**FFY 2024 GRANT APPLICATION**

Idaho Transportation Department

Office of Highway Safety

**Instructions:**

This application consists of three sections: Application Information, Grant Narrative, and Project Budget. Please complete each section and submit via mail or email. An incomplete application will not be considered. **The application deadline is 5:00 pm MST, Tuesday, February 28, 2023**. Mail to: ITD Office of Highway Safety, PO Box 7129, Boise, ID 83707-1129. Email to: [ohsgrants@itd.idaho.gov](mailto:ohsgrants@itd.idaho.gov). All grants operate on the federal fiscal year, October 1 to September 30.

**SECTION 1 – Application Information (\*30 points)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Agency Name |  | | | | | |
|  |  |  |  |  |  |  |
| Agency Address |  | | | | | |
|  |  |  |  |  |  |  |
| Agency Type | Law Enforcement |  |  | EIN Tax ID Number | enter text | |
|  | State Agency |  |  |  | | |
|  | Non-Profit |  |  | UEI Unique Entity Identifier | enter text | |
|  | Local Agency |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Primary Contact (The agency contact with signing authority) | | | | | | |
|  |  |  |  |  |  |  |
| Name and Title |  | | | | | |
|  |  |  |  |  |  |  |
| Address |  | | | | | |
|  |  |  |  |  |  |  |
| Email |  | |  | Phone Number | enter text | |
|  |  |  |  |  |  |  |
| Grant Manager Contact (Responsible for managing the everyday activities of the grant) | | | | | | |
|  |  |  |  |  |  |  |
| Name and Title |  | | | | | |
|  |  |  |  |  |  |  |
| Address |  | | | | | |
|  |  |  |  |  |  |  |
| Email |  | |  | Phone Number | enter text | |
|  |  | |  |  |  | |
|  |  | |  |  |  | |
| Primary Contact Signature  (Electronic signature is acceptable) | | |  | | | |
|  |  | |  |  |  | |
| Grant Manager Signature  (Electronic signature is acceptable) | | |  | | | |

**\*Jurisdictions that rank higher than the group rate for fatal and serious injury crashes will be given higher priority.**

**SECTION 2 – Grant Narrative (\*50 Points)**

1. **Project Focus**

Select a project focus area from the box below. Multiple areas may be selected.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Check all areas that apply. | Impaired Driving |  |  | Aggressive Driving |  |  |
| Distracted Driving |  |  | Occupant Protection |  |  |
| Youthful Drivers |  |  | Child Passenger Safety |  |  |
| Motorcycle |  |  | Other |  |  |
|  | Bicycle/Pedestrian |  |  |  |  |

1. **Problem Identification**

Establish your project goal with a description of the problem/need. Use the most recent data available to support the goal. You may use your agency’s data, WebCars analysis, [ITD Crash Data Dashboards](https://itd.aashtowaresafety.net/itd-safety-dashboards#/), the [2021 Traffic Crash Report](https://apps.itd.idaho.gov/Apps/OHS/Crash/21/Analysis.pdf), or contact one of the research analyst principals to help, [kelly.campbell@itd.idaho.gov](mailto:kelly.campbell@itd.idaho.gov) or [steve.rich@itd.idaho.gov](mailto:steve.rich@itd.idaho.gov).

|  |
| --- |
|  |

1. **Grant Implementation**

Summarize how your agency or organization plans to implement the grant and how the project will aid in achieving your goal(s).

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|  |

1. **Grant Activity Summary**

Create a list of planned events, enforcement, and education/outreach activities. Provide a timeline with anticipated start and completion dates.

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|  |

1. **Assessment and Performance Evaluation**

Explain what type of measurements and data your agency or organization intends to collect and verify the goal(s) were met. Your agency will be required to provide a quarterly report throughout the year. If this is a multi-year project, provide a summary of the accomplishments for the previous year’s grant funded activities.

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1. **Attachments**

Please attach the Subrecipient Financial Risk Assessment FY24 form with the application. Also attach any other information that may be beneficial to your project.

**SECTION 3 – Project Budget (\*20 points)**

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, however, the **total match must be at least 25% of the total amount you are requesting for the project.**

|  |  |  |  |
| --- | --- | --- | --- |
| ITD%20Logo%20color   |  | | --- | | **Grant Application BUDGET Worksheet** Idaho Transportation Department Office of Highway Safety | | | |
| Agency: | Project Title: | |
|  | BUDGET | |
|  | Local Match | Grant Funded |
| **PERSONNEL COSTS (HS H901)** |  |  |
| i.e. regular hours, overtime hours, percent of benefits, admin support, etc. |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Subtotal Personnel Costs | $0.00 | $0.00 |
| **TRAVEL (HS H902)** |  |  |
| ID state rate = .625 per mile effective 7/19/22, also includes lodging and per diem |  |  |
|  |  |  |
|  |  |  |
| Subtotal Travel | $0.00 | $0.00 |
| **CONTRACTUAL SERVICES (HS H903)** |  |  |
| i.e. education, training |  |  |
|  |  |  |
| Subtotal Contractual Services | $0.00 | $0.00 |
| **CONSUMABLES (HS H904)** |  |  |
| i.e. equipment |  |  |
|  |  |  |
|  |  |  |
| Subtotal Commodities | $0.00 | $0.00 |
| **DIRECT COSTS (HS H905)** |  |  |
| i.e. conference fees |  |  |
|  |  |  |
| 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** |