**FY21**

**Mississippi Office Of Highway Safety**

**Funding Guidelines for Public Information and Education, State Agencies and**

**Specialized Funding**

**Grant Applications**



Department of Public Safety

Division of Public Safety Planning

Office of Highway Safety

1025 Northpark Drive

Ridgeland, MS 39157

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**Schedule for Application Process:**

* **Deadline for submission of initial electronic application is: March 6, 2020.**
* **All applicants will be notified of application results no later than June, 2020.**

**Purpose of the Funding Guidelines****:**

The purpose of this document is to outline the specific criteria to be followed in the preparation of highway safety applications for funding. The manual provides direction and guidelines to assist state and local agencies in obtaining federal funding support for their highway safety programs.

The Mississippi Office of Highway Safety (MOHS) receives annual funding under the Highway Safety Act of 1966, State and Community Highway Safety Grant Program currently operating under the new authorization Fixing America’s Surface Transportation Act (FAST). The funding was established to provide financial assistance to states to stimulate the development of traffic safety projects at the state and local levels. The funding is received from the National Highway Traffic Safety Administration (NHTSA) and the Federal Highway Administration (FHWA) to the state to support highway safety programs. The success of the programs is determined by the efforts and interest demonstrated by the state and local agencies with traffic safety responsibilities.

Annually, the State produces a Highway Safety Plan (HSP), which provides for statewide initiatives, directs activity toward resolving identified traffic safety problems, and establishes statewide targets and performance measures for highway safety. The planning process incorporates the solicitation of applications or proposals (through the problem identification process) for highway safety activities from state agencies and political subdivisions to ensure a statewide effort that will satisfy state highway safety objectives. Applications for funding submitted for traffic safety activities are not restricted to any dollar value but must provide evidence of being cost effective. Applications must state in detail the goals of the project, the problem to be addressed, and the associated activities.

These guidelines are provided to assist the applicant agency in developing traffic safety activities, eligible for federal support and aid in reaching state highway safety goals and objectives. The FY21 grant year **begins** **October 1st** and **end September 30th.** Applications can be requested for funding for a full year (October-September), mini grants (See OP/PT grants) or specified dates selected by the Applicant. All dates will be approved by MOHS.

**FY21 Mississippi Office of Highway Safety Targets, Performance Measures and Strategies**

Per Federal guidelines, the Mississippi Office of Highway Safety must set targets, performance measures and strategies that will be accomplished on an annual basis to remain in federal and state compliance and meet all federal and state requirements for funding.

By funding agencies and projects across the State of Mississippi, the MOHS hopes to achieve success in these target areas and reach all proposed performance measures, by performing specialized strategies.

C-1 Core Outcome Measure/Number of Traffic Fatalities (FARS): To decrease the expected rise of total fatalities from 664 fatalities (2014-2018) to expected rise to 682.84 fatalities (2017-2021) by the end of December 31, 2021.

**Available Applicant Criteria and Program Areas:**

**Eligible Applicants:** All law enforcement jurisdictions (other than enforcement), State agencies, Judicial, Colleges/Universities, Non-profit Organizations & Community Organizations.

**Eligible Program Expenses:** Full time and/or part time Salary, Fringe, Ovetime, Training, Travel, Equipment, Supplies, Contractual Services and Indirect Costs.

**FY21 MOHS Program Areas:**

Alcohol Countermeasures (AL): Alcohol projects such as DUI Prosecution, DUI Judicial, law enforcement training, public education and outreach. These funds are strictly for alcohol only related activities, programs and projects.

Occupant Protection (402/405OP): To educate the public on the importance and proper use of child restraints to reduce the severity of injuries and the number of fatalities resulting from vehicle crashes and to measure the results of enforcement and educational programs by conducting surveys and evaluating the results. Child Passenger Seat Technician (CPST) Training, Public Education, Community Outreach, & Seat Belt Survey.

Traffic Records (TR)- The collection, analysis and dissemination of crash, citation, as well as, all other electronic data systems related to highway safety which assist and increase the capability for identifying and alleviating highway safety problems. Centralized Data Systems, Data website, Electronic Data Entry/Collection/Reporting Program activities must be specific to highway safety information.

