**FY24 MOHS Occupant Protection Grant Application (402)**

**Mississippi Office of Highway Safety**

1025 North Park Drive

Ridgeland, MS 39157

Phone: (601)977-3700; Fax: (601)977-3701

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| --- | --- | --- | --- | --- |
| 1. Applicant Name:  Mailing Address:  Telephone:  E-Mail: | | 2. Date: | | |
| 3. Beginning and Ending Dates:  \_\_\_\_Full Grant: (October 1, 2023 - September 30, 2024)  \_\_\_\_ Mini Grant: (April 1, 2024 - September 30, 2024)  \_\_\_\_ Other (Specify Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | |
| 4. Subgrant Payment Method:  X Cost Reimbursement Method | | |
| 5. UEI # - | | |
| 6. Congressional District- | | |
| 7. Program Title: Occupant Protection | | | | |
| 8. The following funds will be proposed for FY24 funding: | | | | |
| A. COST CATEGORY | | | B. SOURCE OF FUNDS | |
| (1) Personal Services-Salary |  | | (1) Federal |  |
| (2) Personal Services-Fringe **(State Only)** |  | | (2) State |  |
| (3) Contractual Services |  | | (3) Local |  |
| (4) Travel |  | | (4) Other |  |
| (5) Equipment |  | |  |  |
| (6) Commodities |  | |  |  |
| 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 Personal Services**  **Contractual 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 (Mayor/Board of Supervisor President/Commissioner) 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 an applicant had prior experience with the same or similar sub-awards.**

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

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| **Please answer YES or NO to the questions below.** | **YES** | **NO** |
| 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 **2023** grant year (October 2022 – current)? |  |  |
| Has the agency administration remained unchanged during the **2023** grant year? For example, is the Authorized Signatory Official, Sheriff, and/or Chief the same individual from (October 2022 – current)? |  |  |
| Is the agency accounting system the same as the **2022** grant year  (October 2021 – September 2022)? |  |  |
| 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 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 your agency receives direct monitoring from a Federal awarding agency, did the federal agency determine that there were no financial or compliance issues? |  |  |

**Problem Identification: Location**

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

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| --- | --- |
| City Name: |  |
| County Name: |  |
| Surrounding Counties: |  |
| Troop District: |  |
| Number of Officers In Agency: |  |
| Number of Officers to Work Grant: |  |

|  |  |
| --- | --- |
| Number of Square Miles: |  |
| Number of Population: |  |
| Major Roadways in the Area: |  |

**Problem Identification Summary:**

**Occupant Protection (402 OP)** - Occupant Protection enforcement projects are strictly for seatbelt and child restraint related activities, programs, and projects.

Please provide a detailed problem identification description for the location that the grant will seek funding, such as high unbelted fatality/injury/crash areas, college/universities, factories, community events, etc. **Please limit to 350 words for the Problem Identification Summary**.

**Problem Identification**

**Proposed Target, Performance Measure and Strategies to be achieved during FY24:**

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.

**Occupant Protection (402 OP)** - The Occupant Protection program is to reduce the number of unbelted fatalities

and injuries among adults and children. Agencies must have a presence of unbelted fatalities, injuries, and citations in the area of service. The use of high visibility enforcement during national campaigns (Click It or Ticket), as well as other special events and holiday periods in an effort to increase the usage rate through the enforcement of state restraint laws.

**Please use 2020 fatality and injury crash data.**

**Target for Enforcement Project-Occupant Progtection (402OP): Please select “reduce or maintain”.**

The jurisdiction/agency will (reduce or maintain) the number of unbelted fatalities from \_\_\_\_\_ in 2020 to \_\_\_\_\_ by the end of 2024.

The jurisdiction/agency will (reduce or maintain) the number of unbelted injuries from \_\_\_\_\_ in 2020 to \_\_\_\_\_ by the end of 2024.

**Performance Measures for Enforcement Project:** Continuation Projects should use 2022 grant funded citation 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”. **Please select “increase or maintain”.**

(Increase or Maintain) the number of grant funded Seatbelt citations from \_\_\_\_ in FY22 to \_\_\_\_in FY24.

(Increase or Maintain) the number of grant funded Child Restraint citations from \_\_\_\_ in FY22 to \_\_\_\_in FY24.

**Strategies for Project:**

* Conduct at least \_\_\_\_\_ checkpoints during year. (Enforcement Only)
* Conduct at least \_\_\_\_\_\_ saturation patrols during year. (Enforcement Only)

**FY24 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 Mayor, Board of Supervisors President, or Commissioner**

|  |  |
| --- | --- |
| Name of Chief/Sheriff/Partner: | 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:** |

**FY24 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.

**Unallowable Personnel Expenses for FY24:** Fringe benefits (FICA & Retirement) and health insurance will not be allowable personnel expenses during FY24 for local law enforcement agencies. Fringe benefits is only allowable for state agencies.

The **Special Traffic Enforcement (STEP) Officer(s)** work Overtime Enforcement Only grants. On this project, the STEP officer is defined as a non-individual officer. All grant funded hours worked as a STEP Officer must be over and beyond the officer’s normal work hours for his/her agency.

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| --- | --- | --- | --- | --- | --- |
| Personnel Title: | % of Time | Regular  Rate of Pay | Overtime  Rate of Pay | # of Hours | Total: |
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**The regular and overtime rate of pay noted above should be the rate of pay the officer is paid by your agency. The rate of pay should not be increased for grant purposes. If approved for funding, all pay rates requested for reimbursement will be verified with the agency check stub and/or agency payroll documentation.**

**(STATE AGENCY ONLY)**

Fringe Amounts: When a State enforcement agency includes overtime salary or wages, traffic safety funds can pay for the additional cost of fringe benefits (FICA and Retirement only).

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

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| Personnel: | Fringe Item (FICA and/or Retirement): | % | Total |
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|  |  |  |  |
| Total Fringe: |  |  |  |

**FY24 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.). All expenses must be in accordance to current state and federal guidelines.

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

**FY24 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.

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

**FY24 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)** 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, 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:

**Unallowable equipment for FY24: 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: |
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| Total Equipment Expense: |  |  |  |

**FY24 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, gloves, traffic safety cones, flashlights, reflective safety vests, 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, commodities descriptions and a thorough explanation of the use of the commodities and how it will impact the target and the agency problem identification.

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

Mississippi Office of Highway Safety

**MOHS FY24 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 FY24 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 FY24 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.