

OKLAHOMA HIGHWAY SAFETY OFFICE
3223 N. LINCOLN
OKLAHOMA CITY, OKLAHOMA 73105
(405) 523-1570/(405) 523-1586 (Fax)

VISION

*Create & maintain an environment
where Oklahoma roadways are safe for everyone*

MISSION

*To Combat the number & severity of traffic crashes by
developing & supporting educational, enforcement, & engineering programs*

GOAL

To reduce deaths, injuries, and societal costs resulting from traffic crashes

HIGHWAY SAFETY PROJECT APPLICATION

Thank you for your interest in highway safety, and for applying for a Federal Fiscal Year (October 1 - September 30) highway safety grant. The application deadline is February 28 for the next Federal Fiscal Year beginning in October.

If you represent **local, county, or State government**, please follow the enclosed instructions for completing your application.

If you represent an **individual, nonprofit organization, or public organization**, please call for instructions on how to participate in the application process.

Applications are evaluated on a weighted system in the categories of Problem Identification, Project Description, Evaluation, Cost Assumption, and Budget. **Each category must be properly addressed and include a complete description.** Applications will be ranked from highest to lowest score in relation to all applications received from all sources and will be recommended for an award based on satisfying federal requirements and available funds.

The State reserves the right to: (1) amend any and all specifications without re-advertisement; (2) extend the time and/or dates to submit a proposal; (3) solicit additional offers or proposals; (4) reject any or all offers; (5) request additional information; (6) waive any or all proposal requirements; and (7) negotiate with any offeror.”

The **Problem Identification** must clearly address the problem requiring correction, and must be supported by statistical data and other appropriate information.

Clearly address how the problem(s) identified will be corrected in the **Project Description**.

The **Budget** proposal must contain a detailed description of the project budget, including the amount requested and any other funding to be applied to the project. **Ensure your application is all-inclusive, to include any required anticipated travel and/or training. You need to identify all proposed training, conferences, or workshops, and their anticipated costs.**

The **Evaluation** proposed should outline how the project will be evaluated and measured, while the **Cost Assumption** should describe how the project will be continued and where the funding will come from, once federal funds are no longer available.

Again, we thank you for your interest in improving safety on Oklahoma's highways. If you have questions, please call Joe McDonald, Director of the Oklahoma Highway Safety Office, at 405/523-1580.

THIS APPLICATION IS DUE IN THE OHSO BY 4:00 P.M. FEBRUARY 28
(BY 4:00 P.M. THE NEXT BUSINESS DAY, IF FEBRUARY 28 FALLS ON A WEEKEND OR HOLIDAY.)
APPLICATIONS WILL NOT BE ACCEPTED AFTER THIS DEADLINE

OHSO-P-8 (01/07)

SPECIFIC PERFORMANCE OBJECTIVES:

To reduce mileage death rate to 1.5% (1.7% in 2005 to 1.5% in 2009)

To reduce fatalities by 1% annually (800 in 2005 to 768 in 2009)

To reduce AB injuries by 1% annually (17,505 in 2005 to 16,805 in 2009)

Alcohol/Drug Benchmarks

To reduce Alcohol/Drug-Related fatalities by 1% annually (166 in 2005 to 158 in 2009)

To reduce Alcohol/Drug-Related AB injuries by 1% annually (2,429 in 2005 to 2333 in 2009)

Motorcycle Safety Benchmarks

To reduce motorcycle fatalities by 2% annually (73 in 2005 to 69 in 2009)

To prevent increased motorcycle AB injuries (939 in 2005)

Occupant Protection Benchmarks

To increase safety belt use to 86% in 2008 (83.7% in 2006)

To increase safety belt use to 87% by 2009 (83.7% in 2006)

To increase child restraint use to 89% in 2008 (86.7% in 2006)

To increase child restraint use to 90% by 2009 (86.7% in 2006)

Pedestrian and Bicycle Benchmarks

To reduce pedestrian fatalities from 51 in 2005 to 45 in 2009

To reduce pedestrian AB injuries by 1% annually (393 in 2005 to 380 in 2009)

To reduce bicycle-related fatalities from 7 in 2005 to 3 in 2009

To reduce bicycle AB injuries by 1% annually (190 in 2005 to 182 in 2009)

Police Traffic Services Benchmarks

To reduce fatalities caused by Unsafe Speed by 1% annually (239 in 2005 to 231 in 2009)

To reduce AB injuries caused by Unsafe Speed by 1% annually (3,088 in 2005 to 2,966 in 2009)

To reduce fatalities caused by Driver Error by 1% annually (263 in 2005 to 252 in 2009)

To reduce AB injuries caused by Driver Error by 1% annually (10,508 in 2005 to 10,094 in 2009)

Traffic Records Benchmarks

To maintain the data entry of crash records by the Department of Public Safety to within 15 days of receipt

To improve the data entry of citation records by the Department of Public Safety to within 10 days of adjudication in 2008

To develop and pilot the Traffic and Criminal Software (TraCS) System for crash reporting by 2008

Data information used to develop performance measures:

Department of Public Safety database using SPSS software
Fatality Analysis Reporting System (FARS)_____

REGULATIONS/GUIDELINES GOVERNING HIGHWAY SAFETY PROJECTS

Federal regulations/guidelines specify that projects are developed to support State goals, to reduce traffic fatalities and injuries through increased enforcement, public awareness, and/or additional laws or policies to improve public observance of traffic safety.

I. GENERAL

- A. The project will be administered by a local or state governmental entity, individual, nonprofit organization or public organization, having authority and responsibility for carrying out the project.
- B. Project self-sufficiency, is highly encouraged, with Federal funding decreasing each year. Describe how project activities will be supported as federal support decreases. Include the steps you will take to convince appropriate local funding sources to continue this project.
- C. Costs will meet the following criteria:
 - (1) These funds are intended to supplement and not substitute ongoing activities. The costs must be necessary and reasonable.
 - (2) Be authorized or not prohibited under federal, state or local laws or regulations.
 - (3) Conform to the federal common rule and be consistent with policies, regulations and procedures that apply uniformly to other activities of the project recipient.
 - (4) The cost charged to this project cannot be included as a cost of any other federally financed program.
 - (5) Program income from other sources is encouraged.
- D. Only those cost categories and line items approved in this project may be claimed. Any deviations from the approved budget must have **PRIOR** Oklahoma Highway Safety Office (OHSO) written approval.

II. EVALUATION

The degree of success in meeting project objectives, on both a monthly basis and in total, will be an important factor in determining the future of the project.

III. MONITORING REVIEWS

OHSO will conduct quarterly on-site monitoring reviews of all highway safety projects. The purpose of these reviews will be to determine adherence to stated project objectives and to review financial procedures.

IV. COST REIMBURSEMENT

Highway safety projects are based on the cost reimbursement concept. An agency will expend its own existing funds, then proceed to claim reimbursement from OHSO for the federal share of incurred project costs. Requests for reimbursements will be made on a monthly basis.

V. TERMINATION

The project recipient understands that this project may be terminated if OHSO concludes the project recipient is not in compliance with the conditions and provisions of their contract. OHSO will extend an opportunity for the project recipient to demonstrate compliance. Notification of termination will be in writing, 30 days prior to date of termination.

The Contractor may terminate. The request to terminate the contract must be submitted to OHSO in writing. Termination will become effective 30 days after receipt of written notification or when conditions preclude the 30-day notice.

INSTRUCTIONS FOR COMPLETING APPLICATION

INSTRUCTIONS FOR PAGE ONE (Attachment 1)

1. **ORGANIZATION**

2. **ADDRESS**

Enter the complete address of the governmental unit including zip code.

3. **APPLICANT DIVISION (IF APPLICABLE)**

Enter the name of the political jurisdiction responsible for the overall administration of the project (state, county, city, township, university).

4. **ADDRESS OF DIVISION (IF APPLICABLE)**

Enter the complete address of the applicant including zip code.

5. **COUNTY**

Enter the county or counties in which the project will be conducted. If the project will be conducted statewide, so indicate.