Public Information & Education (PI&E): Public Information & Education projects are to reach the public on highway safety issues across the state. Reach the public through projects on seat belt safety, impaired driving drivers education, and any other program designated by MOHS. Youth Programs, Community Outreach, & Educational/Training Conference.

**Application Availability:**

Application packets will be available on the MOHS website at: Department of Public Safety website at <https://www.dps.ms.gov>and the Mississippi Office of Highway Safety website at: [www.highwaysafety.ms.gov](http://www.highwaysafety.ms.gov).

Continuation grant applicants will receive an email on February 3, 2020 with the application packet that will contain the MOHS FY21 Grant Application and Grant Funding Guidelines.

**All completed grant applications must be submitted electronically to the Mississippi Office of Highway Safety email address at:**

**mohs@dps.ms.gov**

Grant applications may be submitted early but are due no later than by 5:00 p.m. on March 6, 2020. Grant applications received after the due date will be noted and may be delayed in processing for the upcoming grant year.

Please select the application that will best fit your agencies need, problem identification and targets.

* Alcohol (154)
* Alcohol and Drug Impaired Driving (405d)
* Occupant Protection (402)
* Driver’s Education (402)
* Research: Surveys and Evaluation (402)

**Instructions for the Completion of Application**

**Signature Sheet:**

Please fill out the FY21 Sub-grant Application Signature sheet in completion.

1. Applicant Name, Mailing Address, Telephone and Email Address.
2. Date: Date of the Application Submission
3. Beginning Date and Ending Dates: Depending on your grant selection will provide additional beginning and ending dates. Please see the following options and provide a “X” in the box of your choice:

Public Information and Education, State Agencies and Specialized Funding (154, 405 and 402)

\_\_\_\_Full Grant: (October 1, 2020-September 30, 2021)

\_\_\_\_ Other (Specify Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

1. Sub-grantee Payment Method: Completed
2. DUNS #- Data Universal Numbering System (Dun & Bradstreet); city/county clerk can provide.
3. Congressional District
4. Program Title: Program that you are applying for grant funding.
5. Funding Requested
	1. Cost Category
		1. Personal Services-Salary
		2. Fringe Amount **(Public Information and Education, State Agencies and Specialized Funding-Grants Only)**
		3. Contractual Services
		4. Travel
		5. Equipment
		6. Commodities
		7. Indirect Costs **(Public Information and Education, State Agencies and Specialized Funding-Grants Only)**
	2. Source of Funds
		1. Federal
		2. State
		3. Local
		4. Other
6. Agreement Statement.
7. Approved Signature of Authorized Official for Jurisdiction to Apply.

**Problem Identification:**

**Location (Public Information and Education, State Agencies and Specialized Funding)**

This section must be filled out completely for all project applications.

|  |  |
| --- | --- |
| City Name to Serve: |  |
| County Name to Serve: |  |
| Troop District: |  |
| Number of Personnel In Agency: |  |
| Number of Personnel to Work Grant: |  |

|  |  |
| --- | --- |
| Number of Square Miles: |  |
| Number of Population: |  |
| Age Group to Serve (PI&E Applicants):  |  |

**Problem Identification Summary:**

(**Public Information and Education, State Agencies and Specialized Funding)**

Program Focus: Please check focus area

|  |  |
| --- | --- |
|  | Public Information and Education - Adult |
|  | **Public Information and Education – Youth 16-20** |
|  | **Training (Law Enforcement)** |
|  | **Research (Survey and Problem Identification)** |
|  | **Traffic Records System and Enhancements** |

Please provide a detailed problem identification description for the program that the grant will seek funding, such as college/universities, community events, training needed, program research, problem identification. etc.

**Please limit to 350 words for the Problem Identification Summary**. Please give as much information as possible about how your agency will work toward the highway safety issues for the area of service your agency is applying for.

**Proposed Target, Performance Measure and Strategies to be achieved during FY21:**

This section must be completed for all project applications. Please provide a description of how the agency will counter the problems stated in the problem identification sections above. **Please use Agency 2018 Fatal Crash and Fatality data, if available.**

**Target for Project:**

What targets will your agency accomplish during the FY21 grant year?

**Alcohol Countermeasures (154AL) Programs:**

The jurisdiction/agency of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will attribute to the reduction of the number of alcohol related fatalities from \_\_\_\_\_ in 2018 to \_\_\_\_\_ by the end of 2021.

**Impaired Driving (405d) Programs:**

The jurisdiction/agency of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will attribute to the reduction of the number of alcohol related fatalities from \_\_\_\_\_ in 2018 to \_\_\_\_\_ by the end of 2021.

The jurisdiction/agency of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will attribute to the reduction of the number of drug related fatalities from \_\_\_\_\_ in 2018 to \_\_\_\_\_ by the end of 2021.

**Seat Belt/Child Restraint (402) Programs:**

The jurisdiction/agency of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will attribute to the reduction of unbelted fatalities from \_\_\_\_\_ in 2018 to \_\_\_\_\_ by the end of 2021.

**Driver’s Education (402) Programs:**

The jurisdiction/agency of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will attribute to the reduction of unbelted fatalities from \_\_\_\_\_ in 2018 to \_\_\_\_\_ by the end of 2021.

The jurisdiction/agency of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will attribute to the reduction of speed fatalities from \_\_\_\_\_ in 2018 to \_\_\_\_\_ by the end of 2021.

**Other Targets for Programs:** Please provide additional targets, if not listed above or agency has additional performance measures.

**Target Examples:**

Reduce alcohol related fatalities from (3) in FY18 to (2) during FY2.

To decrease the fatality crashes from (1) unbelted fatality in FY18 to (0) in FY21in the targeted counties.

Reduce unbelted fatalities for youth 16-20 from (19) in FY18 to (17) in FY21.

**\*\*Note\*\* Be reasonable with your targets, do not set a target that your agency will not be able to attain or maintain.**

**Performance Measure for Project:**

How will your agency measure the performance during the FY21 grant year to accomplish the target set?

**Please use Agency 2019 grant funded presentation/training data, if available. If your agency has never applied for grant funds or has not applied in several years, please start your “grant funded” citations at “0”.**

**Alcohol Countermeasures (154AL) Programs:**

(Increase or Maintain) the number of grant funded alcohol related presentations from \_\_\_\_ in FY19 to \_\_\_\_in FY21.

**Impaired Driving (405d) Programs:**

(Increase or Maintain) the number of grant funded alcohol related presentations from \_\_\_\_ in FY19 to \_\_\_\_in FY21.

(Increase or Maintain) the number of grant funded drug related presentations from \_\_\_\_ in FY19 to \_\_\_\_in FY21.

**Seat Belt/Child Restraint Education Programs:**

(Increase or Maintain) the number of grant funded unbelted presentations from \_\_\_\_ in FY19 to \_\_\_\_in FY21.

(Increase or Maintain) the number of grant funded child restraint presentations from \_\_\_\_ in FY19 to \_\_\_\_in FY21.

(Increase or Maintain) the number of grant funded car seat checks from \_\_\_\_ in FY19 to \_\_\_\_in FY21.

(Increase or Maintain) the number of CPS technicians from \_\_\_\_ in FY19 to \_\_\_\_in FY21.

**Driver’s Education Programs:**

(Increase or Maintain) the number of grant funded unbelted presentations from \_\_\_\_ in FY19 to \_\_\_\_in FY21.

(Increase or Maintain) the number of grant funded child restraint presentations from \_\_\_\_ in FY19 to \_\_\_\_in FY21.

(Increase or Maintain) the number of grant funded speed related presentations from \_\_\_\_ in FY19 to \_\_\_\_in FY21.

**Performance Measure Examples:**

Increase the number of grant funded alcohol related presentations from (20) in FY19 to (32) in FY21

Increase the number of grant funded unbelted presentations from (20) in FY19 to (32) in FY21

Increase the number of grant funded speed related presentations from (6) in FY19 to (12) in FY21

Increase the number of car seat checks from (50) in FY19 to (50) in FY21.

Increase the number of CPS technicians from (256) in FY19 to (275) in FY21.

