

FFY 2022 GRANT APPLICATION



Idaho Transportation Department Office of Highway Safety

Instructions:

This application consists of three sections: section 1-application information and signature, section-2 grant narrative, section-3 grant budget. Please complete each section. An incomplete application will not be considered. Submit application via mail or e-mail. Application deadline is 5:00 pm MST, Friday, February 26, 2021. Mail to: ITD Office of Highway Safety, PO Box 7129, Boise, ID 83707-1129. E-mail to: ohsgrants@itd.idaho.gov

SECTION 1 – Applica	ition Information						
Agency Name							
Agency Address							
Agency Type	Law Enforcement		FEIN Tax ID Number				
Agency Type	State Agency		I LIIN Tax ID Nullibel	L			
	Non-Profit		UEI Unique Entity Identifier				
	Local Agency		O 21 omque Emily Identine				
Primary Contact (The agency contact with signing authority)							
Timaly contact	The agency contact in	1111 315111115 441					
Name and Title							
Address							
E-mail			Phone Number				
Grant Manager Contact (Responsible for managing the everyday activities of the grant.)							
Name and Title							
Address							
Address							
E-mail			Phone Number				
Primary Contact Signature							
		ĺ					
Grant Manager Signature							

SECTION 2 – Grant Narrative

A. Project Focus Select a project focu	us area, check all of	the areas t	hat apply.	
Check all areas	Impaired Driving		Aggressive Driving	
that apply.	Distracted Diving		Occupant Protection	
	Youthful Drivers		Child Passenger Safety	
	Motorcycle		Other	
	Bicycle/Pedestrian			
Include the most re	ct goal. Provide da cent data possible. <u>9 crash report</u> , or c	You may u ontact one	ort the goal. Describe and doc se your agency's data, WebCa of the research analyst princi	ars analysis, <u>ITD crash data</u>
	pe of your project. r goal(s). Be sure to		w you plan to implement the stivities, events, enforcement	grant and how the project will and outreach. Provide a
	vill evaluate the per ill meet your goal(s	formance o	of the grant. Describe what typ how you will report on the pro	pe of data you intend to collect ogress of your project and if
· ·			ay be beneficial to your projec umentation to a minimum	t. Attachments are not

SECTION 3 – Project Budget

In this section, please describe in as much detail as possible the cost/expenses associated with the proposed project. Identify how your agency will provide matching funds. Any funds you claim as match cannot be federal dollars. Matching Funds may include salaries of individuals working on the project, mileage incurred while working on the project, training provided, office supplies or any other in-kind or matching funds. You do not have to show match in each category but your total match must be at least 25% of the total amount you are requesting for the project.



Grant Application BUDGET Worksheet

Idaho Transportation Department Office of Highway Safety

Agency: Project Title:

	BUDGET		
	Local Match	Grant Funded	
PERSONNEL COSTS (HS H901)			
Subtotal Personnel Costs	\$0.00	\$0.00	
TRAVEL (HS H902)			
Cubbatal Traval	¢0.00	¢0.00	
CONTRACTUAL SERVICES (HS H903)	\$0.00	\$0.00	
CONTRACTOAL SERVICES (HS H905)			
Subtotal Contractual Services	\$0.00	\$0.00	
CONSUMABLES (HS H904)	φο.σσ	φο.σσ	
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Subtotal Commodities	\$0.00	\$0.00	
DIRECT COSTS (HS H905)			
Subtotal Other Direct Costs	\$0.00	\$0.00	
INDIRECT COSTS (HS H906)			
Subtotal Indirect Costs	\$0.00	\$0.00	
GRANT REQUEST TOTAL	\$0.00	\$0.00	