**FY25 MOHS Public Information and Education, State Agencies and Specialized Funding Applications (154, 405, 402)**

**Mississippi Office of Highway Safety**

152 Watford Parkway Drive

Canton, MS 39046

Phone: (601)391-4900 Email: mohs@dps.ms.gov

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Applicant Name:  Mailing Address:  Telephone:  E-Mail: | | 2. Date: | | |
| 3. Beginning and Ending Dates:  \_\_\_\_Full Grant: (October 1, 2024 - September 30, 2025)  \_\_\_\_ Other (Specify Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | |
| 4. Subgrant Payment Method:  X Cost Reimbursement Method | | |
| 5. UEI # - | | |
| 6. Congressional District- | | |
| 7. Program Title: | | | | |
| 8. The following funds will be proposed for FY25 funding: | | | | |
| A. COST CATEGORY | | | B. SOURCE OF FUNDS | |
| (1) Personal Services-Salary |  | | (1) Federal |  |
| (2) Personal Services-Fringe |  | | (2) State |  |
| (3) Contractual Services |  | | (3) Local |  |
| (4) Travel |  | | (4) Other |  |
| (5) Equipment |  | |  |  |
| (6) Commodities |  | |  |  |
| (7) Indirect Costs |  | |  |  |
| (8) Match Amount |  | |  |  |
| TOTAL |  | | TOTAL |  |
| 9. The applicant agrees to operate the program outlined in this application in accordance with all provisions as included herein. The following sections are attached and incorporated into this application:  **Project Identification Proposed Countermeasures Indirect Costs**  **Personal Services Contractual Services Match**  **Travel Equipment Commodities**  All policies, terms, conditions, and provisions in the application provided to applicants, are also incorporated into this agreement, and applicant agrees to fully comply herewith. | | | | |
| 10. Approved Signature of Authorized Official (CEO, Director/Commisioner) for Jurisdiction to Apply: | | MOHS USE Only: | | |
| Signature Date  Print Name:  Title: | |

**The Mississippi Office of Highway Safety is requesting the information below to determine if a applicant had prior experience with the same or similar sub-awards.**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Please answer YES or NO to the questions below.** | **YES** | **NO** | **N/A** |
| Has the agency had federal or state grants similar to the MS Office of Highway Safety grant? |  |  |  |
| Has the agency had at least 3 years’ experience with federal grants? |  |  |
| Has the department staff remained unchanged during the **2024** grant year (October 2023 – current)? |  |  |
| Has the agency administration remained unchanged during the **2024** grant year? For example, is the Authorized Signatory Official, Sheriff, and/or Chief the same individual from (October 2023 – current)? |  |  |
| Is the agency accounting system the same as the **2023** grant year  (October 2022 – September 2023)? |  |  |
| Has the agency received a federal award **directly** from a federal awarding agency (the Department of Justice, NHTSA, or another federal agency)?  If **YES**, answer the questions below. If **NO**, type N/A for the questions below. |  |  |
| If your agency receives, federal awards directly from a federal awarding agency, does the agency receive monitoring from that Federal awarding agency? For example, does your agency receive monitoring “directly” from the Department of Justice, NHTSA, or another federal agency?  Please note, this question is not pertaining to the sub-grantee monitoring conducted by the Mississippi Office of Highway Safety.  **(If this question is not applicable to your agency, select N/A)** |  |  |  |
| If your agency receives direct monitoring from a Federal awarding agency, did the federal agency determine that there were no financial or compliance issues?  **(If this question is not applicable to your agency, select N/A)** |  |  |  |

**Problem Identification:**

**Location:**

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:**

Program Focus: Please check focus area

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

Program Funding: Please check funding source for focus area

|  |  |
| --- | --- |
|  | 154 Alcohol |
|  | **405d Alcohol and Drug Impaired Driving** |
|  | **402/405b Occupant Protection** |
|  | **402 Driver’s Education** |
|  | **402 Special Occupant Protection** |
|  | **405c Data Programs** |

**Problem Identification Summary:**

Please provide a detailed problem identification description for the area the program will target for funding, such as high fatality/injury/crash areas, youth, adults, college/universities, community events, training needs, program research, etc.

