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 Sobriety Checkpoint Grant Program

**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 |  |
| Number of officers trained in the use of Preliminary Breath Test Units |  |
| Number of officers trained in Standardized Field Sobriety Testing |  |
| Number of officers trained in sobriety checkpoint supervisor training |  |
| Number of on premise (bars, etc.) liquor license holders |  |
| Number of off premise (package stores, etc.) liquor license holders |  |
| 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 |  |  |  |  |
| Total Fatalities |  |  |  |  |
| Total Personal Injuries |  |  |  |  |
| Total Property Damage Crashes |  |  |  |  |
| Impaired Driving Fatalities (alcohol or drugs) |  |  |  |  |
| Impaired Driving Personal Injuries (alcohol or drugs) |  |  |  |  |
| Impaired Driving Property Damage Crashes (alcohol or drugs) |  |  |  |  |
| DWI/DUI Arrests (alcohol or drugs) |  |  |  |  |

**Part IV Problem Statement**

|  |
| --- |
| Please describe the impaired problem 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 (alcohol and/or drugs) * Other relevant information to your city or town (officer shortages, vacation destination, colleges in town, etc.) |

**Part V Proposed Solution**

|  |
| --- |
| 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/sobriety checkpoints will take place (month, day of week, time of day) * Where patrols/sobriety checkpoints will take place (specific streets, neighborhoods, etc.) * What type of patrols will take place (DWI patrols, checkpoints, etc.) * Estimated number of patrols hours and/or sobriety checkpoints |

**Part VI Project Goals**

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

**Part VII 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).  **Requested award amount**= # Checkpoints X # of Hours per Checkpoint X # of Officers X Hourly Rate + Total Estimated Payroll Deductions.  For example- 4 (checkpoints) X (6 hours each checkpoint) = 24 hours X 6 Officers = 144 total patrol hours X $50 (Hourly Rate) + $1800 (Total Payroll Deduction) = $9000 (Requested Award Amount)   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Estimated # of Sobriety Checkpoints** | **# of Hours per Checkpoint** | **# of Officers per Checkpoint** | **Estimated Average OT Hourly Rate** | **Total Estimated Payroll Deductions** | **Requested Award Amount for Checkpoints** | |  |  | $ |  | $ | $ |   ------------------------------------------------------------------------------------------------------------------  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** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |