

“Innovative Grants” Request for Proposals (RFP)

FFY2026 2nd Proposal



**Georgia Governor's Office of Highway Safety
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Grants to Develop “Innovative” Highway Safety Programs to Save Lives in Georgia

GOHS Mission Statement

The mission of the Georgia Governor’s Office of Highway Safety is to educate the public on safe driving behaviors; to implement highway safety campaigns and programs that reduce crashes and eliminate injuries and fatalities on Georgia roadways.

Description of Highway Safety Problems

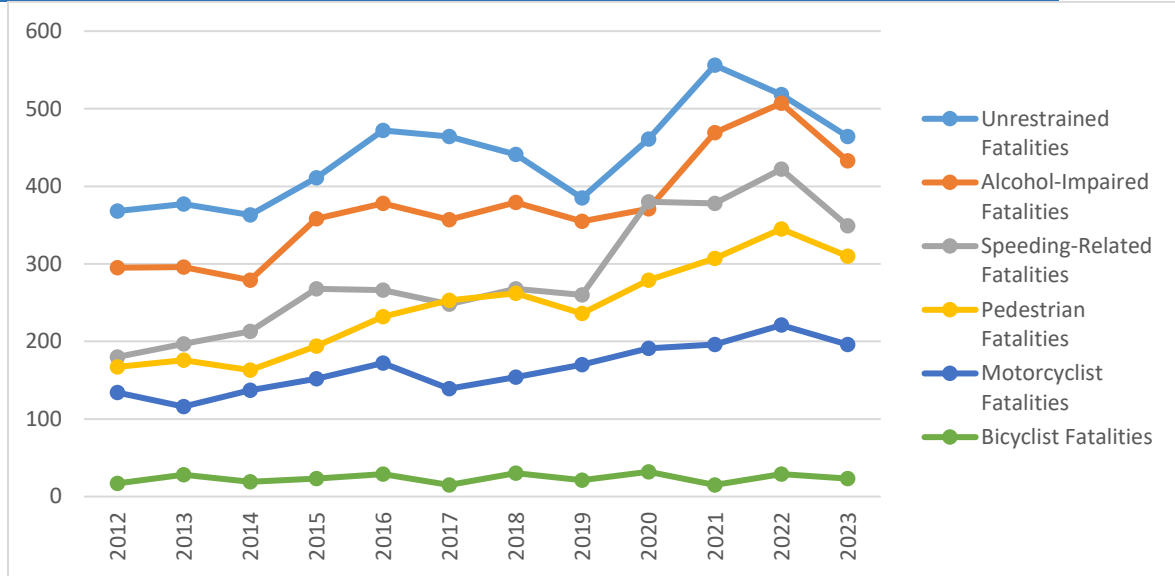
In 2023, 1,615 fatalities occurred in motor vehicle traffic crashes on Georgia roadways. Between 2019 and 2023, the number of suspected serious crash injuries increased by 12%, from 7,308 in 2019 to 8,171 in 2023. The number of traffic-related fatalities also increased by 8% from 1,492 fatalities in 2019 to 1,615 in 2023.

Recent motor vehicle traffic trends demonstrate a gradual return to pre-COVID norms. Between 2022 and 2023, traffic-related fatalities decreased by 10% and 6%, respectively; however, these numbers are still higher than pre-pandemic norms.

- **Unrestrained Fatalities:** In 2023, there were 1,615 traffic fatalities in Georgia, of which 1,001 (52%) were occupants of passenger vehicles (PV). Nearly half of the passenger vehicle occupants who were fatally injured were unrestrained (46%, 464 PV occupants), 42% (418) were restrained, and 12% (119) had unknown restraint use. Georgia's observed seatbelt usage rate increased by 1.2% net-points from 2023, with an overall usage rate of 88.8% in 2024.
- **Impaired Driving Fatalities:** In Georgia, drivers are considered legally alcohol-impaired when their BACs are .08 grams per deciliter (g/dL) or higher. In 2023, there were 433 fatalities that involved at least one alcohol-impaired driver—a 15% decrease from the 507 alcohol-impaired fatalities in 2022. These alcohol-impaired fatalities represented 27% of all traffic fatalities that occurred on Georgia roadways in 2023—compared to 30% nationwide. In 2023, 22% of all drivers in fatal crashes were suspected of drug involvement or had positive drug test results. Drug-related fatalities represented 14% of all traffic-related fatalities in 2023.
- **Speed-Related Fatalities:** Compared to the previous year, speeding-related fatal crashes decreased by 22%; however, there were no changes in serious injury speeding-related crashes and a 1% decrease in all speeding crashes in 2023. Twenty-two percent of all traffic fatalities (349 out of 1,615) were speeding-related in 2023, compared to 23% (422 out of 1,796) in 2022.

- **Pedestrian Fatalities:** In 2023, there were 310 pedestrians fatally injured in traffic crashes, a 10% decrease from the 345 pedestrian fatalities in 2022. In 2023, nearly three-quarters of pedestrian fatalities (72%) and nearly half (47%) of pedestrian injuries occurred on roadways with posted speed limits at or above 45 mph. Additionally, the number of pedestrian fatalities that occur in dark lighting conditions has more than doubled in the past decade (from 123 to 251).
- **Motorcyclist Fatalities:** In 2023, there were 196 motorcyclist fatalities that resulted from motor vehicle traffic crashes on Georgia roadways. Motorcycles consistently represent less than 1% of all registered vehicles and are involved in 1% of all motor vehicle crashes in Georgia. Motorcycle operators accounted for 6% of all licensed drivers but 12% of all driver fatalities. Motorcyclists are more vulnerable to severe injuries when they are involved in traffic-related crashes. Among persons fatally or seriously injured in a multi-vehicle motorcycle crash, 97% were riding on a motorcycle and 3% were occupants of other vehicles or non-motorists.
- **Bicyclist Fatalities:** There was an average of 24 bicyclist fatalities in traffic crashes each year between 2019 and 2023. In 2023, there were 23 bicyclist fatalities on Georgia roadways, a decrease from 29 bicyclist fatalities in 2022. The bicyclist crash rate is highest in urban counties outside the Atlanta region. Sixty percent of bicyclist crashes occur at intersections.
- **Older Drivers:** Fatal crashes involving drivers aged 65+ decreased by 1.4% (from 288 drivers in 2022 to 284 in 2023), and the rate of drivers 65+ years involved in fatal crashes per 100,000 population decreased by 3.8% (from 18.6 in 2022 to 17.9 in 2023). Over the decade, drivers 65+ years represented approximately 13% of all drivers involved in fatal crashes.
- **Young Drivers:** In 2023, the number of young drivers (ages 15 to 20 years) involved in fatal crashes decreased by 8% (from 191 drivers in 2022 to 176 drivers in 2023). During this same period, the rate of young drivers involved in fatal crashes per 100,000 population decreased by 10% (from 20.8 in 2022 to 18.8 in 2023). Young drivers represented 7.8% of all drivers involved in fatal crashes in 2023—2.3% were 15-to-17-year-olds, and 5.5% were 18-to-20-year-olds.

Georgia Traffic Fatalities by Traffic Safety Performance Measure (2012-2023)



Source: FARS 2012-2023

NOTE: For more state and local data, please visit the GOHS website at <https://www.gahighwaysafety.org/> and then to the Traffic Data at the top of the page.

Program Areas

Georgia Governor's Office of Highway Safety has been granted federal funds from the National Highway Traffic Safety Administration (NHTSA) under the Infrastructure Investment and Jobs Act (IIJA) to promote the development and implementation of **innovative** programs to address highway safety problems relating to speeding, impaired driving, pedestrian & bicycle safety, motorcycle safety, occupant protection, and other highway safety programs. Proposed programs must be data driven and based on proven countermeasures (see a list of best practices at: [GOHS Best Practices](#) and must address one or more of the following issues:

Occupant Protection Programs

- ◆ Education and training programs that increase safety belt usage and lead to increased use of properly installed child safety restraint systems. The program should be designed to reach areas with low safety belt and child safety seat usage.

Young Adult Traffic Safety Program

- ◆ A program designed to reduce the incidence of alcohol and/or drug -impaired driving or distracted driving by persons between the ages of 18 and 24, which must involve at least one of the following components: 1) participation of employers, 2) participation of colleges and universities, or 3) participation of hospitality industry.

Law Enforcement Programs

- ◆ A program designed to implement innovative highly visible and highly publicized law enforcement strategies to eliminate serious injuries and fatalities which occur on the roadways of Georgia. Priority programs could include occupant protection, speed, impaired driving, distracted driving, a combination of, or any other focus area as identified in the problem ID.

Administrative Judges and DUI Court Programs

- ◆ A program designed to train judges and prosecutors on highway safety issues, including but not limited to: Standardized field sobriety testing techniques, innovative sentencing techniques, update on new traffic laws and license sanctioning procedures, effective prosecution of DUI offenders, and incorporating treatment as appropriate into judicial sentencing for drivers between the ages of 21 and 34 who have been convicted of first time DUI/DWI.
- ◆ A program designed to remove repeated DUI offenders from Georgia's roadways through innovative prosecutorial/adjudication programs.

Minority Highway Safety Programs

- ◆ Programs focused on minorities, particularly the populations of non-English as a primary language. Programs must focus on the awareness of the laws relating to safety belt and child restraint uses, impaired driving, or pedestrian safety initiatives.

Non-Motorized Safety Grants

Non-motorized road user means a pedestrian; an individual using a nonmotorized mode of transportation, including a bicycle, a scooter, or a personal conveyance; and an individual using a low-speed or low-horsepower motorized vehicle, including an electric bicycle, electric scooter, personal mobility assistance device, personal transporter, or all-terrain vehicle.

- ◆ Education and enforcement programs should be designed to eliminate nonmotorized injuries and fatalities within high-risk counties. The development and implementation of programs should focus on the non-motorized road user and motorist to enhance knowledge and skills via outreach, community base, awareness and etc.:
- ◆ Programs should focus on the following:
 1. Training of law enforcement officials relating to nonmotorized road user safety, State laws applicable to nonmotorized road user safety, and infrastructure designed to improve nonmotorized road user safety.
 2. Enforcement mobilizations and campaigns designed to enforce state traffic laws applicable to nonmotorized road user safety.
 3. Public Information and awareness programs designed to inform motorists and nonmotorized road users the importance of speed management to the safety of the nonmotorized road user, the value of safety equipment (lighting, conspicuity equipment, mirrors, helmets, etc.), and state or local laws regarding safety equipment.
 4. Public Information and awareness programs designed to inform motorists and nonmotorized road users the state laws applicable to nonmotorized road user safety, including the responsibilities of motorists with respect to nonmotorized road users.

Older Drivers and Passengers

- ◆ The aging Georgia population is more susceptible to fatal injury than younger motor vehicle occupants. Programs targeting this age group should be skill-based programs for older drivers to enhance driving skills or educational programs that focus on relevant physical and cognitive changes of aging.

Unattended Passengers Program

- ◆ Programs should be designed to educate the public regarding the risks of leaving a child or unattended passenger in a vehicle after the vehicle motor is deactivated by the operator.

Teen Traffic Safety Programs

- ◆ Peer to peer education and prevention strategies in schools and communities designed to:
 1. Increase safety belt use
 2. Reduce speeding
 3. Reduce impaired and distracted driving
 4. Reduce underage drinking
- ◆ Programs designed to increase the public's awareness of the Teenage and Adult Drivers' Responsibility Act (TADRA) and safe and defensive driving techniques will also be considered.

If you are interested in a **Students Against Destructive Decisions (SADD)** for a high school or **Young Adult Driver (YA)** project for a college or university, please contact Ms. Gina Alias at ralias@gohs.ga.gov

Program Parameters

For detailed information on completing the referenced program guidelines, applicants must complete each section in the grant management system. All proposals must include the following information:

1. **Problem Identification:** The problem ID statement is a **detailed written narrative** that must **clearly** define the highway safety issues in the community/jurisdiction. The statement must provide a concise description of the problem(s), where it is occurring, and the population affected, how and when the problem is occurring, etc. Include the 5 most recent consecutive years of crash data (2019-2023), including fatality and serious injury data, to establish the conditions and the extent of the problem(s). (Charts, graphs, and percentages are effective ways of displaying the required data). Refer to the GOHS website for state and county data.
2. **Program Assessment:** Identify “what” the community/jurisdiction is currently doing to address the problem(s) identified under the problem identification section. Review and note activities and results of past and current efforts, indicating what did or did not work. Assess resources to determine what is needed to address the problem(s) more effectively. Identify local laws, policies, safety advocate groups and organizations that may support/inhibit the success of the project.
3. **Project Objectives, Activities and Evaluation:** The objective(s) must indicate exactly what the project will accomplish to impact/correct the problem(s) identified in the Problem Identification section. Activities must clearly identify the steps needed to accomplish each objective. A comprehensive evaluation plan must be developed to explain how the outcomes will be measured for each proposed activity listed in this section. Must follow the **S.M.A.R.T. (Specific, Measurable, Attainable, Realistic, and Time Specific) model**. (*See Sample Objectives, Activities and Evaluation – Attachment B*)
4. **Milestone Chart:** This chart must provide a summary of the projected activities to be accomplished on a monthly basis. This section must reflect the activities described in the Project Objectives, Activities and Evaluation Section.
5. **Media Plan:** Describe the plan for announcing the award of this grant to the identified community. Identify the media outlets, including social media, available to your project. Discuss how the public will be informed of grant activities throughout the entire project period.
6. **Resource Requirements:** Statement must describe and explain the budget (resources) needed to accomplish the objectives listed above. Requirements may include but not be limited to personnel, enforcement hours, equipment, supplies, training needs and public information/educational materials. A brief description of how and by whom the resources will be used is also required.

7. **Self Sufficiency:** This statement must reflect a plan of action that explains how the activities of the project will be continued after federal funds are no longer available to implement this project. The self-sufficiency plan must identify potential sources of non-federal funds.
8. **Budget:** Each budget item(s) must be allowable, reflect a reasonable cost, and be necessary to carry out the objectives and activities of the project.
 - a. Personnel Services (salaries and fringes – non law enforcement and prosecutors)
 - b. Enforcement/Activity Hours (law enforcement and prosecutors only)
 - c. Regular Operating Expenses (single item less than \$1,000) – see **NOTE** below
 - d. Travel of Employees (employees of grantee)
 - e. Equipment Purchases (items \$1,000 or more)
 - f. Contractual Services
 - g. Per Diem and Fees (travel for non-employees of grantee)
 - h. Computer Charges and Computer Equipment
 - i. Telecommunications
 - j. Motor Vehicle Purchases

See Attachment C for Allowable and Non-Allowable Expenses.

9. **Grant Terms and Conditions:** Applicants are required to meet all applicable federal/state laws and requirements.
10. **Certifications and Signatures:** Applicants must agree to abide by the Grant Terms and Conditions within this section. Certification signatures must be signed and attached to the respective application within the GOHS grant management system.

NOTE: Purchase price of an item includes shipping and taxes. EX: If an item costs \$900 plus \$150 for shipping and taxes then this item should be included in the equipment category because the total pushed it over the \$1000 point.

Eligibility Criteria

1. Potential grantees/partners within the State of Georgia include but is not limited to: local law enforcement agencies, county health departments, high schools (*private and public*), colleges and universities (*private and public*), citizen groups, civic organizations, churches and faith-based communities, county councils, mayors, EMS, county agencies, not-for-profit organizations.
2. For FFY 2026, GOHS grant proposals to a single grantee must not be submitted for less than \$10,000 or greater than \$400,000 for this fiscal year for the General Application (GA). The grants award for colleges and universities will be based on student population.
3. Law enforcement applications where enforcement is a component should include “enforcement hours” rather than salary and fringe benefits.
4. Full time positions will be evaluated on a case-by-case basis for grants whose budget exceeds \$100,000. (Job descriptions must be attached for each personnel position required.)
5. Potential grantee(s) must demonstrate its willingness and ability to accept and implement the planned programs by showing staffing, equipment, office space and other resources that will be dedicated to this effort.
6. Potential grantee(s) must report in the grant application whether or not its organization collects and is willing to disseminate critical data necessary to demonstrate the effectiveness of a **before** and **after** project impact. Programs planned, implemented and evaluated **must be “specific” and focused on the issues of saving lives on the roadways**. Evaluation tools must measure outcomes and the potential grantees **MUST** be able to show that crash data was decreased or increased as applicable in all emphasis areas at the end of the grant period. All exceptions must be documented and explained. Potential grantees will be required to collect and report to GOHS required data on highway safety programs that are supported by this grant to demonstrate the required change.
7. Programs planned should be necessary programs that will reach the goals stated. Programs that are “nice,” or “feel good,” or evaluated by anecdotal comments should not be proposed. All evaluation plans must be well documented in the application and approved by GOHS.
8. The cost for developing the proposal, including any travel costs associated with the application is the sole responsibility of the potential grantee. GOHS will not provide reimbursement for such costs.