**Please limit to 350 words for the Problem Identification Summary**.

**Problem Identification**

**Proposed Target, Performance Measure and Strategies to be achieved during FY25:**

See Grant Funding Guidelines for information on correct format and information needed under this section. Must be specific, measureable (include hard numbers from previous year), detailed outline of program activities and projected achievements during grant period.

**Target for Projects**: Please use **2021** fatality and injury data for targets. Remove areas that do not pertain to your program area.

**Alcohol Countermeasures Programs:**

The jurisdiction/agency will attribute to the reduction of the number of alcohol related fatalities from \_\_\_\_\_ in 2021 to \_\_\_\_\_ by the end of 2025.

**Impaired Driving Programs:**

The jurisdiction/agency will attribute to the reduction of the number of alcohol related fatalities from \_\_\_\_\_ in 2021 to \_\_\_\_\_ by the end of 2025.

The jurisdiction/agency will attribute to the reduction of the number of drug related fatalities from \_\_\_\_\_ in 2021 to \_\_\_\_\_ by the end of 2025.

**Seat Belt/Child Restraint Programs:**

The jurisdiction/agency will attribute to the reduction of unbelted fatalities from \_\_\_\_\_ in 2021 to \_\_\_\_\_ by the end of 2025.

**Driver’s Education Programs:**

The jurisdiction/agency will attribute to the reduction of unbelted fatalities from \_\_\_\_\_ in 2021 to \_\_\_\_\_ by the end of 2025.

The jurisdiction/agency will attribute to the reduction of speed fatalities from \_\_\_\_\_ in 2021 to \_\_\_\_\_ by the end of 2025.

**Other Targets for Programs:** Please provide additional targets, if not listed above.

**Performance Measures for Project:** Continuation Projects should use **2023 grant funded data**, if available. If your agency has never applied for grant funds or has not applied in several years, please start your “grant funded” data at “0”. **Select “increase or maintain”** and remove areas that do not pertain to your program area.

**Alcohol Countermeasures Programs:**

(Increase or Maintain) the number of grant funded alcohol related presentations from \_\_\_\_ in 2023 to \_\_\_\_\_ by the end of 2025.

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

(Increase or Maintain) the number of grant funded alcohol related presentations from \_\_\_\_ in 2023 to \_\_\_\_\_ by the end of 2025.

(Increase or Maintain) the number of grant funded drug related presentations from \_\_\_\_ in 2023 to \_\_\_\_\_ by the end of 2025.

(Increase or Maintain) the number of grant funded legal technical assistance trainings and presentations to judges, prosecutors, clerks and law enforcement officersfrom \_\_\_\_ in 2023 to \_\_\_\_\_ by the end of 2025.

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

(Increase or Maintain) the number of grant funded unbelted presentations from \_\_\_\_ in 2023 to \_\_\_\_\_ by the end of 2025.

(Increase or Maintain) the number of grant funded child restraint presentations from \_\_\_\_ in 2023 to \_\_\_\_\_ by the end of 2025.

(Increase or Maintain) the number of grant funded car seat checks from \_\_\_\_ in 2023 to \_\_\_\_\_ by the end of 2025.

(Increase or Maintain) the number of CPS technicians from \_\_\_\_ in in 2023 to \_\_\_\_\_ by the end of 2025.

**Driver’s Education Programs:**

(Increase or Maintain) the number of grant funded unbelted presentations from \_\_\_\_ in 2023 to \_\_\_\_\_ by the end of 2025.

(Increase or Maintain) the number of grant funded speed related presentations from \_\_\_\_ in 2023 to \_\_\_\_\_ by the end of 2025.

