

Application

1. Dropdown box for Goal will then populate Objective
2. Activity will include what you will do to meet the objective
3. Save and Add if other activities are needed.

SAVE ADD DELETE PRINT VERSION ADD NOTE CHECK GLOBAL ERRORS

PROJECT OBJECTIVES

Instructions:

- All required fields are marked with an *
- Use the **SAVE** button to save information and calculate data on each page.
- Save at least every 30 minutes to avoid losing data.
- To add an additional page, click the **ADD** button.
- To delete a page, click the **DELETE** button.
- Select a goal from the drop down box of choices.
- For Objectives, briefly describe what you plan to do to impact the problem. Objectives must directly address the problem and should be SMART. (Specific, Measurable, Action-Oriented, Realistic, Time Specific)

If this goal incorporates a best practice, please check here: If not, this application may not be approved.
Proposed programs must be data driven and should be based on proven countermeasures. For guidance on best practices visit <http://www.gahighwaysafety.org/grants/best-practices/>

Goal: 5.1 GOHS Goal: Reduce Pedestrian Injuries/Fatalities From Traffic Crashes

Objective:
The Governor's Office of Highway Safety will host (5) pedestrian safety educational events within the following counties: Fulton, DeKalb, Gwinnett, Chatham and Cobb during FFY18.

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Application

1. Goal and Objective will populate
2. Activity and Evaluation should be completed
3. Evaluation will include how you plan to evaluate the program
4. Milestone- should complete for each month. Will be what months you plan to accomplish the activity
5. SAVE

SAVE ADD DELETE PRINT VERSION ADD NOTE CHECK GLOBAL ERRORS

5.1 GOHS Goal: Reduce Pedestrian Injur... Objective: The Fulton County Sheriff's Office will present a pedestrian and bicycle safety program 1

Goal: 5.1 GOHS Goal: Reduce Pedestrian Injuries/Fatalities From Traffic Crashes

Objective: The Fulton County Sheriff's Office will present a pedestrian and bicycle safety program to 10 elementary schools in Fulton County, Georgia during the fiscal year 2017-2018 grant period.

Activity:
The Fulton County Sheriff's Office will present a 45 minute presentation to 10 elementary schools on pedestrian and bicycle safety in Fulton County, Georgia during the Fiscal year 2017-2018 grant period. The Fulton County Sheriff's Office will cover traffic laws, high visibility awareness as it relates to pedestrian safety.

Evaluation:
The Fulton County Sheriff's Office will submit a word document safety material and distribute during each presentation.

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOT
0*	0*	0*	3*	2*	3*	1*	1*	0*	0*	0*	0*	10

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Application

1. Media Plan
2. How and where will you announce the award of this grant to the public?
3. Include name of newspaper, TV, etc.

MEDIA PLAN

Instructions:

- All required fields are marked with an *
- Use the **SAVE** button to save information and calculate data on each page.
- Save at least every 30 minutes to avoid losing data.

Describe your plans for announcing the award of this grant to your community through media outlets available to you. Include specific media sources. Discuss how you plan to keep the public informed of grant activities throughout the entire project period.

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Application

1. Resource Requirement section
2. What will you need to accomplish the project? Why?
3. Personnel, cars, mileage, travel, etc.
4. Be very detailed, explain your budget.

RESOURCE REQUIREMENTS

Instructions:

- All required fields are marked with an *
- Use the **SAVE** button to save information and calculate data on each page.
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Use this section to provide a detailed justification of all budget items. All resources should support the completion of the activities and objectives needed to accomplish the overall grant goal.

1. What personnel are needed? Hours they will they work? Include job descriptions.
2. What are the types and quantity of needed equipment?
3. How will equipment be used and by whom?
4. Describe the training required by personnel.
5. Are all resources necessary in order to achieve the grant goals/objectives?

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Application

1. Grant funds are “seed money.”
2. What will your agency do to continue the project when federal funds are no longer available.