9. GOHS will reimburse awarded grantees based on monthly approved/implemented project activities and expenditures through an Automated Clearing House (ACH) payment. The Supplier Change Request form is attached to this RFP and must be submitted to GOHS before we can award any application.
10. In accordance with the Federal Funding Accountability and Transparency Act (FFATA) recipients of Federal grants and contracts must submit information on sub-grant awards to GOHS prior to implementation. Please contact your agency Accounting Department to obtain the SAM.gov Unique Entity Identifier (**UEI**) Number and Federal Employment Identification Number (**FEIN**). These numbers will be needed in order to complete the agency information form. (Attachment I)
 - Prospective subrecipients must be eligible to receive Federal funds through SAM.gov.
 - GOHS will verify that a potential subrecipient is not suspended, debarred, or otherwise excluded from receiving Federal funds.
11. Non-profit organizations
 - Must be willing to adhere by GOHS requirements for Non-Profit Organizations (See Attachment D).
 - Must include letters of support/reference from at least two of the following: local law enforcement, school systems, local safety advocate organizations and/or medical organizations. These must be dated within 2 years of date of application (for example for the 2026 application, letters must be dated 2023, 2024, or 2025).
12. Applications must receive an average final rating of 70% or above to be considered for funding. Applicants receiving an average final rating of 69% and below will not be funded by GOHS.
13. GOHS reserves the right to reject any and all proposals submitted in response to this request.
14. **Awarded grantee(s) must be willing to submit monthly activity reports concurrent with a monthly claim for reimbursement report utilizing the GA grants management system by the 20th of the following month. The claim for reimbursement must be submitted and approved in order to be reimbursed for activities/services rendered.**
15. Catalog of Federal Domestic Assistance (**CFDA**) number
 - 20.600 – 402 (State and Community Highway Safety)
 - 20.616 – 405 (National Priority Safety Programs)

GOHS is committed to providing equal access for all participants. Persons with disabilities who require an accommodation and persons with limited English proficiency who require language access services should contact Jared Bohlander at 404-656-6996 or jbohlander@gohs.ga.gov no later than July 22, 2025, to request a reasonable accommodation and/or language access services.

The Georgia Governor's Office of Highway Safety, in accordance with the provisions of Title VI of the Civil Rights Act of 1964 (78 Stat. 252, 42 U.S.C. 2000d to 2000d-4) and the Regulations, hereby notifies all bidders that it will affirmatively ensure that in any contract entered into pursuant to this advertisement, disadvantaged business enterprise will be afforded full and fair opportunity to submit bids in response to this invitation and will not be discriminated against on the grounds of race, color, or national origin in consideration for an award.

The Safe System Approach

The Governor's Office of Highway Safety recently updated their Mission Statement to show our dedication to eliminating serious injuries and fatalities on our roadways. We are encouraging applicants to incorporate the Safe System Approach within their proposed projects. What is the Safe System Approach? The Safe System Approach aims to eliminate fatal and serious injuries for all road users. It does so through a holistic view of the road system that first anticipates human mistakes and second keeps impact energy on the human body at tolerable levels. It incorporates 5 elements which include Safe Road Users, Safe Vehicles, Safe Speeds, Safe Roads, and Post-Crash Care. For a brief overview of The Safe System Approach, please see Attachment H.

Also, please refer to the Best Practices page of the GOHS website for more information on the Safe System Approach and other best practices.

<https://www.gahighwaysafety.org/best-practices/>

The Application Submission Procedures

Application Submissions

All grant applications must be submitted through GOHS electronic grants management system.

- The grant management website is: <https://gohs.appiancloud.us/suite/>
- **NEW PROCESS:** A Certification signature page must be signed and attached to the respective application within the GOHS grant management system prior to submission of the application.

Grant Selection Types

- **GA** = General Application (*All Applications except: TEN and YA*)
 - City Government
 - County Government
 - Emergency Medical Service
 - Fire Department
 - Non-Profit Organization
 - Police Department
 - Public Health
 - Sheriff's Office
 - State Agency
- **YA** = Young Adult
 - Funds available for State Universities/Colleges/Technical Schools (*private and public*).

NOTE: The most recent State of Georgia Supplier Change Request Form is attached (Attachments F and G).

Please complete the form and submit it to GOHS-Finance@gohs.ga.gov.

This must be completed before an application can be awarded.

Grant Period – FFY2026

Federal Fiscal Year – October 1, 2025, to September 30, 2026.

NOTE – *Due to this being the 2nd proposal, applications submitted through this RFP may not be awarded before October 1, 2025. GOHS reserves the right to award any applications beyond this date. No project should be started without receiving an award letter from The Governor’s Office of Highway Safety.*

Grant Application Workshop

To be eligible for funding, all applicants who wish to submit an application must have a representative present at the grant application workshop.

The registration link is on Page 17 of the RFP.

Once registered, you will receive notification of the workshop.

**The Agency Information Form should be completed and emailed to Mr. Jared Bohlander (jbohlander@gohs.ga.gov) prior to the workshop (or bring with you to the workshop).
(Attachment I)**

For FFY 2026, the workshop will be held in-person.
To register for the workshop, click on the link below prior to July 22, 2025.
To ensure we have enough space, please make sure each person
attending has registered.

July 28, 2025

10:00am

GA Governor's Office of Highway Safety
James H "Sloppy" Floyd Veterans Memorial Bldg.
2 Martin Luther King Jr. Drive SE.
Suite 370, East Tower
Atlanta, GA 30334

[Click here to Register](#)

Parking

Pete Hackney Parking Deck
162 Jesse Hill Jr. Drive SE
Atlanta, GA 30303

See Attachment E - map

GOHS does have available paid parking onsite and will pay for one vehicle per organization. Any other vehicles will be at the expense of the attendee. You must register ahead of time and will receive a special code (via email) to enter at the entrance to the parking deck.

Grant Proposal Submission

Grant Applications must be submitted via the GOHS grant management system **no later than 11:59 p.m. Tuesday, September 2, 2025.**

All questions must be addressed via email, letter or telephone to:
Capt. Maurice Raines, GOHS Deputy Director
mraines@gohs.ga.gov

or

Governor's Office of Highway Safety
ATTN: Captain Maurice Raines
James H "Sloppy" Floyd Veterans Memorial Bldg.
2 Martin Luther King Jr. Drive SE. Suite 370, East Tower
Atlanta, GA 30334
Office: (404)-656-6996 Toll Free: (888)-420-0767

Application DUE DATE: September 2, 2025
Don't forget to click "submit."

Problem ID Worksheet

1 Name of applicant

2 Demographics/ Population (day vs. night)

Demographics (race, ethnicity, gender, age, education, profession, occupation, income level, and marital status)

3 Urban/Rural

Population less than 50,000 is considered Rural

4 Roadway description- Where are the crashes occurring?

Interstates

Yes/no

How much?

List interstates

State Routes

Yes/no

How much?

List State Routes

Local Roads

How much?

List interstates

Speed limits

Avg Speeds

5 Restaurants/ bars? Bar district? Number of bars? Concert venues?

Open container law with pedestrians?

Ride Share?

6 Schools/Universities?- Name and Describe

Student population

Pedestrians

Bicycles

e-scooters

7 Business District

Pedestrians

To-Go Alcoholic Beverages

8 55 Plus Communities? yes/no

Describe (% of population)

9 Minority population yes/no

Describe (% of population)

10 Native American Communities yes/no

Describe (% of population)

11 Seatbelt usage rate

State rate

88.80%

2024 rate

Local rate

Date of survey

12 Local Crash Data

5 consecutive years of data - Use FARS Data where applicable

| | 2019 | 2020 | 2021 | 2022 | 2023 | |
|-------------------|------|------|------|------|------|--|
| Crashes | | | | | | |
| Injuries (FARS) | | | | | | |
| Fatalities (FARS) | | | | | | |

13 Number of unrestrained fatalities (include years of data used)

Percentage of unrestrained fatalities vs. overall fatalities

14 Number of unrestrained injuries (include years of data used)

Percentage of unrestrained injuries.

15 Speed related fatalities -percent of overall fatalities

State rate

22%

2023

Local rate

what year of data?

16 Impaired related fatalities- percent of overall fatalities

State rate

27%

2023

Local rate

what year of data?

17 Pedestrian fatalities

State rate

19%

2023

Local rate

what year of data?

18 Bicycle fatalities

State rate

1%

2023

Local rate

what year of data?

