**FUNDING OPPORTUNITY**

Oregon Department of Transportation - DMV Transportation Safety Office

**This Funding Opportunity consists of three sections: Applicant Information, Grant Project Narrative, and Grant Project Budget. Please complete each section and submit via mail or email** to TSOGrantApp@odot.oregon.gov on or before **June 15, 2024**. Please contact a TSO [program manager](https://www.oregon.gov/odot/Safety/Pages/Contact-Us.aspx) for more detailed guidance on completing the document or assistance. An incomplete application will **not** be considered.

**SECTION 1 – Applicant Information**  **- (Max points: 5) \_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| Agency Name |  |
|  |  |  |  |  |  |  |
| Agency Address |  |
|  |  |  |  |  |  |  |
| Agency Type | Law Enforcement |[ ]    | EIN Tax ID Number | enter text |
|  | Sovereign Nation | [ ]  |  |  |
|  | Government Agency | [ ]  |  | UEI Unique Entity Identifier  | enter text |
|  | Non-Profit[[1]](#footnote-1) |[ ]    |  |  |
|  | For Profit |[ ]   | [Political Subdivision of a State](https://www.ecfr.gov/current/title-23/chapter-III/part-1300) | Yes [ ]  | No [ ]  |
|  | Community Based Org | [ ]  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Project Director** (Responsible for implementing this Agreement and establishing and maintaining procedures that will ensure the effective administration of the project objectives.) |
|  |  |  |  |  |  |  |
| Name and Title |  |
|  |  |  |  |  |  |  |
| Address |  |
|  |  |  |  |  |  |  |
| Email |  |   |  Phone Number | enter text |
|  |  |  |  |  |  |  |
| **Designated Alternate** (Serves as Alternate Project Director if the Project Director is unavailable to answer a project question or sign a grant document or; *if the Project Director is being reimbursed through a particular claim* for reimbursement [they cannot be the signatory for that specific claim, i.e., travel costs for the Project Director, salary, etc.]) |
|  |
| Name and Title |  |
|  |
| Address |  |
|  |
| Email |  |  | Phone Number | enter text |
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| **Authorizing Official** (This person has the authority to obligate funds from your agency’s budget (i.e., you usually cannot pay the bills or sign contracts without their signature!); they cannot be paid through the grant project. The Authorizing Official MUST sign the claim if either the Project Director or Designated Alternate *are being paid or reimbursed through the project’s claim for reimbursement* as submitted to TSO.) |
|  |  |  |  |  |  |  |
| Name and Title |  |
|  |  |  |  |  |  |  |
| Address |  |
|  |  |  |  |  |  |  |
| Email |  |  | Phone Number | enter text |
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**SECTION 2 – Grant Project Narrative**

1. **Project Name**

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1. **Project Focus**  **- (Max points: 5) \_\_\_\_\_\_\_\_\_\_**

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

Check all areas that apply.

|  |  |  |
| --- | --- | --- |
| Aging Road Users |[ ]   | Preventing Roadside Deaths |[ ]
| Bicycle Rider Safety |[ ]   | ODOT Region Grant |[ ]
| Community Traffic Safety |[ ]   | Roadway Safety  |[ ]
| Distracted Driving |[ ]   | Safe Driving (Drowsy Driving, Following too Close, Lights & Swipes, Red Light Running)  |[ ]
| Driver & Officer Safety Education |[ ]   | Safety Corridors |[ ]
| Driver Education & Behavior (Teen Drivers) |[ ]   | Speeding & Aggressive Driving |[ ]
| Emergency Medical Services |[ ]   | Traffic Law Enforcement / Judicial |[ ]
| Highway Safety Improvement Program |[ ]   | Traffic Records |[ ]
| Impaired Driving |[ ]   | Unattended Passengers Program |[ ]
| Motorcycle / Moped Rider Safety |[ ]   | Vehicle Safety Equipment |[ ]
| Occupant Protection |[ ]   | Work Zone Safety |[ ]
| Pedestrian Safety |[ ]   | Other |[ ]

1. **Problem Identification & Proposed Countermeasure**

 **- (Max points: 30) \_\_\_\_\_\_\_\_\_\_**

1. **Describe the problem(s) this project will try to impact and the proposed countermeasure**. Include, at a minimum, a description of activities to be conducted, location where the project will be performed, length of project (e.g. one year, two year, ongoing, etc.) **and** affected communities, where applicable.

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2. **Provide summarization of data about the problem(s).** Include any particular emphasis on underserved communities and communities overrepresented in the data and a description of how those communities were identified.

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3. **For continuation of a previously awarded project**, provide a report on progress toward meeting current (or prior) year performance targets. If there are adjustments to the countermeasure strategies, describe in narrative the means by which the strategy for programming funds was adjusted and informed by the most recent TSO Highway Safety Plan Annual Report, OR, if no adjustment, explain in writing why no adjustments were made. Add performance measures needed for updated problem identification, or, as part of a Section 405 grant application, or amend common (only) performance measures but not any other existing target.

