**FY20 MOHS Public Information and Education, State Agencies and Specialized Funding Applications (154, 405, 402)**

**Mississippi Office of Highway Safety**

1025 North Park Drive

Ridgeland, MS 39157

Phone: (601)977-3700; Email: mohs@dps.ms.gov

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Applicant Name:  Mailing Address:  Telephone:  E-Mail: | | 2. Date: | | |
| 3. Beginning and Ending Dates:  \_\_\_\_Full Grant: (October 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) 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: | |

**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 |
|  | **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**.

**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.

**Target for Projects:** Please remove areas that do not pertain to your program area.

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

The jurisdiction/agency of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will attribute to the reduction of the number of alcohol related fatalities from \_\_\_\_\_ in 2017 to \_\_\_\_\_ by the end of 2020.

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

The jurisdiction/agency of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will attribute to the reduction of the number of alcohol & drug impaired fatalities from \_\_\_\_\_ in 2017 to \_\_\_\_\_ by the end of 2020.

**Seat Belt/Child Restraint Programs:**

The jurisdiction/agency of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will attribute to the reduction of unbelted fatalities from \_\_\_\_\_ in 2017 to \_\_\_\_\_ by the end of 2020.

**Driver’s Education Programs:**

The jurisdiction/agency of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will attribute to the reduction of unbelted fatalities from \_\_\_\_\_ in 2017 to \_\_\_\_\_ by the end of 2020.

The jurisdiction/agency of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will attribute to the reduction of speed fatalities from \_\_\_\_\_ in 2017 to \_\_\_\_\_ by the end of 2020.

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

**Performance Measures for Project:** Please remove areas that do not pertain to your program area.

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

(Increase or Maintain) the number of grant funded alcohol related presentations by \_\_% from \_\_\_\_ in FY18 to \_\_\_\_in FY20.

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

(Increase or Maintain) the number of grant funded alcohol & drug impaired related presentations by \_\_% from \_\_\_\_ in FY18 to \_\_\_\_in FY20.

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

(Increase or Maintain) the number of grant funded unbelted/child restraint related presentations by \_\_% from \_\_\_\_ in FY18 to \_\_\_\_in FY20.

**Driver’s Education Programs:**

(Increase or Maintain) the number of grant funded unbelted/child restraint related presentations by \_\_% from \_\_\_\_ in FY18 to \_\_\_\_in FY20.

(Increase or Maintain) the number of grant funded speed related presentations by \_\_% from \_\_\_\_ in FY18 to \_\_\_\_in FY20.

**Alcohol/Impaired Training Programs:**

(Increase/Maintain) the number of grant funded SFST trainings by \_\_\_% from\_\_\_\_ in FY18 to \_\_\_\_in FY20.

(Increase/Maintain) the number of grant funded SFST Instructor trainings by \_\_\_% from\_\_\_\_ in FY18 to \_\_\_\_in FY20.

(Increase/Maintain) the number of grant funded ARIDE trainings by \_\_\_% from\_\_\_\_ in FY18 to \_\_\_\_in FY20.

(Increase/Maintain) the number of law enforcement officers trained in SFST by \_\_\_% from\_\_\_\_ in FY18 to \_\_\_\_in FY20.

(Increase/Maintain) the number of law enforcement officers re-certified in SFST recertification trainings by \_\_\_% from\_\_\_\_ in FY18 to \_\_\_\_in FY20.

(Increase/Maintain) the number of law enforcement officer trained in ARIDE by \_\_\_% from\_\_\_\_ in FY18 to \_\_\_\_in FY20.

(Increase/Maintain) the number of law enforcement officers trained in DRE by \_\_\_% from\_\_\_\_ in FY18 to \_\_\_\_in FY20.

(Increase/Maintain) the number of grant funded SFST Instructors by \_\_\_% from\_\_\_\_ in FY18 to \_\_\_\_in FY20.

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

**Strategies for Project:** Please provide strategies that your agency will complete during FY20.

**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:

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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:** |

**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.

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

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: |  |  |  |

**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.). (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.

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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: |  |  |

**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.

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| --- | --- | --- | --- |
| 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. 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 FY20: 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: |  |  |  |

**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: |
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| Total of Commodity Expenses: |  |  |  |

**FY20 Proposed In-Direct Costs:**

List all proposed indirect costs for which you will be requesting for FY20. All expenses must be in accordance to current state and federal guidelines. **Please provide copy of federally approved cost allocation percentages.**

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

**FY20 Match Amounts:**

List all Match items and amounts that the agency will use as match for FY20.

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

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.