**Alcohol/Impaired Training Programs:**

(Increase/Maintain) the number of grant funded SFST trainings by from\_\_\_\_ in FY19 to \_\_\_\_in FY21.

(Increase/Maintain) the number of grant funded SFST Instructor trainings from\_\_\_\_ in FY19 to \_\_\_\_in FY21.

(Increase/Maintain) the number of grant funded ARIDE trainings from\_\_\_\_ in FY19 to \_\_\_\_in FY21.

(Increase/Maintain) the number of law enforcement officers trained in SFST from\_\_\_\_ in FY19 to \_\_\_\_in FY21.

(Increase/Maintain) the number of law enforcement officers re-certified in SFST from\_\_\_\_ in FY19 to \_\_\_\_in FY21.

(Increase/Maintain) the number of law enforcement officer trained in ARIDE from\_\_\_\_ in FY19 to \_\_\_\_in FY21.

(Increase/Maintain) the number of law enforcement officers trained in DRE from\_\_\_\_ in FY19 to \_\_\_\_in FY21.

(Increase/Maintain) the number of grant funded SFST Instructors from\_\_\_\_ in FY19 to \_\_\_\_in FY21.

**Alcohol/Impaired Training Examples:**

Increase the number of SFST trainings from (5) in FY19 to (25) in FY21.

Increase the number of law enforcement officers trained in ARIDE from (35) in FY19 to (45) in FY21.

**Other Performance Measures for Programs:** Please provide additional performance measures, if not listed above or agency has additional performance measures.

**\*\*Note\*\* Be reasonable with your performance measures, do not set measures that your agency will not be able to attain or maintain. Performance measures are reviewed throughout the grant year for performance efficiency and effectiveness.**

**Strategies for Project:**

What strategies will your agency perform to reach your performance measure and reach the target for the FY21 grant year?

Please provide strategies that your agency will set to reach the performance measures and the target set in the grant application.

**FY21 Proposed Program Coordination:**

If grant is awarded, please identify the following persons that will be working on grant activities and will be responsible for the grant:

|  |  |
| --- | --- |
| Name of Chief/Sheriff/Director:  | Name of Project Director: |
| Phone Number: | **Phone Number:** |
| Email Address: | **Email Address:** |

|  |  |
| --- | --- |
| Name of Financial Manager:  | Name of Signatory Official: |
| Phone Number: | **Phone Number:** |
| Email Address: | **Email Address:** |

**FY21 Proposed Program Coordination:**

**Proposed Project Staff for Grant Responsibilities:**

Submit information for proposed project staff that will be funded with federal funds under the grant agreement.

**If approved for funding, all pay rates requested for reimbursement will be verified with the agency check stub and/or agency payroll documentation.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Personnel Title: | % of Time | Hourly Salary | # of Hours | Total: |
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**Examples of Personnel:**

* Director @ (rate of pay) x (# of hours) = (total salary)
* Training Coordinator @ (rate of pay) x (#of hours)= total salary

**Fringe Amounts:**

Submit information for proposed fringe amounts per project staff that will be funded with federal funds under the grant agreement.

|  |  |  |  |
| --- | --- | --- | --- |
| Personnel: | Fringe Item: | %  | Total |
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| Total Fringe: |  |  |  |

**Examples of Fringe Amounts. Add any additional Fringe expenses as needed.**

* (Title of Person) – (total of salary being claimed above) X 7.65% = (total FICA)

(total of salary being claimed above) X 15.75% = (total Retirement)

Total fringe = (total fringe)

**FY21 Proposed Contractual Services Expenses:**

Include a detailed assessment of contractual services within the program area in which you will be applying. Also include a cost estimate for all contractual needs (rental, shipping costs, etc.). (Based on current state and federal guidelines) For applications that will be applying for grant funds such as rent, indirect costs, etc. Cost allocations must be included with the application request.

|  |  |  |
| --- | --- | --- |
| Type of Contractual Services Expenses: | Quantity/Amount of Service/Amount per Month | Total Costs of Expenses: |
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|  |  |  |
| Total Contractual Service Expense: |  |  |

**Examples of Proposed Contractual Service Expenses:**

(Type of Service) (Quantity) X (Price) = (total)

 (Type of Service) (Amount of Service) X (% being requested) = (amount to reimburse)

 (Type of Service) (Amount per month) X 12 = (amount to reimburse)

**FY21 Proposed Travel Expenses:**

Include a detailed assessment of travel needs within the program area in which you will be applying. Also include a cost estimate for all travel needs (airfare, hotel, hotel taxes, per diem, mileage, parking, baggage, and gratuity). All expenses must be in accordance to current state and federal guidelines.