19 Motorcycle fatalities

| | | |
|------------|-----|--------------------|
| State rate | 12% | 2023 |
| Local rate | | what year of data? |

20 Drivers involved in Fatal Crashes

| | | | |
|-----------------------|-------|-----------------------|--|
| 2023 State | 2,261 | 2023 Local | |
| Young Drivers (15-20) | 176 | Young Drivers (15-20) | |
| Age 21 and over) | 2,023 | Age 21 and over) | |

21 Are other languages are spoken in your community?

If so, what other languages are spoken? Percentage of individuals who speak

22 Document data sources

23 Data Sources for Grant Applications:

| | |
|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| NHTSA Countermeasures That Work | https://www.gahighwaysafety.org/best-practices/ |
| NHTSA FARS Data | https://cdan.dot.gov/ |
| GOHS County Data | https://www.gahighwaysafety.org/county-data-sheets/ |
| GOHS Traffic Safety Facts | https://www.gahighwaysafety.org/georgia-traffic-safety-facts/ |
| GOHS Best Practices | https://www.gahighwaysafety.org/best-practices/ |
| Georgia OASIS Data | https://oasis.state.ga.us/ |
| CDC WISQARS | https://wisqars.cdc.gov/ |
| CDC Transportation Safety | https://www.cdc.gov/transportation-safety/ |

SAMPLES OBJECTIVES, ACTIVITIES AND EVALUATIONS

OBJECTIVE:

- A. Grantee will provide educational programming on _____ [insert type of program] to _____ [number of participants] _____ [description of participants] in [location] during the grant year.

Example 1: (*Grantee*) will provide educational programming on the importance of wearing safety belts to 1200 students in local high schools in (*City/County*), Georgia by end of grant year.

Example 2: (*Grantee*) will provide educational programming on the importance of wearing safety belts to 120 Latino participants at community events in (*City/County*), Georgia by end of grant year.

ACTIVITY:

Important: if the educational program and supporting materials are already available, skip directly to activity "c".

- A. Develop an education curriculum/program by _____ [date] [reported on milestone chart].

Example 1: *Develop an educational program appropriate to high school students on the importance of wearing safety belts by the end of November 2025.*

Example 2: *Develop an educational program in Spanish on the importance of wearing safety belts by the end of November 2025.*

- B. Prepare educational materials appropriate for _____ [description of participants] by [date] [reported on milestone chart].

Example 1: *Prepare educational materials stressing the importance of wearing safety belts that are appropriate to high school students by the end of January 2026.*

Example 2: *Prepare educational materials in Spanish stressing the importance of wearing safety belts by the end of January 2026.*

- C. During the grant period, deliver educational curriculum/program to _____ [number of participants] per month in [location].

Example 1: *During the grant period, deliver the educational program on the importance of wearing safety belts to 100 high school students in (*City/County*), Georgia per month.*

Example 2: *During the grant period, deliver the educational program tailored for Latino populations to 10 students per month in (*City/County*), Georgia.*

EVALUATION

- A. Determine whether the appropriate number and type of students received the educational program during the grant period. This is an example of a process evaluation. Process evaluations measure if the program is being implemented as planned.

Example 1: Determine whether 1200 students in local high schools in (City/County), Georgia received educational programming on the importance of wearing safety belts during the grant period.

-keep a calendar of events conducted

-count attendees (use a sign-in sheet, observation, or use attendance sheet)

Example 2: Determine whether 120 Latino participants at community events in (City/County), Georgia received educational programming on the importance of wearing safety belts.

-keep a calendar of events conducted

-count attendees (use a sign-in sheet, observation, or use attendance sheet)

- B. Determine whether learning has occurred during the teen driving safety presentation during the grant period. This is an example of an impact evaluation. Impact evaluations measure the change in attitude, knowledge, skills, and behavior.

Example: Determine whether 1200 students in local high schools in (City/County), Georgia learned new traffic safety knowledge on the importance of wearing safety belts during the grant period.

- All participants take five question pre-test before the presentation begins and the same five question post-test after the presentation ends

- Average pre-test and post-test scores. If scores improved amongst participants, then learning has occurred and there is a change in knowledge.

EXAMPLES OF OBJECTIVES: OCCUPANT PROTECTION SAFETY BELT USAGE RATE

OBJECTIVE 1:

To assess changes in overall safety belt usage rate within the appropriate jurisdiction over the grant period.

Activities for Objective 1:

- a. Conduct a baseline observational safety belt survey within the appropriate jurisdiction
- b. Conduct a post-program observational safety belt survey within the appropriate jurisdiction.

Evaluation for Objective 1:

- a. Compare safety belt usage rates from the baseline survey to the survey at the end of the period, and report findings in Final Report to GOHS.
- b. Determine whether the seatbelt surveys were conducted on schedule.

OBJECTIVE 2:

To increase the safety belt usage rate in the jurisdiction by 5% from baseline by the end of the grant period. (To use percentages increase/decrease you must determine the baseline number)

Activities for Objective 2:

- a. Participate in all "Click It or Ticket" mobilizations initiated by GOHS.
- b. [insert other activities appropriate to Agency.]

Evaluation for Objective 2:

- a. Compare safety belt usage rates from the baseline survey to the survey at the end of the period and determine whether a 5% increase in safety belt usage rate has occurred.

Other Examples -

Objective: During the FFY26 grant period, (Grantee) will work with local partners to hold 4 kids bike safety classes featuring on-bike safety skills drills and 4 bike safety classes featuring a classroom presentation, with an emphasis on helmet safety, visibility, and rules of the road.

Activity: During the FFY26 grant year, (Grantee) will host 4 bike safety classes featuring a classroom presentation with an emphasis on helmet safety, visibility, and rules of the road. Class size is expected to be 20 children per class.

Evaluation: (Grantee) will supply the syllabus, pictures, and attendance sheets for each event in the monthly programmatic reports. By the end of the lesson, the students will be able to properly fit a helmet, know what clothes to wear, which lights to use, and the students will be able to know the most important age-specific bike traffic laws.

Objective: During the grant year, (Grantee) will implement a comprehensive, hands-on, program that will educate 1800 school aged motorists and pedestrians on required safety behaviors that will help reduce pedestrian fatalities.

Activity: (Grantee) will provide pedestrian education to 150 students each month during the grant period, either at a school or school affiliated summer program either at a school or at a school-based summer program.

Evaluation: (Grantee) will provide pre/post-test evaluations and document the number of participants of the education. (Grantee) will provide this information in a monthly report throughout the grant period.

ALLOWABLE AND UNALLOWABLE COSTS

ALLOWABLE COSTS

Payment for costs incurred shall be on a reimbursable basis. An advance of funding is not allowable for Highway Safety activities. Cost incurred means the grant must have established a liability for payment.

Items must meet all of the following criteria to be an admissible cost for reimbursement of an approved highway safety grant:

All items must:

- be an item or service approved in the grant.
- represent an actual expenditure and be chargeable to the grant.
- be incurred on or after the authorized effective date of the grant and on or before the ending date of the grant period.
- be necessary for proper and efficient administration of the project and be allocated to the activities in the grant
- be reasonable when compared to unit value.
- be reduced by all applicable credits.
- be in the pro-rata share of the approved project (when allowable costs are to be allocated or pro-rated to a project, an allocation or pro-ration worksheet must be prepared and retained by the agency for audit).
- be permissible under federal, state and local laws, regulations and practices.
- not result in a profit or other increment to the grantee, unless the profit is used to advance the project within the grant limits.
- not be allocated to, or included, as a cost of any other federally financed program.

UNALLOWABLE COSTS

- Promotional/ Incentive type items
- Compensation for time spent in court.
- Compensation for overtime paid at one and a half times pay unless the following conditions are met:
 - 1) Payments for overtime, which are clearly defined, and separately delineated in the grant application, exhibited as a separate cost category in the budget pages of the grant application, **and pre-approved by GOHS.**
 - 2) A plan for overtime payment, including the existing departmental or agency overtime policy for non-project personnel, must be submitted for review and approval by GOHS prior to expense being incurred.
- Employee's salary/enforcement hours while pursuing training nor to pay the salary of the employee's replacement, except where the employee's salary is supported with federal funds under an approved GOHS project.

GOHS REQUIREMENTS FOR NON PROFIT ORGANIZATIONS

Title 50. Chapter 20 of the Official Code of Georgia Annotated. **Relations with Non profit Contractors** requires State agencies entering into agreements with non-profit organizations to provide the following financial and compliance information:

1. Identification of any state funds included as part of the contract. Such identification should include the contract number.
2. Identification of any federal pass-through assistance included as part of the contract. Such identification should include the Catalog of Federal Domestic Assistance number.
3. Identification of requirements imposed by federal laws, regulations, and the provisions of contracts as well as any state or supplementary requirements imposed by state law or the contributing state organization.