SELF-SUFFICIENCY

Instructions:

- All required fields are marked with an *
- Use the **SAVE** button to save information and calculate data on each page.
- Save at least every 30 minutes to avoid losing data.

Continuation Plan

Federal Funding guidelines require that each funded project indicate how the activities of the project will be continued after federal funds are no longer provided. The continuation plan must identify potential sources of non-federal funds.

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Application

1. Budget
2. Hover over Forms Menu
3. Then scroll down to the budget forms

GOVERNOR'S OFFICE OF HIGHWAY SAFETY
GOHS
GEORGIA CRIMINAL JUSTICE COORDINATING COUNCIL
State of Georgia
Grant Management System

Home Applications/Grants Progress Reports Claims Final Reports Expenditure Reports Monitoring Reports Travel Requests
Training Materials Organizations Profile Logout

Forms Menu Status Changes Management Tools Related Documents and Messages

Forms Menu

- Budget Forms
- Personnel Service Details - Position
- Personnel Service Details - Benefits
- Pay Schedule for Project Employees
- Regular Operating Expenses
- Travel
- Equipment Purchases
- Contractual Services
- Per Diem & Fees

Continuation Plan

Federal Funding guidelines require that each funded project indicate how the activities of the project will be continued after federal funds are no longer provided. The continuation plan must identify potential sources of non-federal funds.

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Budget Forms

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Application-Budget

1. Budget Forms
2. Complete each section that applies to your project
3. What do you need to complete the project?

Budget Forms	
	Personnel Service Details - Position
	Personnel Service Details - Benefits
	Pay Schedule for Project Employees
	Regular Operating Expenses
	Travel
	Equipment Purchases
	Contractual Services
	Per Diem & Fees
	Computer Charges and Computer Equipment
	Telecommunication
	Motor Vehicle Purchase
	Rent/Real Estates
	Cost Category Summary

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Application-Budget

1. Personnel Service Detail
2. Complete each column for all positions requested
3. Hover over Forms Menu then Scroll down for benefits

SAVE CHECK GLOBAL ERRORS

PERSONNEL SERVICE DETAILS - POSITION

Instructions:

- All required fields are marked with an *
- Use the **SAVE** button to save information and calculate data on each page.
- Save at least every 30 minutes to avoid losing data.

Please qualify common positions/titles with initials and last name of personnel filling the position (e.g. Officer J Smith, Officer B Jones, etc.)

Position/Title	Pay Code	Hours Per Week	Pay Rate	Annual Salary	Percent of Time	Project Salary
	-				%	
	-				%	
	-				%	
Total						

45

General Application 2017

Personnel Service Details - Position

Position/Title	Pay Code	Hours Per Week	Pay Rate	Annual Salary	Percent of Time	Project Salary
	Biweekly	40	\$17.48	\$36,358.40	100%	\$0
	Biweekly	40	\$17.55	\$36,505.25	100%	\$36,505.25
	Biweekly	40	\$19.48	\$40,535.04	100%	\$40,535.04
Total						\$77,040.29

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Application-Budget

1. Project Salaries and percent of time will populate
2. Complete with percentages (of salary) for each benefit requested
3. Save

PERSONNEL SERVICE DETAILS - BENEFITS

Instructions:

- All required fields are marked with an *
- Use the **SAVE** button to save information and calculate data on each page.
- Save at least every 30 minutes to avoid losing data.

