** one benchmark and one performance measure that will demonstrate **at least one** quantitative improvement in the performance attribute of a **minimum of one** of the state’s six core traffic records systems. This quantitative improvement must be demonstrated with supporting information covering a 12-month performance period, starting anytime between April 1 and July 1, 2017, and comparable to a contiguous benchmark period of one year. The performance measure must follow the methodology set forth in the *Model Performance Measures for State Traffic Records Systems* (DOT HS 811 441), as updated, at [www.mass.gov/eopss/crime-prev-personal-sfty/traffic-safety/trcc/traffic-records-funding-opportunities.html](http://www.mass.gov/eopss/crime-prev-personal-sfty/traffic-safety/trcc/traffic-records-funding-opportunities.html).

b. Please describe any other project evaluation effort.

**Total 405(c) Funding Requested**

a. **Provide a detailed, current line-item project budget that reflects the inclusion of the requested funds, then** **a separate budget that highlights just the use of the requested additional funds.** If a federally-approved indirect cost rate is involved, attach appropriate supporting documentation. Or indicate if the de minimis rate of 10% of modified total direct costs will be used.

b. If any equipment is being purchased with the requested grant funds, indicate who will own the equipment, what it will be used for, when the equipment will be purchased, how it will be maintained, the cost, the make/model, and if it will be used for any other purpose than what is described in this application. If the equipment will also be used for another purpose, please indicate the proportional amount of the total cost for this other purpose. Applicant must agree to abide by the Buy America Act (49 U.S.C. 5323(j)).

c. Note any other local, state, or federal funding involved in this project or state “N/A”.

**Project Partners**

a. If a consultant is being used, attach background information (brochures, resumes, etc.) or provide web address.

b. Will this project impact the core traffic records system or business process of another local, state, and/or federal organization(s)? If so, please document how and what collaboration to date has occurred. Please include the name of the other organization(s) and point of contact information.

The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ acknowledges and agrees to comply with all requirements of

(Name of organization)

this grant program detailed in both related AGFs. We understand and agree that grant funding received as a result of both related AGF processes is subject to various state and federal grant requirements and completion of any associated, necessary forms that the EOPSS/OGR/HSD has released with both related AGFs. Any such forms must be completed at the time a grant contract is negotiated. We also understand that a grant contract would be based on continuing availability of Section 405(c) funds to EOPSS/OGR/HSD. Should Section 405(c) funding no longer be available to EOPSS/OGR/HSD, then no other state or federal funds would be available as an alternative source of funding for a grant contract.

Authorized Signatory Name and Title (please print) *– all applicants must complete this section.*

Authorized Signature **(in blue ink)**

Date **(in blue ink)**

E-mail Address Phone Number

In accordance with *Executive Order 510, Enhancing the Efficiency and Effectiveness of the Executive Department’s Information Technology Systems*, projects submitted by state agencies within the Executive Branch must have below signed approval by their respective Secretariat Chief Information Officer.

For organizations not within the Executive Branch, it is strongly recommended that a senior information officer provide signed approval below.

Authorized Senior Information Officer Name and Title (please print) *– required if applicant is Executive Branch state agency.*

Authorized Signature **(in blue ink)**

Date **(in blue ink)**  
  
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E-Mail Address Phone Number