In accordance with O.C.G.A. Section 50-20-3, **non profit organizations applying to contract for funds from the Governor's Office of Highway Safety (GOHS) must submit the following financial information to GOHS prior to entering into any financial agreement:**

1. Listing of the source or sources of all public funds received by the non-profit contractor and the program for which funds were received.
2. A copy of the non-profit IRS status form 501 (c) (3).
3. A copy of the Secretary of State certification of Georgia non-profit status.
4. In cases where the non-profit contractor has been in existence for less than a full year, the financial statements must cover the non-profit contractor's operations year to date for the current year.
5. A non-profit organization, which has expended \$100,000 or more during its fiscal year in State Funds, must provide for and cause to be made annually an audit of the financial affairs and transactions of all of the non-profit organization's funds and activities. The audit shall be performed in accordance with generally accepted auditing standards.
6. A non-profit organization, which has expended less than \$100,000 during its fiscal year in State Funds, shall forward to the state auditor and each contracting state organization a copy of the nonprofit organization's financial statements. If the financial statements are reported upon by a public accountant, the accountant's report must accompany the financial statements. If not, the annual financial statements must be accompanied by the statement of the president or person responsible for the nonprofit organization's financial statements:
 - A. Stating the president's or other person's belief as to whether the statements were prepared on the basis of generally accepted accounting principles and, if not, describing the basis of preparation.
 - B. Describing any respects in which the statements were not prepared on a basis consistent with statements prepared for the preceding year.
7. A non-profit organization which receives funds from a state organization and which meets the federal audit requirements of the Single Audit Act Amendments of 1996 shall submit

audit reports and reporting packages in accordance with (Federal) Office of Management and Budget (OMB) Circular A-133.

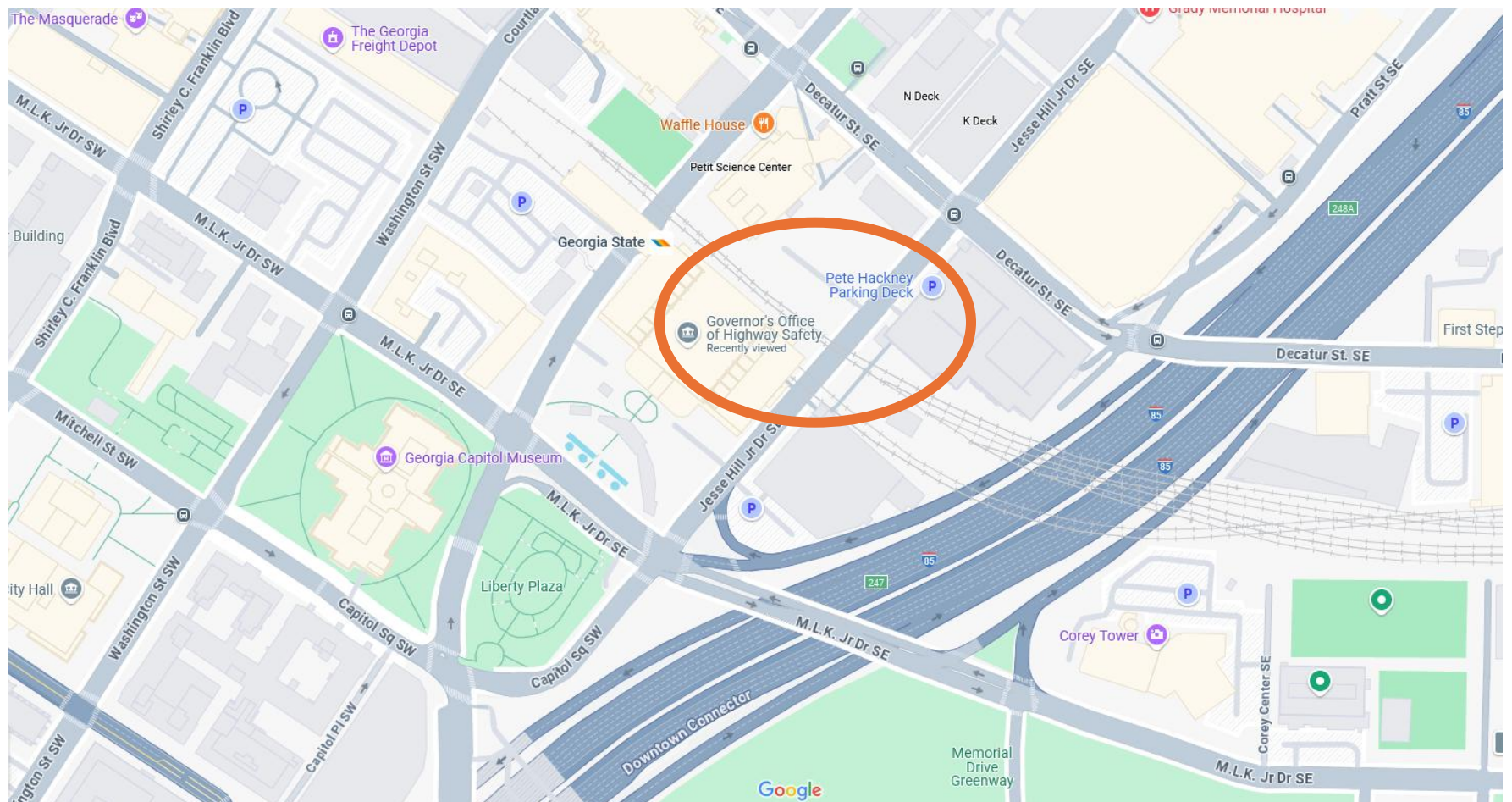
8. Reporting packages or financial statements shall be forwarded to the state auditor and each contracting state organization within 180 days after the close of the nonprofit organization's fiscal year. The state auditor, for good cause, may waive the requirement for completion of an audit within 180 days. Such waiver shall be for an additional period of not more than 90 days, and no such waiver shall be granted for more than two successive years to the same nonprofit organization. The state auditor may prescribe an electronic format for financial statement and audit package submission purposes.
9. Non-profit organizations, which receive funds from state organizations, shall refrain from political activities including endorsement of any political candidate or party, use of machinery, equipment, postage, or personnel on behalf of any candidate or any question or public policy subject to public referendum.
10. Non-profit organizations must provide a letter of support from a local government official stating this program is needed.

Park in the Pete Hackney Parking Deck which is the second lot if you come off I-75/I-85 South or Capitol Square