Project Salaries	Percent of Time	Project Salary
Total	%	
Fringe Benefits	Percentage	Amount
F.I.C.A	%*	
Retirement	%*	
Health Insurance:	%*	
Worker's Comp.:	%*	
Unemployment Insurance:	%*	
Other:	%	
Other:	%	
Other:	%	
Total		
Total Personnel Service: (Total salaries + fringe benefits)		
Total Personnel Services:		

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General Application 2017

Organization:

Personnel Service Details - Benefits

Project Salaries	Percent of Time	Project Salary
Total	300.00%	\$77,040.29
F.I.C.A	7.65%	\$5,893.58
Retirement	9%	\$6,933.63
Health Insurance:	20.9%	\$16,101.42
Worker's Comp.:	5.2%	\$4,006.10
Unemployment Insurance:	0.17%	\$130.97
Other:	0%	\$0
Other:	0%	\$0
Other:	0%	\$0
Total		\$33,065.70
Total Personnel Service: (Total salaries + fringe benefits)		\$110,105.99
Total Personnel Services:		\$110,105.99

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Application-Budget

1. Regular Operating Expenses
2. Items that individually cost less than \$1000
3. Also sensors, bicycle helmets, conference registrations, etc

REGULAR OPERATING EXPENSES

Instructions:

- All required fields are marked with an *
- Use the **SAVE** button to save information and calculate data on each page.
- Save at least every 30 minutes to avoid losing data.

Description	Unit Price	Quantity	Total Costs
			Total

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Application-Budget

1. Travel
2. Mileage, per diem, hotel

TRAVEL

Instructions:

- All required fields are marked with an *
- Use the **SAVE** button to save information and calculate data on each page.
- Save at least every 30 minutes to avoid losing data.

Description	Unit Price	Quantity	Total Costs
			Total

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Application-Budget

1. Equipment Purchases
2. Items needed that are individually \$1000 or more
3. Radars, laser, intox 9000, etc
4. \$5000 or more needs NHTSA approval prior to purchase

EQUIPMENT PURCHASES

Instructions:

- All required fields are marked with an *
- Use the **SAVE** button to save information and calculate data on each page.
- Save at least every 30 minutes to avoid losing data.

Description	Unit Price	Quantity	Total Costs
			Total

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Application-Budget

1. Contractual
2. Speakers, instructors, consultants
3. If the project is awarded, actual contracts must be approved by GOHS before executed

CONTRACTUAL SERVICES

Instructions:

- All required fields are marked with an *
- Use the **SAVE** button to save information and calculate data on each page.
- Save at least every 30 minutes to avoid losing data.

Description	Unit Price	Quantity	Total Costs
			Total

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Application-Budget

1. Per Diem and Fees
2. Applies to non-employees of the grantee

PER DIEM & FEES

Instructions:

- All required fields are marked with an *
- Use the **SAVE** button to save information and calculate data on each page.
- Save at least every 30 minutes to avoid losing data.

Description	Unit Price	Quantity	Total Costs
			Total

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Application-Budget

1. Computer Charges and Computer Equipment
2. Computers, printers, etc

COMPUTER CHARGES AND COMPUTER EQUIPMENT

Instructions:

- All required fields are marked with an *
- Use the **SAVE** button to save information and calculate data on each page.
- Save at least every 30 minutes to avoid losing data.

Description	Unit Price	Quantity	Total Costs
			Total

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Application-Budget

1. Rent/Real Estate

RENT/REAL ESTATES

Instructions:

- All required fields are marked with an *
- Use the **SAVE** button to save information and calculate data on each page.
- Save at least every 30 minutes to avoid losing data.

Description	Unit Price	Quantity	Total Costs
Total			

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Application-Budget

1. Cost Category Summary will populate
2. Enter Matching Funds percentage (must be at least a zero)
3. **SAVE**

COST CATEGORY SUMMARY

Instructions:

- All required fields are marked with an *
- Use the **SAVE** button to save information and calculate data on each page.
- Save at least every 30 minutes to avoid losing data.