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Travel | Number of People | Cost: | Total: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total Travel Expense: |  |  |  |

**Travel Information:**

Provide detailed description on why your agency needs to travel and how it will benefit your program and the State of Mississippi. Provide justification for travel consideration.

Possible travel opportunities for FY21 funds:

* In-State Conferences
	+ Registration fee (amount)
	+ Room rate (amount) X (#) of nights X (%)= (total)
	+ 20% room rate (amount) X (#) of days= (total)
	+ Meals (per diem total) X (#) of days = (total)
	+ 20% gratuity X (total meals) = (total)
	+ Trip amount per person (total of all above)
	+ Number of people (#) x (trip amount) = (total travel amount)
* Out of State Conferences
	+ Registration fee (amount)
	+ Room rate (amount) X (#) of nights X (%) room taxes = (total)
	+ Meals (per diem total) X (#) of days = (total)
	+ 20% gratuity X (Total meals) = (total)
	+ Airfare (amount)
	+ Misc. (baggage, parking, taxi, etc.) (amount)
	+ Trip amount per person (total of all above)
	+ Number of people (#) x (trip amount) = (total travel amount)

**FY21 Proposed Equipment:**

Grant funding must be tied to performance, data and problem identification. Applications that are requesting equipment only applications will not be funded. Please list the cost for each piece of equipment requested.

Federal guidelines require equipment purchased must be essential to the project. If any equipment is requested in the application, **please include quotes(0 to $5,000.00 requires one quote, Over $5,000.00 requires two quotes, Over $50,000.00 requires sealed bids)** for the equipment, equipment descriptions and a thorough explanation of the use of the equipment and how it will impact the target and the agency problem identification.

All equipment must be approved by MOHS and/or NHTSA and be included on the Conforming Product List (CPL) and must be used specifically for the purposes for which is purchased. CPL list can be found at:

* Alcohol Screening Devices: (Only 154/405D/402PTS)

<http://www.gpo.gov/fdsys/pkg/FR-2012-06-14/pdf/2012-14582.pdf>

* Breath Alcohol Measurement Devices: (Only 154/405D/402PTS)

<http://www.gpo.gov/fdsys/pkg/FR-2012-06-14/pdf/2012-14581.pdf>

* Calibrating Units for Breath Alcohol Testers(Only 154/405D/402PTS)

<http://www.dot.gov/sites/dot.dev/files/docs/20121022_CPL_Calibrating_Units.pdf>

* Radar Speed –Measuring Devices (Only 402PTS)

<http://www.nhtsa.gov/people/injury/enforce/SpeedMeasure/radarcpldec162002.htm>

* Lidar Speed-Measuring Devices (Only 402PTS)

<http://icsw.nhtsa.gov/people/injury/enforce/SpeedMeasure/lidarcpldec162002.pdf>

**Unallowable equipment for FY21: Guns, Ammunition, Uniforms, Vehicles, Body Armor, Body Cameras. Radar and/or lidars are unallowable under Alcohol/Impaired Driving funding sources.**

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Equipment: | # Requested: | Cost Per Item: | Line Total: |
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|  |  |  |  |
|  |  |  |  |
| Total Equipment Expense: |  |  |  |

**Describe how equipment will be used for grant purposes:**

Provide detailed description of how the equipment will be used during FY21 for the grant purposes. Be as detailed as possible on how the equipment will benefit the program and work to help to accomplish your target and achieve your performance measures.