Pete Hackney Parking Deck

162 Jesse Hill Jr. Drive SE

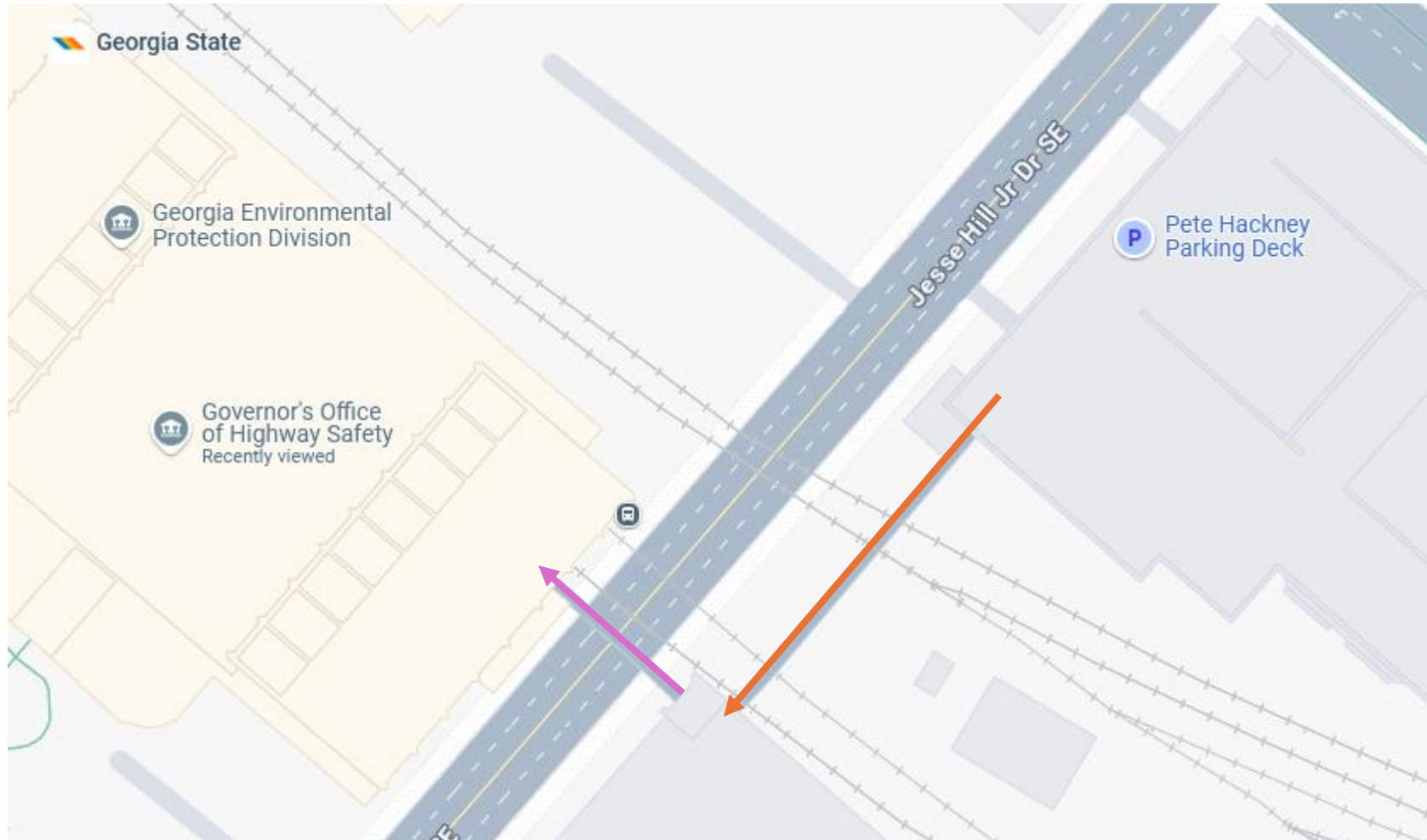
Atlanta, GA 30303



The pedestrian bridge from the Pete Hackney parking deck is on the 5th Floor (Orange Line). Take the pedestrian bridge to the other parking deck where the elevator is located.

Get on the elevator and go down to the “BR” Floor – 3rd Floor (Purple Line) for the pedestrian bridge to the Twin Towers.

You will need to check-in at the security desk once you get into the Twin Towers Building – please have ID





SUPPLIER CHANGE REQUEST FORM

Agency Supplier Liaisons MUST complete the Agency Liaison Use Only sections AND ensure the supplier has completed sections 1 - 3, the Supplier Use Only sections prior to submitting this form to SAO.

NEW

EXISTING

SUPPLIER ID NUMBER : Agency Use Only

| | | | | | | | | | |
|---|---|---|---|--|--|--|--|--|--|
| 0 | 0 | 0 | 0 | | | | | | |
|---|---|---|---|--|--|--|--|--|--|

SECTION 1: SUPPLIER IDENTIFICATION

FEI/SSN/TIN

Supplier Name:

Doing Business As (dba): if applicable

SUPPLIER ADDRESS

Address 1:

Address 2:

City:

State:

Postal Code:

Contact Email:

Primary Phone #:
Landline

Ext:

Cell Used for Identity VerificationSecondary Phone #:
Landline

Ext:

Cell Used for Identity VerificationDriver's License #: For individuals only

DL State:

SECTION 2: BANK ACCOUNT INFORMATION

Required for New and Reactivating suppliers to add/change bank information to receive payments via ACH.

I do not wish to provide banking information and understand all payments made to me will be via check.

Replace Remittance Address at Loc # With Addr ID #

Replace Invoicing Address at Loc # With Addr ID #

Add New Bank Account

Change Bank Account

Enter Loc #

Agency Liaisons are required to complete items on this line for bank changes

ROUTING #

NEW ACCOUNT #

Last Four Digits of Previous Bank Account # For changes only

Check here if General Bank Account can be used by ALL State of Georgia agencies making payments.

Check here if this account can only be used for a SPECIFIC PURPOSE

DESCRIBE SPECIFIC PURPOSE

ACCOUNTS RECEIVABLE NOTIFICATION

PAYMENT REMIT EMAIL ADDRESS 1:

PAYMENT REMIT EMAIL ADDRESS 2:

I authorize the State of Georgia to deposit payment for goods and/or services received into the provided bank account by the Automated Clearing House (ACH). I further acknowledge that this agreement is to remain in full effect until such time as changes to the bank account information are submitted in writing by the vendor or individual named below. It is the sole responsibility of the vendor or individual to notify the State of Georgia of any changes to the bank account information. The State of Georgia independently authenticates bank account ownership.

Printed Name of Company Officer

Signature of Company Officer

Date

SECTION 3: DIVERSITY IDENTIFICATION (Check ALL That Apply)

| BUSINESS CERTIFICATIONS | |
|-------------------------|-----------------------------|
| GA Small Business* | Women Owned |
| GA Resident Business** | Minority Business Certified |
| Not Applicable | Prefer Not to Disclose |

| MINORITY BUSINESS ENTERPRISE (51% ownership) | |
|----------------------------------------------|------------------|
| Hispanic – Latino | African American |
| Native American | Asian American |
| Pacific Islander | Not Applicable |
| Prefer Not to Disclose | |

*Based on Georgia law (OCGA 50-5-21) (3) “**Small Business**” means any business which is independently owned and operated. Additionally, such business must either have 300 or less employees OR \$30 million or less in gross receipts per year.

****Georgia resident business** is defined as any business that regularly maintains a place from which business is physically conducted in Georgia for at least one year prior to any bid or proposal to the state or a new business that is domiciled in Georgia and which regularly maintains a place from which business is physically conducted in Georgia; provided, however, that a place from which business is conducted shall not include a post office box, a leased private mailbox, site trailer, or temporary structure.

VETERAN-OWNED SMALL BUSINESS (Check ALL That Apply)

Nonveteran-owned Small Business Veteran-owned Small Business Service Disabled VOSB Prefer Not to Disclose

SECTION 4: REQUESTED CHANGE(S) – (Check ALL That Apply)

FEI/TIN Change (Cannot change if supplier is 1099 applicable)

Business Name Change

1099 Eligible Cannot change to non-eligible if supplier is already 1099 eligible

1099 Addr ID # Agency Liaisons are REQUIRED to enter the AddrID # where to mail 1099

1099 – M Enter Code (Required for Form 1099 – M)

1099 – N Code 01 (01 is the only code available for the 1099 – NEC)

Reactivate Supplier Profile

Deactivate Supplier Profile (Agency Liaison MUST attach written justification from the supplier with the SCR.)

Add Additional Business Address (Enter additional address in Section 1)

Change Existing Business Address Enter Addr ID # to change: (Agency Liaisons are required to enter Addr ID # to change)

Change/Add Payment Alt Name to an existing address (if payable to a different name).

Payment Alt Name:

Classification Change: (Agency Liaisons are required to check one for Classification Changes.)

| | | | |
|---------------------|--------------|-------------------|-----------------------|
| Attorney | HCM | Student | Supplier Non-minority |
| Gov Non-State of GA | Non-Supplier | Supplier Minority | |

Statewide Contract (DOAS Use Only)

HCM Vendor

Other (Provided details in the Comments section below)

Comments

AGENCY USE ONLY SECTION 5: AGENCY LIAISON CERTIFICATION (REQUIRED)

By my signature below, I certify that all reasonable effort has been made to submit information that is complete, accurate, true, and is associated with the supplier's name and Tax ID listed above.

AGENCY LIAISON NAME

AGENCY LIAISON SIGNATURE

DATE

B/U#

Revised 12/2023



SUPPLIER CHANGE REQUEST FORM INSTRUCTIONS

Agency Vendor Liaisons **MUST** complete all areas indicated (as required) for Agency Liaisons and review the form to ensure the supplier has completed the areas for Supplier Use Only.

| | |
|--------------------------------------|-------------------------------------------------|
| New | Select if the supplier has not been approved. |
| Existing | Select if the supplier is an existing supplier. |
| Supplier ID Number (REQUIRED) | Enter the Supplier ID Number. |

SECTION 1 SUPPLIER IDENTIFICATION

This section **MUST** be completed in its **entirety** by the supplier unless otherwise indicated in the descriptions below.

| FIELD | DESCRIPTION |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FEI/SSN/TIN (REQUIRED) | Required for all requests. If requesting to change or correct a tax identification number, the supplier must enter their full 9-digit current, new, or correct tax identification number, i.e., SSN/TIN/EIN in this field. |
| SUPPLIER NAME (REQUIRED) | Required for all requests. If the supplier is requesting to change or correct their name, enter the supplier's current, new, or correct name in this field. |
| DOING BUSINESS AS (dba) | Enter the supplier's DBA name, if different from the supplier's name. If the supplier is requesting to add/change/correct their DBA name, enter the supplier's new or correct DBA name. |
| PHYSICAL ADDRESS (REQUIRED) | Required for all requests and must be the address already on record unless the supplier is requesting a change. If the supplier is requesting to add, change, or correct an existing address, enter the new, additional, or correct address in this field. *P O BOXES ARE ONLY PERMITTED AS ADDITIONAL ADDRESSES* |
| CONTACT EMAIL | Optional for all requests. To add/change/correct a contact email address, enter the new or correct email address in this field and submit the request as an address change request. |
| PHONE NUMBERS (REQUIRED) | The supplier's primary phone number is required for all requests. Enter the direct number of the authorized business contact person in this field. If requesting to add or change a contact's phone number, submit as an address change request. |
| DRIVER'S LICENSE #/DL STATE | Optional. FOR INDIVIDUALS ONLY . Information may be requested after initial request. |