COST CATEGORY	TOTAL	AWARD AMT.
1. Personnel Services (salaries & fringes)		
2. Regular Operating Expenses		
3. Travel		
4. Equipment Purchases		
5. Contractual Services		
6. Per Diem and Fees		
7. Computer Charges and Computer Equipment		
8. Telecommunication		
9. Motor Vehicle Purchase		
10. Rent Real Estates		
11. Total		
MATCHING FUNDS		
Local Cash Match (You must enter at least a 0 before saving to force the page to calculate the category totals).	<input type="text"/> %*	
Federal Participation (percentage of total in Item 11)		%

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Application

1. Hover over Forms Menu
2. Then scroll down to Contract Forms

COST CATEGORY	TOTAL	AWARD AMT.
1. Personnel Services (Salaries & Wages)		
2. Regular Operating Expenses		
3. Travel		
4. Equipment Purchases		
5. Contractual Services		
6. Per Diem and Fees		
7. Computer Charges and Computer Equipment		
8. Telecommunication		
9. Motor Vehicle Purchase		
10. Rent/Real Estates		
11. Total		
MATCHING FUNDS		
Local Cash Match (You must enter at least a 0 before typing in force the need to calculate the category total)		

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System Login Calendar

Contract Forms

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Application

1. Contract Forms
2. Click on Certification and Signatures



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Application

1. Use Dropdown boxes to enter applicable names into the 3 boxes.
2. If person isn't listed, return to beginning and add contact.
3. SAVE

A screenshot of a web application form titled "CERTIFICATION AND SIGNATURES". The form includes a breadcrumb trail: "You are here: > General Application 2017 Menu > Forms Menu". The form contains instructions for users, a dropdown menu for selecting individuals to sign the form, and a note about approval requirements.

Forms Menu Status Changes Management Tools Related Documents and Messages

Back

Document Information: GA-2017-GOHS Test-00024

Details

You are here: > General Application 2017 Menu > Forms Menu

CERTIFICATION AND SIGNATURES

Instructions:

1. All required fields are marked with an *
2. Use the **SAVE** button to save information and calculate data on each page.
3. Save at least every 30 minutes to avoid losing data.
4. **The signature page must be printed, signed in blue ink and mailed to GOHS. Please click the Print Version button at the top of**

Select the individuals required to sign the Certification and Signatures form:

Agency Administrator:
(Primary Contact)

Agency Staff:
(Financial Contact)

Authorized Official:

Agency Administrator GOHUser
Agency Authorized Official GOHUser
Ms. Anne Taylor

NOTE: THE AGENCY ADMINISTRATOR, AGENCY STAFF AND AUTHORIZING OFFICIAL CANNOT BE THE SAME PERSON WITHOUT GOHS APPROVAL.

STAFF BEING FUNDED UNDER THIS GRANT MAY NOT BE ANY OF THE ABOVE OFFICIALS WITHOUT GOHS APPROVAL.

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Organization

1. Once all parties have been added to the Organization, you must then add them to the Application
2. Hover over Management Tools
3. Select Add/Edit People

The screenshot shows the 'General Application 2017' page. A 'Management Tools' dropdown menu is open, highlighting the 'ADD/EDIT PEOPLE' option. The page includes a 'Document Information' section with a 'Details' link, a table for 'Forms', and a 'Personnel' table.

Info	Document Type	Org	Status	Period Date / Date Due
General Application 2017				10/01/2016 - 09/30/2017 N/A

Status	Page Name	By	Last Modified By
Application Forms			
	Association Project Information		
	General Additional Information		
	Problem Identification		
	Documentation Attachment		
	Program Assessment		
	Program Assessment Chart	Agency Administrator GCHSUser	11/5/2016 1:53:14 PM
	Project Overview		

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Organization

1. From this menu, you can activate or deactivate people on the grant.
2. If you change the Authorized Official, Agency Administrator, or Agency Staff- You must also change it on the signature page. (Slide # 80)
3. **SAVE**

The screenshot shows the 'General Application 2017 Menu - People' page. It includes a 'Person Search' section and a table of 'Current People Assigned'.

