**FY20 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

mohs@dps.ms.gov

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| --- | --- |
| 1. Applicant Name: Mailing Address:Telephone: E-Mail: | 2. Date:  |
| 3. Beginning and Ending Dates:\_\_\_\_Full Grant: (October 1, 2019-September 30, 2020)\_\_\_\_ Mini Grant: (April 1, 2019-September 30, 2020)\_\_\_\_ Other (Specify Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  |
| 4. Subgrant Payment Method: X Cost Reimbursement Method  |
| 5. DUNS # -  |
| 6. Congressional District- |
| 7. Program Title:  |
| 8. The following funds will be proposed for FY20 funding: |
| A. COST CATEGORY |  B. SOURCE OF FUNDS |
| (1) Personal Services-Salary |  | (1) Federal |  |
| (2) Contractual Services |  | (2) State |  |
| (3) Travel |  | (3) Local |  |
| (4) Equipment |  | (4) Other |  |
| (5) 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** **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/Commisioner) 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, etc. **Please limit to 350 words for the Problem Identification Summary**.

**Problem Identification**

**Proposed Target, Performance Measure and Strategies to be achieved during FY20:**

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.

**Please use fatality data first. If agency has no fatalities during 2017, please use injury data. If agency does not have injuries, then agency should use data related to crashes.**

**Target for Enforcement Project:**

The jurisdiction/agency of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will (reduce or maintain) the number of unbelted fatalities from \_\_\_\_\_ in 2017 to \_\_\_\_\_ by the end of 2020.

The jurisdiction/agency of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will (reduce or maintain) the number of unbelted injuries from \_\_\_\_\_ in 2017 to \_\_\_\_\_ by the end of 2020.

The jurisdiction/agency of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will (reduce or maintain) the number of unbelted crashes from \_\_\_\_\_ in 2017 to \_\_\_\_\_ by the end of 2020.

**Performance Measures for Enforcement Project:** Please use 2018 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”.

(Increase or Maintain) the number of grant funded Seat belt citations by \_\_\_% from \_\_\_\_ in FY18 to \_\_\_\_in FY20.

(Increase or Maintain) the number of grant funded Child Restraint citations by \_\_% from \_\_\_\_ in FY18 to \_\_\_\_in FY20.

**Strategies for Project:**

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

**FY20 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/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:** |

**FY20 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 FY20: Fringe benefits (FICA & Retirement) and health insurance will not be allowable personnel expenses during FY20 for law enforcement agencies.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Personnel Title: | % of Time | Hourly Salary | # of Hours | Total:  |
|  |  |  |  |  |
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**FY20 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: |
|  |  |  |
|  |  |  |
|  |  |  |
| Total Contractual Service Expense: |  |  |

**FY20 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: |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
| Total Travel Expense: |  |  |  |

**FY20 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 that is over $5,000.00, please include quotes for the equipment, equipment descriptions and a through 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.

**Unallowable equipment for FY20: Guns, Ammunition, Uniforms, Vehicles, Body Armor, Body Cameras.**

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

**FY20 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.). All expenses must be in accordance to current state and federal guidelines.

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

Mississippi Office of Highway Safety

**MOHS FY20 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 FY20 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 FY20 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. Agreement.