New Hampshire Office of Highway Safety

33 Hazen Drive

1st. Floor, Rm 109A

Concord, NH 03305

Telephone: 603-271-2131

**Grant Application Form**

**FFY 2018 Bicycle and Pedestrian Grant Program**

**Application Due: April 15, 2017**

**Part I Contact Information**

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| --- |
| Applicant Agency and Street Address |
| DUNS# SAM Registration Expiration: |
| Chief’s First Name | Chief’s Last Name |
| Chief’s Telephone | Chief’s Email Address |
| Grant Contact’s First Name | Grant Contact’s Last Name |
| Grant Contact’s Telephone | Grant Contacts Email Address |

**Part II Department and Community Profile**

|  |  |
| --- | --- |
| Population of your city or town |  |
| Number of full-time officers in your city or town |  |
| Number of part-time officers in your city or town |  |
| Did your department receive a grant in 2015 or 2016? |  |
| If your department received a grant in 2015 or 2016, were all funds used? If not, please explain why.  |  |

**Part III Local Crash and Enforcement Statistics**

This section must be filled out completely for all project applications. If data is unavailable insert (N/A) for not available.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **2014** | **2015** | **2016** | **3 Year Average** |
| Total Crashes |  |  |  |  |
| Injury Crashes |  |  |  |  |
| Fatal Crashes |  |  |  |  |
| Crashes involving Pedestrians |  |  |  |  |
| Crashes involving Bicycles  |  |  |  |  |
| Pedestrian Fatalities |  |  |  |  |
| Bicycle Fatalities  |  |  |  |  |

**Part IV Total Number of Summonses**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Agency Summons Data** | **2014** | **2015** | **2016** | **TOTALS** |
| All Traffic Summons |  |  |  |  |
| Crosswalk Violation Summons |  |  |  |  |
| Jay Walking Summons |  |  |  |  |
| Other Bicycle or Pedestrian-related Summons |  |  |  |  |

**Part V Problem Statement**

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| --- |
| Please describe the bicycle- and pedestrian-related traffic safety (vehicles not stopping at crosswalks, impaired pedestrians, etc.) problems in your city or town. Please provide specifics detailing the following:* When the problem is taking place (month, day of week, time of day)
* Where (specific streets, neighborhoods, etc.)
* Who (demographics)
* What (crosswalk violations, etc.)
* Other relevant information to your city or town (officer shortages, vacation destination, colleges in town, etc.)
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 **Part VI Proposed Solution**

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| --- |
| Please describe your proposed solutions for combatting the problem you described above. Solutions should be linked directly to the data you provided. Please be specific regarding:* When patrols will take place (month, day of week, time of day)
* Where patrols will take place (specific streets, neighborhoods, etc.)
* What type of patrols will take place (law enforcement crosswalk decoys, pedestrian sweeper patrols, etc.)
* Estimated number of patrols hours
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**Part VII Project Goals**

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| --- |
| Please provide your department’s goals for this grant. Goals must be specific and measurable. For example, “Our department would like to reduce pedestrian crashes by 10% from 100 to 90 by September 2018.”  |

**Part VIII Budget**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please provide a budget indicating how much you can realistically spend on this project. Budget should be based on your proposed number of hours and payroll deductions (Only FICA, Medicare, and retirement). Overtime rate does not need to be based on the maximum available rate. **Requested award amount**= # of enforcement hours X average hourly rate + Total Estimated Payroll Deductions For example- 20 hours X $45= $900 + $225 (total payroll deductions) = $1,125 (Requested Award Amount)

|  |  |  |  |
| --- | --- | --- | --- |
| **Estimated Total # of Enforcement Hours** | **Estimated Average OT Hourly Rate** | **Estimated Payroll Deductions** | **Requested Award Amount for Enforcement** |
|  | $ | $ | $ |

------------------------------------------------------------------------------------------------------------------­­­­­---------------------Please also provide, below, how you intend to meet the required 25% match to contribute to this project.Matching funds are your department’s contribution to this project. For example, additional enforcement patrols, fuel costs, administrative time, and supervisor’s time that are not funded by this grant or other federal grants.

|  |  |  |
| --- | --- | --- |
| **Item** | **Cost** | **Total** |
|  |  |  |
|  |  |  |
|  |  |  |

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