Person	Organization(s)	Role	Active Dates	Assigned By
Agency Administrator GCHSUser Email	GCHS Testing Inc (Agency Administrator)	Agency Administrator	7/1/2016	Grant System
Agency Staff (GCHS User) Email	GCHS Testing Inc (Agency Staff)	Agency Staff	7/1/2016	Agency Administrator GCHSUser
GCHS Review Admin GCHSUser Email	GAGCHS (GCHS Review Admin)	GCHS Review Admin	7/1/2016	Grant System
GCHS Fiscal Manager GCHSUser Email	GAGCHS (GCHS Fiscal Manager)	GCHS Fiscal Manager	7/1/2016	Grant System

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Signature Page

- Authorized Official, Agency Administrator, and Agency Staff (financial contact) are all listed on the Signature Page
- Must be signed by all parties listed in **BLUE INK** and mailed to GOHS
- Required before applications are executed and anytime there are changes to any of the above.

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**Submit the
Application**

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Application

1. Hover over Status Changes
2. Possible Statuses
3. Cancel- will cancel your application
4. Submit- Will submit your application to GOHS

SAVE CHECK GLOBAL ERRORS

Forms Menu Status Changes Management Tools Related Documents and Messages

Status Changes

Possible Statuses

APPLICATION CANCELLED
[APPLY STATUS]

APPLICATION SUBMITTED
[APPLY STATUS]

Back

Document Information

Details

You are here: > Cancel

CERTIFICATION AND SIGNATURES

Instructions:

1. All required fields must be completed.
2. Use the SAVE button to save your application.
3. Save at least every 5 minutes.
4. The signature page must be signed by the Agency Administrator, Agency Staff, and Authorized Official.

Please click the Print Version button at the top of the page.

Select the individuals required to sign the Certification and Signatures form:

Agency Administrator (Primary Contact)

Agency Staff (Financial Contact)

Authorized Official:

NOTE: THE AGENCY ADMINISTRATOR, AGENCY STAFF AND AUTHORIZING OFFICIAL CANNOT BE THE SAME PERSON WITHOUT GOHS APPROVAL.

STAFF BEING FUNDED UNDER THIS GRANT MAY NOT BE ANY OF THE ABOVE OFFICIALS WITHOUT GOHS APPROVAL.

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Application

1. Once submitted current status will change to Application Submitted

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General Application 2017 Menu - Forms

Please complete all required forms below.

Document Information: [GA-2017-GOHS_Tesell-00024](#)

Details

Info	Document Type	Organization	Role	Current Status	Period Date / Date Due
	General Application 2017	GOHS_Tesell, Inc.	Agency Administrator	Application Submitted	10/01/2016 - 09/30/2017 N/A

Forms

Status	Page Name	Note	Created By	Last Modified By
[-] Modification (if applicable)				
	Modification Notes			
[-] Application Forms				
	Application Project Information		AgencyAdministrator GOHSUser	11/02/2019 2:45:20 PM
	General Additional Information			
	Problem Identification			
	Documentation Attachment			
	Program Assessment			
	Program Assessment Chart		AgencyAdministrator GOHSUser	AgencyAdministrator GOHSUser

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Application

- **Due- April 26, 2019 by 11:59pm**
- New applications will be assigned to a review team (2 at GOHS and 1 External)
- May need revisions- email will be sent
- Make corrections and resubmit ASAP
- Our goal is to have all approved applications awarded prior to October 1, 2019

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Revisions

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Application-Revisions

1. Login
2. If modifications are needed you will receive an email and a system message.
3. My Tasks
4. Find the appropriate application-“Modifications Required”

My Inbox

Sort inbox messages by: -- Select -- | [View All System Messages](#)

Priority	Sender	Subject	Date/Time
	System_Grant	GOHS Application requires Modifications	2/28/2017 2:07:53 PM
	System_Grant	GOHS Application Submitted	2/28/2017 1:08:40 PM