**Alcohol/Impaired Training Programs:**

(Increase/Maintain) the number of grant funded SFST trainings by from\_\_\_\_ in 2023 to \_\_\_\_\_ by the end of 2025.

(Increase/Maintain) the number of grant funded SFST Instructor trainings from\_\_\_\_ in 2023 to \_\_\_\_\_ by the end of 2025.

(Increase/Maintain) the number of grant funded ARIDE trainings from\_\_\_\_ in 2023 to \_\_\_\_\_ by the end of 2025.

(Increase/Maintain) the number of law enforcement officers trained in SFST from\_\_\_\_ in 2023 to \_\_\_\_\_ by the end of 2025.

(Increase/Maintain) the number of law enforcement officers re-certified in SFST from\_\_\_\_ in 2023 to \_\_\_\_\_ by the end of 2025.

(Increase/Maintain) the number of law enforcement officer trained in ARIDE from\_\_\_\_ in 2023 to \_\_\_\_\_ by the end of 2025.

(Increase/Maintain) the number of law enforcement officers trained in DRE from\_\_\_\_ in 2023 to \_\_\_\_\_ by the end of 2025.

(Increase/Maintain) the number of grant funded SFST Instructors from\_\_\_\_ in 2023 to \_\_\_\_\_ by the end of 2025.

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

**Strategies for Project:** Please provide strategies your agency will set to reach the performance measures and the target set in FY25.

**FY25 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. **NOTE: The signatory official is the Director, CEO, University President, Mayor, Board of Supervisors President, or Commissioner.**

|  |  |
| --- | --- |
| 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:** |

**FY25 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. All expenses must be in accordance to current state and federal guidelines.

**Salary Amounts:**

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

**Fringe Amounts:**

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

**FY25 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/venue fee, shipping costs, etc.). All expenses must be in accordance to current state and federal guidelines. For applications that will be applying for grant funds such as rent, utilities, etc. cost allocations must be included with the application request.

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

**FY25 Proposed Travel Expenses:**

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

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

**Travel Justification:**

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

**FY25 Proposed Equipment:**

Grant funding must be tied to performance, data and problem identification. **Applicants 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 law enforcement equipment must be approved by MOHS and/or NHTSA, 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)/ Lidar Speed-Measuring Devices (Only 402PTS)

<http://www.theiacp.org/portals/0/documents/pdfs/Combined-CPL.pdf>

**Unallowable equipment for FY25: Furniture and Fixings, Guns, Ammunition, Uniforms, Vehicles, Body Armor and Body Cameras. Radar and lidars are unallowable under alcohol/impaired funding sources.**

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| --- | --- | --- | --- |
| Type of Equipment: | # Requested: | Cost Per Item  (Quote Required): | Line Total: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total Equipment Expense: |  |  |  |

**Equipment Justification:**

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

**FY25 Proposed Commodities:**

Include a detailed assessment of other grant expenses within the program area. Also include a cost estimate for all additional grant expenses (office supplies, brochures and flier paper, ink, easel stands/flip charts, etc.). All expenses must be in accordance to 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 and commodities descriptions.

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Commodity Expenses: | Quantity | Cost Per Item  (Quote Required): | Total of Expense: |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
| Total of Commodity Expenses: |  |  |  |

**Commodity Justification:**

Provide a thorough explanation of the use of the commodities and how it will impact the target and the agency problem identification.

**FY25 Proposed Indirect Costs:**

List all proposed indirect costs. All expenses must be in accordance to current state and federal guidelines. **Please provide copy of federally approved cost allocation percentages.**

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

**FY25 Match Amounts:**

List all items and amounts that the agency will use as match.

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

Mississippi Office of Highway Safety

**MOHS FY25 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 FY25 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. This includes missing signatures.

**Agreement of Understanding and Compliance:**

The Agreement of Understanding and Compliance documents will be attached within the FY25 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. Certifications and assurances will be included in the Grant Agreement.