**FY18 MOHS Grant Application**

**Mississippi Office of Highway Safety**

1025 North Park Drive

Ridgeland, MS 39157

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

mohs@dps.ms.gov

|  |  |
| --- | --- |
| 1. Applicant Name: Mailing Address:Telephone: FAX: E-Mail: | 2. Date:  |
| 3. Beginning and Ending Dates: October 1, 2017 thru September 30, 2018 |
| 4. Subgrant Payment Method: X Cost Reimbursement Method  |
| 5. DUNS # -  |
| 6. Congressional District- |
| 7. Program Title:  |
| 8. The following funds will be proposed for FY18 funding: |
| A. COST CATEGORY |  B. SOURCE OF FUNDS |
| (1) Personal Services-Salary |  | (1) Federal |  |
| (2) Fringe: **(PI&E, College & Universities, State Agencies Only)** |  | (2) State |  |
| (3) Contractual Services |  | (3) Local |  |
| (4) Travel |  | (4) Other |  |
| (5) Equipment |  |  |  |
| (6) Commodities |  |  |  |
| (7) Indirect Costs |  |  |  |
| 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** **Travel Equipment****Commodities Indirect Costs****Match Amounts (If Applicable)**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) for Jurisdiction to Apply: | MOHS USE Only: |
|  Signature DatePrint Name: Title:  |

**Problem Identification:**

**Location:**

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

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

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

**Problem Identification**

**Total Number of Citations 2013-2015**

This section must be filled out completely for all project applications. Continuation grants, please provide “grant” funded citation information. If data is unavailable, please insert (NA) for not available.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Grant Funded Citation Data Totals-Continuation Grants ONLY | 2013 | 2014 | 2015 | Total: |
| Grant Funded Speed Citations |  |  |  |  |
| Grant Funded Seatbelt Citations |  |  |  |  |
| Grant Funded Child Restraint Citations |  |  |  |  |
| Grant Funded DUI Arrests (Alcohol) |  |  |  |  |
| Grant Funded DUI Other (Drug) |  |  |  |  |

**Total Public Information & Education Presentations:**

This section must be filled out completely for all project applications. Continuation grants, please provide “grant” funded presentation information. If data is unavailable, please insert (NA) for not available.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PI& E Efforts | 2013 | 2014 | 2015 | Total: |
| Presentations Given |  |  |  |  |
| # of People Reached |  |  |  |  |
| Evaluations Received |  |  |  |  |

**Proposed Target, Performance Measure and Strategies to be achieved during FY18:**

{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 Enforcement Project:**

The jurisdiction/agency of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will (reduce or maintain) the number of (alcohol related, drug impaired, unbelted or speed) injuries from \_\_\_\_\_ in 2014 to \_\_\_\_\_ by the end of 2018.

The jurisdiction/agency of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will (reduce or maintain) the number of (alcohol related, drug impaired, unbelted or speed) crashes from \_\_\_\_\_ in 2014 to \_\_\_\_\_ by the end of 2018.

The jurisdiction/agency of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will (reduce or maintain) the number of (alcohol related, drug impaired, unbelted or speed) fatalities from \_\_\_\_\_ in 2014 to \_\_\_\_\_ by the end of 2018.

**Target for PI & E Project:**

The jurisdiction/agency of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will attribute to (reduce or maintain) the number of (alcohol related, drug impaired, unbelted or speed) injuries from \_\_\_\_\_ in 2014 to \_\_\_\_\_ by the end of 2018.

The jurisdiction/agency of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will attribute to (reduce or maintain) the number of (alcohol related, drug impaired, unbelted or speed) crashes from \_\_\_\_\_ in 2014 to \_\_\_\_\_ by the end of 2018.

The jurisdiction/agency of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will attribute to (reduce or maintain) the number of (alcohol related, drug impaired, unbelted or speed) fatalities from \_\_\_\_\_ in 2014 to \_\_\_\_\_ by the end of 2018.

**Performance Measures for Enforcement Project:**

(Increase or Maintain) the number of grant funded (DUI, DUI/Other/Impaired, Seatbelt, Child Restraint, or Speed citations by \_\_% from \_\_\_\_ in FY15 to \_\_\_\_in FY18.

**Performance Measures for PI & E Project:**

Increase or Maintain) the number of grant funded (alcohol related, drug impaired, unbelted or speed) related presentations by \_\_% from \_\_\_\_ in FY15 to \_\_\_\_in FY18.

**Strategies for Project:**

* Conduct at least \_\_\_\_\_ checkpoints during year. (Enforcement Only)
* Conduct at least \_\_\_\_\_\_ saturation patrols during year. (Enforcement Only)
* Conduct at least \_\_\_\_\_\_\_ educational presentations during year. (Enforcement and PI&E)

**FY18 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:

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

|  |
| --- |
| Name of LEL Project Director/Co-Project Director:  |
| Phone Number: |
| Email Address: |

**FY18 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.

\*Unallowable Personnel Expenses for FY18: Fringe benefits (FICA & Retirement) and health insurance will not be allowable personnel expenses during FY18 for law enforcement agencies. During FY18, grant administrators and/or grant personnel will not be allowable personnel expenses for law enforcement agencies.

Law Enforcement personnel must be kept to a full time officer(s) and overtime expenses for those that are performing law enforcement duties within the law enforcement agency.

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

**Fringe Amounts (PI&E, College and Universities and State Agencies 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: | %  | Total |
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| Total Fringe: |  |  |  |

**Fringe Amount Justification:**

**FY18 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 non-law enforcement 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 Service Expenses: | Quantity/Amount of Service/Amount per Month | Total Costs of Expenses: |
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|  |  |  |
|  |  |  |
| Total Contractual Service Expense: |  |  |

**Contractual Services Justification:**

**FY18 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, per diem, mileage, parking, baggage and other travel related expenses). (Based on current state and federal guidelines).

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

**Travel Justification:**

**FY18 Proposed Equipment:**

List all equipment request for which you will be requesting for FY16. If any equipment is requested in the application that is over $5,000.00, please include quotes for the equipment, equipment descriptions and a through explanation of the use of the equipment.

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)/ Lidar Speed-Measuring Devices (Only 402PTS)

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

**Unallowable equipment for FY18: 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: | Line Total: |
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|  |  |  |  |
|  |  |  |  |
| Total Equipment Expense: |  |  |  |

**Equipment Justification:**

**FY18 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)

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

**Commodity Expenses Justification:**

**FY18 Proposed In-Direct Costs:**

List all proposed indirect costs for which you will be requesting for FY18.

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

**Indirect Cost Justification:**

**FY18 Match Amounts:**

List all Match items and amounts that the agency will use as match for FY18.

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

Mississippi Office of Highway Safety

**MOHS FY18 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 FY18 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 FY18 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.