My Tasks

Export Results to: Screen | Sort by: -- Select -- |

Application	Sender	Subject	Status	Date	Due Date
General Application 2017	GOHS Testing Inc	GA-2017-GOHS Testing-00012	Application in Process	2/10/2016	3/25/2016
General Application 2018	GOHS Testing Inc	GA-2018-GOHS Test-00001	Application in Process	2/15/2017	
General Application 2018	GOHS Testing Inc	GA-2018-GOHS Test-00006-C	Application Modifications Required	2/28/2017	

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Application-Revision

1. Forms Menu
2. “RED Arrow” signifies comments from review team
3. Click into that form to see the comment

[Back](#)

General Application 2018 Menu - Forms

Please complete all required forms below.

Document Information: [GA-2018-GOHS Test-00006-C](#)

[Details](#)

Forms

Status	Page Name	Note	Created By	Last Modified By
Modification (if applicable)				
	Modification Notes			
Application Forms				
	Application Project Information		2/28/2017 12:28:05 PM	AgencyAdministrator GOHSUser 2/28/2017 12:58:09 PM
	General Additional Information	Click to view this page	2/28/2017 12:28:05 PM	AgencyAdministrator GOHSUser 2/28/2017 12:58:41 PM
	Problem Identification		2/28/2017 12:28:05 PM	AgencyAdministrator GOHSUser 2/28/2017 12:59:17 PM
	Documentation Attachment			

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Application-Revision

1. External Notes
2. Click

Electronic Grants For The Office of Highway Safety

Home Applications/Grants Progress Reports Claims Final Reports Travel Requests

Training Materials Organization(s) Profile Logout

SAVE PRINT VERSION ADD NOTE CHECK GLOBAL ERRORS EXTERNAL NOTES (1)

Back

Document Information: [GA-2018-GOHS Test-00006-C](#)

Details

You are here: > [General Application 2018 Menu](#) > [Forms Menu](#) > Application Forms

GENERAL ADDITIONAL INFORMATION

Instructions:

- All required fields are marked with an *
- Use the **SAVE** button to save information and calculate data on each page.
- Save at least every 30 minutes to avoid losing data.

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Application-Revision

1. Review Note will become available
2. Revise as needed
3. Save
4. Close note
5. Check the entire application for "RED arrows"

Notes

Message	Date	Action
Review Note		
update audit period	2/28/2017	
Submitted: 2/28/2017 2:07:28 PM		
Author: Protected		

CLOSE NOTES

GENERAL ADDITIONAL INFORMATION

Instructions:

- All required fields are marked with an *
- Use the **SAVE** button to save information and calculate data on each page.
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Revisions

- To resubmit the application- refer to previous slides
- Should be corrected and resubmitted as soon as possible- DO not delay
- Maintain contact with GOHS
- It is possible to receive the application back multiple times for revisions

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Important!

- ALL GOHS grants are reimbursable. The items must be bought and paid for before GOHS will reimburse.
- DO NOT make any purchases prior to receiving an award letter AND prior to October 1, 2019 - funds will not be available to reimburse those purchases

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GEORGIA HIGHWAY SAFETY GRANT APPLICATION

The below is a blank application. All GOHS applications must be submitted electronically through the Electronic Grants of Highway Safety (eGOHS Plus)

General Application Year
Organization:
Grant/ Application Number
Application Project Information

Project Title:

Project Summary:

General Application Year
Organization:
Grant/ Application Number
General Additional Information

Check here if you are a non-profit organization

Click [HERE](#) to view the Non-Profit Disclosure information

Public Funds Documentation

501 (c) (3) form

Secretary of State Certification

Letter of Support

Reference Letter #1

Reference Letter #2

Reference Letter #3

Are funds being sought from other sources? Yes No

Does your jurisdiction receive any other federal funds from other sources? Yes No

If so, how much?