SECTION 2 BANK ACCOUNT INFORMATION

The supplier **MUST** complete this section in its entirety to receive payments via Automated Clearing House (ACH). ACH payments are required for all **new and reactivating suppliers**. Also, complete this section to add additional bank information or to change existing bank information.

| ACTION | DESCRIPTION |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I DO NOT WISH TO PROVIDE BANKING INFORMATION | If the supplier elects not to receive their payments via the ACH, the supplier should select this option to receive a paper check. |
| ADD NEW BANK ACCOUNT | If the supplier is requesting to receive payments via ACH, the supplier <u>MUST</u> select this option. |
| CHANGE EXISTING BANK ACCOUNT | If the supplier is requesting to change their existing ACH bank information, the supplier <u>MUST</u> select this option. Changing bank information can result in a supplier no longer being able to receive payment via ACH. |
| ENTER LOC # (Agency Liaison <u>MUST</u> complete when applicable) | When a supplier requests to change existing bank account information, the Agency Liaison <u>MUST</u> enter the Location # where the <u>EXISTING</u> bank information is found in the State's financial system. |
| REPLACE REMITTANCE ADDRESS AT LOC # WITH ADDR ID # (Agency Liaison <u>MUST</u> complete when applicable) | To change a Location's Remittance Address in TeamWorks if a supplier has multiple addresses, enter the Location # and the new Remittance Addr ID #. Submit as a bank change. |
| REPLACE INVOICING ADDRESS AT LOC # WITH ADDR ID # (Agency Liaison <u>MUST</u> complete when applicable) | To change a Location's Invoicing Address in TeamWorks if a supplier has multiple addresses, enter the Location # and the new Invoicing Addr ID #. Submit as a bank change. |
| ROUTING # | Required. <u>MUST</u> be 9-digits. |
| NEW BANK ACCOUNT # | Required. |
| LAST FOUR DIGITS OF PREVIOUS BANK ACCOUNT# | Enter the last 4-digits of the bank account number previously provided for payments. Required for Existing Bank Account Changes Only. |
| GENERAL BANK ACCOUNT | Required, if <u>ALL PAYMENTS</u> from <u>ALL AGENCIES</u> should be deposited to the bank account provided. |
| SPECIFIC PURPOSE/DESCRIPTION | Required, if <u>SPECIFIC PAYMENTS</u> are expected from a <u>SPECIFIC AGENCY</u> designated for a <u>SPECIFIC PURPOSE</u> such as grants, operating accts, Pre-K, etc. |
| PYMT REMIT EMAIL | Optional, but <u>RECOMMENDED</u> to receive notification of payment(s) processed. Enter the email address where to receive payment notifications. To add or change a payment remit email address for existing bank information, submit as a bank change request. |
| PRINTED NAME OF COMPANY OFFICER | Required for banking requests |
| SIGNATURE OF COMPANY OFFICER | Required for banking requests. Must be the electronic signature embedded in the SCR or an ink signature. |
| DATE | Required for banking requests. The date cannot be more than 60 days old from the date SAO receives the SCR. |

SECTION 3 – DIVERSITY IDENTIFICATION (REQUIRED)

This section **MUST** be completed to properly classify the supplier. There are (3) certifications under this section. Minority businesses must include their Disadvantaged Business Enterprise (DBE) Certification and proof they have registered with Team Georgia Marketplace with all requests.

| BUSINESS CERTIFICATIONS | |
|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| *GA SMALL BUSINESS | Based on Georgia law (OCGA 50-5-21) (3) "Small business" means any business which is independently owned and operated. Additionally, such business must have either less than 300 employees OR less than \$30 million in gross receipts per year. |
| ** GEORGIA RESIDENT BUSINESS | Based on Georgia law (OCGA 50-5-121) (2) "Georgia resident business" means any business that regularly maintains a place from which business is physically conducted in Georgia for atleast one year prior to any bid or proposal to the state or a new business that is domiciled in Georgia and which regularly maintains a place from which business is physically conducted in Georgia; provided, however, that a place from which business is conducted shall not include a post office box, a leased private mailbox, site trailer, or temporary structure. |
| WOMEN OWNED | Women-owned businesses are not considered minority businesses in the State of Georgia. |
| MINORITY BUSINESS CERTIFIED | Companies desiring to certify as a "minority business enterprise" or a "minority subcontractor" may do so by first submitting an application for the Disadvantaged Business Enterprise (DBE) Certification to GDOT. Only suppliers who have successfully completed the DBE certification process and registered in Team Georgia Marketplace are listed as a "Certified Minority Business Enterprises". |

| MINORITY BUSINESS ENTERPRISE (51% OWNERSHIP) | |
|-----------------------------------------------------|-----------------------------------------------------------|
| MINORITY BUSINESS ENTERPRISE | Non-certified companies that are 51% owned by a minority. |

| VETERAN-OWNED SMALL BUSINESS (Check All That Apply) | |
|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| VETERAN-OWNED SMALL BUSINESS | "A Veteran Business Enterprise (VBE) or a Service Disable Veteran Business Enterprise (SDVBE) are state-level designations for small businesses 51% owned and operated by a United States Veteran. A United States Veteran must own or control 100% of the assets of a sole proprietorship, at least 51% of the equity interests in a partnership, at least 51% of the aggregate of all stock outstanding, at least 51% of the membership interests in a limited liability company, 100% of the control of a sole proprietorship, or at least 51% of the control of a general partnership." |

SECTION 4 – REQUESTED CHANGE(S)

Select all items that pertain to this request. **If no selection is made, the form will be rejected.**

X – REQUIRED

X – OPTIONAL OR REQUESTED

| FIELD | DESCRIPTION | FORMS TO SUBMIT | | | |
|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----|------------------------------|------------------|
| | | W-9 (the signature date can't be greater than 12 months from the date submitted) | SCR | VOIDED CHECK/ BANK LETTER | PROOF OF ADDRESS |
| FEI/TIN CHANGE | Select if changing FEIN/TIN. Enter the new number in Section 1 and submit a current updated W9 . <i>*If 1099 applicable, the FEI/TIN cannot be changed*</i> | X | X | | |
| SUPPLIER (Business) NAME CHANGE | Select if changing supplier/business name. Enter the new name in Section 1 and submit a current updated W9 . | X | X | | |
| 1099 ELIGIBILITY STATUS | Select to change a supplier that is NOT currently 1099 eligible to 1099 eligible. | | X | | |
| NON - 1099 APPLICABLE | Select to indicate supplier is not eligible to receive a 1099. Do not select if already receiving a 1099. | | | | |
| 1099 APPLICABLE | Select to change a supplier that is NOT currently 1099 eligible to 1099 eligible status. | | | | |
| 1099 ADDR ID# (Agency Liaison MUST enter the Address ID # where to mail 1099) | Enter the Addr ID # where to mail the Supplier's 1099. Required for 1099 eligible requests. | | | | |
| 1099-M/ENTER CODE (Agency Liaison MUST enter code) | Select, if requesting to make a supplier 1099 applicable who will receive a 1099-M (excluding non-employee compensation). Enter the appropriate code in the Code field. | | | | |
| 1099-N/CODE | Select, if requesting to make a supplier 1099 applicable who will receive a 1099-NEC for Non-employee Compensation. '01' is the only valid code the 1099-N. | | | | |
| REACTIVATE SUPPLIER PROFILE | Select if: 1. requesting to reactivate an inactive supplier profile, OR 2. the supplier was previously denied approval | X | X | X | |
| DEACTIVATE SUPPLIER PROFILE | Select if requesting to deactivate a supplier profile. Additionally, the supplier MUST provide signed and dated written justification. | | X | | |

SECTION 4 – REQUESTED CHANGE(S) cont'd.