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4. **Describe how this project will engage or impact over-represented populations in crash data and/or specifically identified underserved populations**. Underserved populations mean populations sharing a particular characteristic or geographic location that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life. Overrepresentation is another measure of whether a crash type or contributing factor should be prioritized as a safety issue in the planning area. One way to visualize overrepresentation is to compare the percentage of all crashes accounted for by a given factor with the percentage of severe crashes (those resulting in a fatal or serious injury) accounted for by that same factor.

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1. **Proposed Activities**

1. **Major Activities** – List major activities to be carried out to achieve targets or goals listed above in Section C. To add an activity, insert cursor in bottommost right field and then tab to add rows.  **- (Max points: 10) \_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Start Date** | **End Date** | **Activities** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

2. **Coordination** – List groups and agencies you will be partnering with to complete the activities of the project.

  **- (Max points: 10) \_\_\_\_\_\_\_\_\_\_**

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Is coordination with outside agencies or groups needed? Yes [ ]  No [ ]

If Yes is marked above, list Name and role of groups agencies involved.

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1. **Objectives -***(Encouraged but not required for initial scoring. Program Managers can help set or refine these upon project acceptance.)*  **- (Max points: 5) \_\_\_\_\_\_\_\_\_\_**

**Describe measurable targets** or goals, expressed as a value, **to be achieved through project implementation**. To add an objective, insert cursor in bottommost right field and then tab to add rows (i.e., ‘to reduce impaired driving fatalities in ABC County from the baseline of 62 in year XXXX **by 5%,** by December 31, 2025;’ or ‘to conduct **five** bike rodeo training events for DEF Community by 09/30/2025,’ etc.).

|  |  |
| --- | --- |
|  | **Objective** |
| 1. |  |
| 2. |  |
| 3. |  |

1. **Evaluation Plan**

1. **Evaluation Questions** – **Measurable** outcomes to demonstrate progress, success, etc. toward meeting the project’s objectives. To add an evaluation question, insert cursor in bottommost right field and tab to add rows. These tie directly to the stated **activities and objectives** that were indicated for the project.

 **- (Max points: 5) \_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
|  | **Objective** |
| 1. |  |
| 2. |  |
| 3. |  |

2. **Data Requirements**  **- (Max points: 10) \_\_\_\_\_\_\_\_\_\_**

A. Data to be collected and submitted with required quarterly and final evaluation reports (what data will be used to determine progress being made in quarterly reports?).

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B. **Evaluation Design** – Describe how data will be analyzed. **Include any particular emphasis on** underserved communities and communities overrepresented in the data and a description of how those communities were identified.

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3. **Project Deliverables & Final Project Evaluation** – **At a minimum** - depending upon your agency’s TSO-assigned risk rating - **project deliverables required of the applicant will include**: monthly or quarterly progress reports, monthly or quarterly reimbursement claims (with supporting documentation), and a Final Project Evaluation.

**SECTION 3 - Grant Project Budget
A. Grant Project Budget Summary**  **- (Max points: 5) \_\_\_\_\_\_\_\_\_\_**

1. List of major budget items (including indirect costs, if applicable) as well as estimated **program income** – see [23 CFR 1300.34](https://www.ecfr.gov/current/title-23/chapter-III/part-1300/subpart-D/section-1300.34) (e.g. fees, product sales, etc.) (if applicable). If indirect costs are to be included and the applicant is not using the de minimis federal rate, a current indirect cost letter must be included in the Exhibits (H.4.D)

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2. **Budget Allotment**.

The Applicant is requesting the amount stated below to carry out the traffic safety project outlined in this Grant Application. Grant Award expenditures and match fund expenditures must comply with allowable uses based on funding source. Applicant understands and agrees that Match funds may be a requirement of the grant. For specific information related to funding source and eligible uses of funds, see applicable laws and rules or contact program manager.

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| --- | --- | --- |
| Requested Grant Award |  |  |
| Required Match (0.25 x Requested Grant Award)\*\* |  x 0.25 |  |
| Estimated Program Income (select one of the three below) |  |  |
| * Subtracted from requested grant award
 |  |  |
| * To be expended on eligible grant activities
 |  |  |
| * To be expended on eligible grant activities (and claimed as match\*) to be spent within performance period
 |  |  |
| Total Project Cost |  |  |

\* If Applicant wishes to use program income as Match, TSO Staff will need to request written approval from NHTSA Region 10 Regional Administrator prior to project approval.
\*\* This equates to a 20% match (cash, or in-kind) from your agency

**B. Budget and Cost Sharing**  **- (Max points: 10) \_\_\_\_\_\_\_\_\_\_**

**Complete Form 737-1003 Budget and Cost Sharing**. You may attach one page to explain specific requests. If you are applying for a multiple year grant, you must include a separate budget for each year for which you are requesting funding.

**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 20% of the total amount you are requesting for the project.** Any estimated or anticipated Program Income, which means gross income earned by the State or a subrecipient that is directly generated by a project activity or earned as a result of the Federal award during the period of performance, needs to be included in the budget.

 **- (Max points: 10) \_\_\_\_\_\_\_\_\_\_**

1. Non-profit agencies must submit proof of exempt status under Code Sec. 501(c)(3). [↑](#footnote-ref-1)