When is your Audit Period? From: To:

DUNS Number

General Application Year
Organization:
Grant/ Application Number
Problem Identification

The problem identification should clearly present the "Who, What, When, Where, and Why" of the traffic-related issues that are distressing the community and causing crashes, injuries and fatalities. The statement should provide a concise description for the defined geographic area or jurisdiction. Include consecutive years of the most recent local and statewide data, as well as local demographic information.

(Charts, graphs and percentages are effective ways of displaying the data. Chart and graph documents can be uploaded as attachments on the next page).

**General Application Year
Organization:
Grant/ Application Number
Documentation Attachment**

Document Title:

Attachment:

General Application Year
Organization:
Grant/ Application Number
Program Assessment

Program Assessment helps determine the resources a community currently has in place to address the problem. Include a review of current activities and results of past and current efforts, indicating what did or did not work. Assess resources to determine what is needed to more effectively address the problem. Identify local laws, policies, groups, and organizations that support or inhibit the success of the project.

**General Application Year
Organization:
Grant/ Application Number
Program Assessment Chart**

For Young Adult Only

College Population:

I. For Law Enforcement Agencies only

Please provide the current level of enforcement activity for the entire department for the three (3) previous calendar years (January 1 through December 31). If data is not available for a particular activity/year combination, enter 0.

Activity	Calendar Year		
DUI Arrests			
Speeding (all cases)			
Safety Belt Violations			
All Other Traffic Violations			
Traffic Crashes			
Check Point Conducted			

II. For Drivers Education only

Please provide the numbers trained in driver's education for your school for the previous three (3) state fiscal years (July 1 through June 30.). If data is not available for a particular activity/year combination, enter 0.

Activity	State Fiscal Year		
How many students were trained in a 30/6* driver's education program with financial assistance or free of charge?			
How many total students were trained in a 30/6* driver's education program?			
How many students requested financial assistance for driver's education?			
How many students were denied driver's education due to a lack of financial assistance?			

*30/6 driver's education program means 30 hours of classroom training and 6 hours of behind the wheel instruction

General Application Year
Organization:
Grant/ Application Number
Project Objectives

If this goal incorporates a best practice, please check here: **If not, this application may not be approved.**

Proposed programs must be data driven and should be based on proven countermeasures. For guidance on best practices visit <http://www.gahighwaysafety.org/grants/best-practices/>

Goal:

If Other, please specify:

Objective:

General Application Year
Organization:
Grant/ Application Number
Project Activities Evaluations

Goal:

Objective:

Activity:

Evaluation:

OCT NOV DEC JAN FEB MAR APR MAY JUN JUL AUG SEP TOT

General Application Year
Organization:
Grant/ Application Number
Media Plan

Describe your plans for announcing the award of this grant to your community through media outlets available to you. Include specific media sources. Discuss how you plan to keep the public informed of grant activities throughout the entire project period.

General Application Year
Organization:
Grant/ Application Number
Resource Requirements

Use this section to provide a detailed justification of all budget items. All resources should support the completion of the activities and objectives needed to accomplish the overall grant goal.

1. What personnel are needed? Hours they will they work? Include job descriptions.
2. What are the types and quantity of needed equipment?
3. How will equipment be used and by whom?
4. Describe the training required by personnel.
5. Are all resources necessary in order to achieve the grant goals/objectives?

General Application Year
Organization:
Grant/ Application Number
Resource Requirements

General Application Year
Organization:
Grant/ Application Number
Self-Sufficiency

Continuation Plan

Federal Funding guidelines require that each funded project indicate how the activities of the project will be continued after federal funds are no longer provided. The continuation plan must identify potential sources of non-federal funds.