| FIELD | DESCRIPTION | FORMS TO SUBMIT | | | |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----|------------------------------|------------------|
| | | W-9 (the signature date can't be greater than 12 months from the date submitted) | SCR | VOIDED CHECK/ BANK LETTER | PROOF OF ADDRESS |
| ADD ADDITIONAL ADDRESS | Select if adding an <i>additional</i> business address. Enter the additional address in Section 1 of the form. | | X | | X |
| CHANGE EXISTING ADDRESS | Select if changing a current business address. Enter as the physical <u>new address</u> in Section 1 of the form. | | | | |
| ADDRESS ID # TO CHANGE (Agency Liaison MUST complete when applicable) | Required, if the request is to change the supplier's existing address. Agency Liaison must enter the Address ID number found in TeamWorks to change. | | | | |
| PAYMENT ALT NAME Do not enter the DBA | <i>SUBMIT AS AN ADDRESS REQUEST</i> 1. Complete if payments should have an additional name other than what is indicated in Section 1. 2. If requesting to change the Payment ALT name, enter the <i>new</i> Payment ALT Name. | | X | | X |
| HCM Vendor | Required, for an HCM supplier. | X | X | X | X |
| Statewide Contract (DOAS Use Only) | This option is required for DOAS only. Select, if the supplier is under an SWC or to identify a supplier as an SWC vendor. | | X | | |
| OTHER | Select if the requested action is <i>not</i> listed in Section 2. Must provide details in the "Comments" field. | X | X | X | X |

SECTION 5 – AGENCY LIAISON CERTIFICATION (AGENCY USE ONLY)

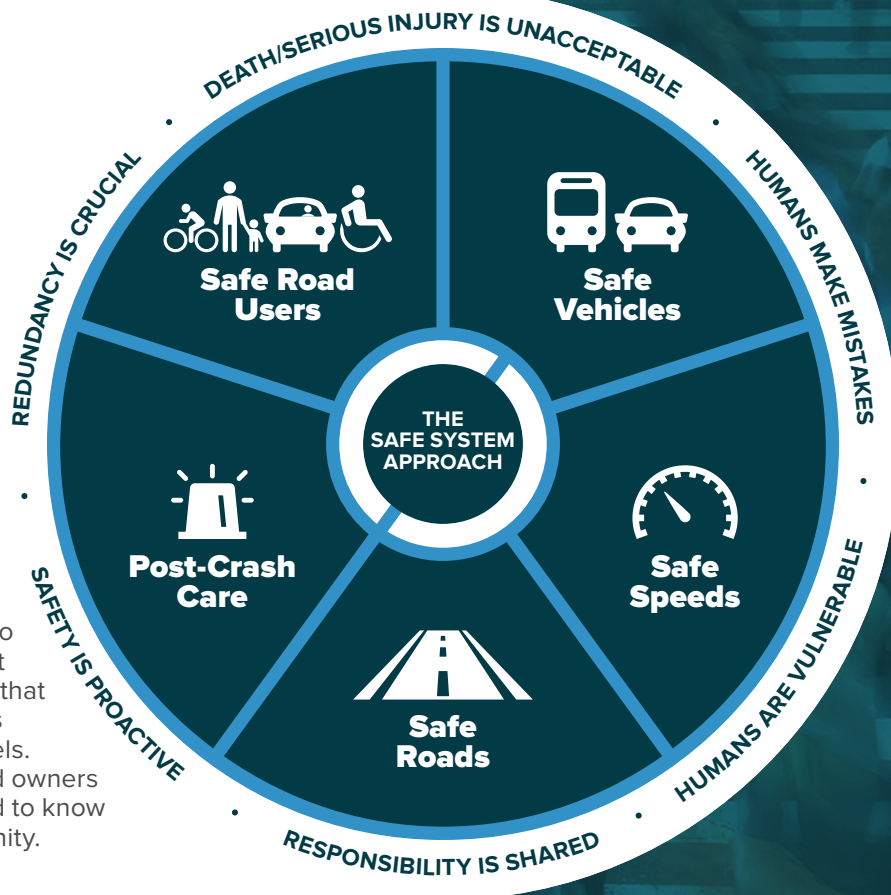
| | |
|-----------------------------------|---------------------------------------------------------------------------------------------------|
| PRINTED NAME OF AGENCY LIAISON | Required. |
| SIGNATURE OF AGENCY LIAISON | Required. Must be the electronic signature embedded in the SCR or an ink signature. |
| DATE | Required. The date cannot be more than 60 days old from the date submitted to SAO for processing. |
| B/U# | Required. |

THE SAFE SYSTEM

APPROACH

Zero is our goal. A Safe System is how we will get there.

Imagine a world where nobody has to die from vehicle crashes. The Safe System approach aims to eliminate fatal & serious injuries for all road users. It does so through a holistic view of the road system that first anticipates human mistakes and second keeps impact energy on the human body at tolerable levels. Safety is an ethical imperative of the designers and owners of the transportation system. Here's what you need to know to bring the Safe System approach to your community.



SAFE SYSTEM PRINCIPLES



Death/Serious Injury is Unacceptable

While no crashes are desirable, the Safe System approach prioritizes crashes that result in death and serious injuries, since no one should experience either when using the transportation system.



Responsibility is Shared

All stakeholders (transportation system users and managers, vehicle manufacturers, etc.) must ensure that crashes don't lead to fatal or serious injuries.



Humans Make Mistakes

People will inevitably make mistakes that can lead to crashes, but the transportation system can be designed and operated to accommodate human mistakes and injury tolerances and avoid death and serious injuries.



Safety is Proactive

Proactive tools should be used to identify and mitigate latent risks in the transportation system, rather than waiting for crashes to occur and reacting afterwards.



Humans Are Vulnerable

People have limits for tolerating crash forces before death and serious injury occurs; therefore, it is critical to design and operate a transportation system that is human-centric and accommodates human vulnerabilities.



Redundancy is Crucial

Reducing risks requires that all parts of the transportation system are strengthened, so that if one part fails, the other parts still protect people.



U.S. Department of Transportation
Federal Highway Administration

FHWA-SA-20-015



Safe Roads for a Safer Future
Investment in roadway safety saves lives

SAFE SYSTEM ELEMENTS

Making a commitment to zero deaths means addressing every aspect of crash risks through the five elements of a Safe System, shown below. These layers of protection and shared responsibility promote a holistic approach to safety across the entire transportation system. The key focus of the Safe System approach is to reduce death and serious injuries through design that accommodates human mistakes and injury tolerances.



Safe Road Users

The Safe System approach addresses the safety of all road users, including those who walk, bike, drive, ride transit, and travel by other modes.



Safe Vehicles

Vehicles are designed and regulated to minimize the occurrence and severity of collisions using safety measures that incorporate the latest technology.



Safe Speeds

Humans are unlikely to survive high-speed crashes. Reducing speeds can accommodate human injury tolerances in three ways: reducing impact forces, providing additional time for drivers to stop, and improving visibility.



Safe Roads

Designing to accommodate human mistakes and injury tolerances can greatly reduce the severity of crashes that do occur. Examples include physically separating people traveling at different speeds, providing dedicated times for different users to move through a space, and alerting users to hazards and other road users.



Post-Crash Care

When a person is injured in a collision, they rely on emergency first responders to quickly locate them, stabilize their injury, and transport them to medical facilities. Post-crash care also includes forensic analysis at the crash site, traffic incident management, and other activities.

THE SAFE SYSTEM APPROACH VS. TRADITIONAL ROAD SAFETY PRACTICES

Traditional

- Prevent crashes → Prevent deaths and serious injuries
- Improve human behavior → Design for human mistakes/limitations
- Control speeding → Reduce system kinetic energy
- Individuals are responsible → Share responsibility
- React based on crash history → Proactively identify and address risks

Safe System

Whereas traditional road safety strives to modify human behavior and prevent all crashes, the Safe System approach also refocuses transportation system design and operation on anticipating human mistakes and lessening impact forces to reduce crash severity and save lives.

WHERE ARE
YOU ON THE
SAFE SYSTEM
JOURNEY?

Implementing the Safe System approach is our shared responsibility, and we all have a role. It requires shifting how we think about transportation safety and how we prioritize our transportation investments. Consider applying a Safe System lens to upcoming projects and plans in your community: put safety at the forefront and design to accommodate human mistakes and injury tolerances. Visit safety.fhwa.dot.gov/zerodeaths to learn more.



Governor's Office of Highway Safety
James H "Sloppy" Floyd Veterans Memorial Bldg.
2 Martin Luther King Jr. Drive SE.
Suite 370, East Tower
Atlanta, GA 30334

Agency Information

Agency Information

Agency Name: _____

Agency Address: _____
Street Address *Suite or Room #*

City *State* *ZIP Code*

Agency Phone: _____ **Agency Fax #:** _____

Agency Email: _____

Federal Tax ID # (FEIN): _____ **SAM**
UEI #: _____

County: _____ **Website:** _____

Agency Type*: _____

Agency Category+: _____

Project Director: _____ **Project Director**
Email Address: _____

*Agency Types: State / Education / County / City / Other

+ Agency Categories: Schools (K-12) / Non-Profit Organization / State Universities/Colleges/Tech Schools / Police Department / City Government / Sheriff's Office / Government Agency / Public Health / State Agency / Local