**Examples of Proposed Equipment Expenses:**

(Equipment name) (Quantity) X (Price) = (total)

**FY21 Proposed Commodities:**

Include a detailed assessment of other grant expenses within the program area in which you are applying. Also include a cost estimate for all additional grant expenses (mouthpieces, tape, office supplies, etc.). (Based on current state and federal guidelines)

Federal guidelines require commodities purchased must be essential to the project. If any commodities are requested in the application, **please include quotes(0 to $5,000.00 requires one quote, Over $5,000.00 requires two quotes)** for the commodities, commodities descriptions and a thorough explanation of the use of the commodities and how it will impact the target and the agency problem identification.

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Commodity Expenses: | Quantity | Price of Commodity: | Total of Expense: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total of Commodity Expenses: |  |  |  |

**Examples of Proposed Commodities Expenses:**

* (Type of Service) (Quantity) X (Price) = (total)

**FY21 Proposed Indirect Costs:**

List all proposed indirect costs for which you will be requesting for FY21. If requesting indirect costs, please include your agency approved indirect cost approval letter. If indirect costs change during application process and/or changes will go into effect before the effective date of the grant agreement, please provide documentation to the MOHS, as soon as changes have been approved through agency.

|  |  |
| --- | --- |
| List All Indirect Costs:  | Amount of Indirect Costs: |
|  |  |
|  |  |
|  |  |
| Total of Indirect Costs: |  |

**Examples of Proposed In-Direct Costs Expenses:**

Indirect Cost (Amount of Service) X (% being requested) = (amount to reimburse)

**FY21 Match Amounts:**

List all Match items and amounts that the agency will use as match for FY21, documentation must be provide if agency claims match.

|  |  |
| --- | --- |
| List All Match Items:  | Amount of Match Amounts: |
|  |  |
|  |  |
|  |  |
| Total of Match Amounts: |  |

Mississippi Office of Highway Safety

**MOHS FY21 Application Submission**

The application submitted to the MOHS is a request for funds. Funding is based on funds available to the MOHS through federal and state funds. Application requests received are not guaranteed and will be subject to be adjusted as funding is available.

Each application will be reviewed by the MOHS staff and management for application completeness, data provided, citation information, budget requests of personnel, contractual services, travel, equipment and other expenses requested to enhance the already existing program. The proposed targets, performance measure and strategies are also reviewed for effectiveness and efficiency.

Applications received from continuation grant agencies will be reviewed by MOHS staff and management for application completeness, data provided, citation information, budget requests of personnel, contractual services, travel, equipment and other expenses requested to enhance the already existing program. Grants will also be funded based on the review of past grant performance of meeting targets and performance measures, expenditure of previous grant funds and information from program documentation and assessments.

The MOHS grant program is a data driven program and all applications must represent a need and the ability to help reach the State’s target and performance measures to help reduce fatalities, crashes and injuries.

**Submission of A-133 Financial Audit**

All applicants for the FY21 MOHS Grant Application must submit a copy of the most recent A-133 financial audit from the requesting agency. If the A-133 financial audit is not included with the grant application, the application will not be considered for funding eligibility.

**Incomplete Applications:**

If all sections of this Application are not filled out, documentation provided and/or justifications provided, this Application will not be considered for review and/or approval.

**Agreement of Understanding and Compliance:**

The Agreement of Understanding and Compliance documents will be attached within the FY21 Grant Agreement. The Applicant will be required to sign all compliance documents upon receipt of the finalized Grant Agreement between the State, MOHS and applicant. The following compliance certifications and assurances will be included in the Grant Agreement.

**REMINDER**

**Applications must include:**

* **FY21 Application (with Signatory Official signature and date included)**
* **Most Recent Financial Audit of Agency**
* **Cost Allocation of Contractual Services**
* **Applications are due: March 6, 2020**

**Contact Information:**

**Mississippi Office of Highway Safety**

**Mississippi Department of Public Safety**

**Division of Public Safety Planning**

**1025 Northpark Drive**

**Ridgeland, Mississippi 39157**

**Office - 601.977.3700**

**Email:mohs@dps.ms.gov**

**Website:** [**www.highwaysafety.ms.gov**](http://www.highwaysafety.ms.gov)

**Website:** [**www.dps.ms.**](http://www.dps.ms.)**gov**