III. General Application Year
Organization:
Grant/ Application Number
Personnel Service Details – Position

Position/Title	Pay Cod	Hours Per Week	Pay Rate	Annual Salary	Percent of Time	Project Salary
					%	

Total

General Application Year
Organization:
Grant/ Application Number
Personnel Service Details - Benefits

Project Salaries	Percent of Time	Project Salary
Total	%	
Fringe Benefits	Percentage	Amount
F.I.C.A	%	
Retirement	%	
Health Insurance:	%	
Worker's Comp.:	%	
Unemployment Insurance:	%	
Other:	%	
Other:	%	
Other:	%	
Total		
Total Personnel Service: (Total salaries + fringe benefits)		
Total Personnel Services:		

General Application Year
Organization:
Grant/ Application Number
IV. **Regular Operating Expenses**

Description	Unit Price	Quantity	Total Costs

Total

General Application Year

Organization:

Grant/ Application Number

Travel

Description	Unit Price	Quantity	Total Costs

Total

General Application Year
Organization:
Grant/ Application Number
Equipment Purchases

Description	Unit Price	Quantity	Total Costs

Total

General Application Year
Organization:
Grant/ Application Number
Contractual Services

Description	Unit Price	Quantity	Total Costs

Total

General Application Year
Organization:
Grant/ Application Number
Per Diem & Fees

Description	Unit Price	Quantity	Total Costs

Total

General Application Year
Organization:
Grant/ Application Number
Computer Charges and Computer Equipment

Description	Unit Price	Quantity	Total Costs

Total

General Application Year
Organization:
Grant/ Application Number
Telecommunication

Description	Unit Price	Quantity	Total Costs

Total

General Application Year

Organization:

Grant/ Application Number

Motor Vehicle Purchase

Description	Unit Price	Quantity	Total Costs

Total

General Application Year
Organization:
Grant/ Application Number
Rent/Real Estates

Description	Unit Price	Quantity	Total Costs

Total

General Application Year
Organization:
Grant/ Application Number
Cost Category Summary

COST CATEGORY	TOTAL	AWARD AMT.
1. Personnel Services (salaries & fringes)		
2. Regular Operating Expenses		
3. Travel		
4. Equipment Purchases		
5. Contractual Services		
6. Per Diem and Fees		
7. Computer Charges and Computer Equipment		
8. Telecommunication		
9. Motor Vehicle Purchase		
10. Rent Real Estates		
11. Total		
MATCHING FUNDS		
Local Cash Match (You must enter at least a 0 before saving to force the page to calculate the category totals).	%	
Federal Participation (percentage of total in Item 11)	%	

General Application Year
Organization:
Grant/ Application Number
Certification and Signatures

I certify that I understand and agree to comply with the general and fiscal year terms and conditions of this application including special conditions; to comply with provisions of the Act governing these funds and all other federal laws; that all information presented is correct; that there has been appropriate coordination with affected agencies; that I am duly authorized by the applicant to perform the tasks as they relate to the terms and conditions of this grant application; that costs incurred prior to grant approval may result in the expenses being absorbed by the grantee; and, that the receipt of grantor funds through the Governor's Office of Highway Safety will not supplant state or local funds. **Monthly reimbursement claim submissions filed electronically are in effect, "electronically signed"**.

V. Agency Administrator *

Name:	_____	Title:	_____
Agency:	_____	Address:	_____
Phone Number:	_____	Email Address:	_____
Fax Number:	_____		
Signature:	_____	Date:	_____

VI. Agency Staff *

Name:	_____	Title:	_____
Agency:	_____	Address:	_____
Phone Number:	_____	Email Address:	_____
Fax Number:	_____		
Signature:	_____	Date:	_____
FEI Number:	_____		

VII. Authorized Official *

Name:	_____	Title:	_____
Agency:	_____	Address:	_____
Phone Number:	_____	Email Address:	_____
Fax Number:	_____		
Signature:	_____	Date:	_____

VIII. * NOTE: AGENCY ADMIN, AGENCY STAFF AND AUTHORIZED OFFICIAL CANNOT BE THE SAME PERSON WITHOUT GOHS APPROVAL. STAFF BEING FUNDED UNDER THIS GRANT MAY NOT BE ANY OF THE ABOVE OFFICIALS WITHOUT GOHS APPROVAL.

