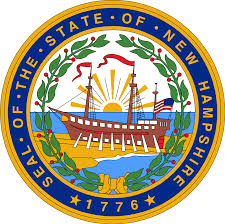
****New Hampshire Office of Highway Safety

33 Hazen Drive

1st. Floor, Rm 109A

Concord, NH 03305

Telephone: 603-271-2131

**Application Form**

**FFY 2018 Equipment Grant**

**Application Due: April 15, 2017**

**Part I Contact Information**

|  |  |
| --- | --- |
| 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 Equipment Justification**

|  |
| --- |
| 1. What is the Equipment you need to purchase? Please list each piece 2. How many do you intend to purchase? 3. How will this equipment help with traffic safety enforcement? Please be specific. Equipment must tie into enforcement efforts. |

**Part VI Budget**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please complete the budget below.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Equipment**  **Name** | **Number of Equipment**  **Requested** | **OHS**  **Share** | **Local/Match**  **Funds** | **Total Budget** | |  |  | $ | $ | $ | |  |  | $ | $ | $ | |  |  | $ | $ | $ | |  |  | $ | $ | $ | |  |  | $ | $ | $ | |  |  | $ | $ | $ | |  |  | $ | $ | $ | |  |  | $ | $ | $ | | Total |  |  |  | $ |   **NOTE: For any equipment that is greater than $5,000 you must submit written documentation that the equipment is “Buy America Compliant”. Your Grant Application will not be processed without it.** |