6. **FEDERAL EMPLOYER IDENTIFICATION NUMBER**

Enter the 9-digit number assigned by the U. S. Department of Treasury, Internal Revenue Service, for tax reporting purposes.

7. **TELEPHONE NUMBER**

Enter organization telephone number including area code.

8. **FAX NUMBER**

Enter organization fax number including area code.

9. **E-MAIL ADDRESS**

Enter organization E-mail address, if applicable.

10. **REQUESTING OFFICIALS**

A. **PROJECT DIRECTOR**

Enter the full NAME, TITLE, ADDRESS and TELEPHONE NUMBER of the person responsible for the direct or immediate administration of the project.

B. **FINANCIAL OFFICER**

Enter the full NAME, TITLE, ADDRESS and TELEPHONE NUMBER of the chief financial officer of the organization responsible for the administration of the project.

INSTRUCTIONS FOR COMPLETING APPLICATION

C. AUTHORIZING OFFICIAL

Enter the full NAME, TITLE, ADDRESS and TELEPHONE NUMBER of the chief executive officer of the organization (mayor, city manager, county commissions chair, university official, or state agency head). **The person must be authorized to sign contracts on behalf of applicant organization.**

NOTE: SIGNATURES - submit one project application with original signatures.

INSTRUCTIONS FOR PAGE TWO (Attachment 2)

1. Signature on Page One by the Authorizing Official indicates acknowledgment, understanding, and certification, as appropriate, of Page 2 of application.

INSTRUCTIONS FOR SECTIONS 11-16 (Each of the following categories must be adequately addressed. However, no more than one page per category is recommended.)

PROBLEM IDENTIFICATION (Section 11)

Federal guidelines specify that projects are developed to reduce traffic fatalities and injuries through increased enforcement, public awareness, and/or additional laws or policies to improve public observance of traffic safety. **Describe in detail the specific problem you are attempting to impact or correct.** Indicate why your current program or activity is not adequate and explain past efforts to resolve the problem. Provide supporting data, facts, or statistics which will substantiate the need for the project.

For law enforcement projects, please provide a review of your records of traffic fatalities and injuries for at least the past two years (preferably five). OHSO is interested in identifying problem areas such as location, alcohol impairment, safety belt and child seat usage, excessive speed or other factors which are associated with traffic fatalities and injuries occurring in your community. If you need assistance preparing this review of traffic fatalities and injuries, OHSO is available to work with your department in this regard.

GOAL (Section 12)

Address one or more of the State's benchmarks/objectives. Describe what this contract is to accomplish. Describe it in measurable traffic safety terms only, i.e., reduction of fatalities, reduction of A&B injury crashes, reduction of DUI/DUID, increase in the seat belt use rate, increase in the child seat use rate, decrease in the number of fatalities/A&B injuries of children under six, increase the rate of traffic data analysis, etc. The applicant will be required to document through monthly reports how the goal is accomplished.

PROJECT DESCRIPTION (Objectives) (Section 13)

Identify all personnel that will be directly involved with this project by title. Identify what each person will do, identify them as full-time or part-time, show the percent of time allocated to this project, identify other factors directly associated with each employee.

List step by step activities that will be done to achieve the goal. Describe how the work will be done to complete each of the activities listed. Show man-hours required to complete activities, meetings to be held, people to be trained, amounts of materials to be distributed, hours per shift, time of day for shift and other similar descriptions of activities necessary to completely define how the work will be done.

INSTRUCTIONS FOR COMPLETING APPLICATION

EQUIPMENT JUSTIFICATION (Section 14)

Identify all equipment to be purchased for this project. Briefly describe each item and indicate how the equipment will be used in the furtherance of this project; provide an estimated unit cost. Only items specifically detailed in the budget will be eligible for federal reimbursement. Equipment purchased through this project must be used for highway safety purposes during its useful life.

Any equipment purchased by and for a state agency must also adhere to all state equipment control procedures. Equipment purchased by other organizations must adhere to local ordinances and regulations, or the Common Rule, whichever is more restrictive.

All equipment requires federal grantor agency approval before it can be purchased by a contractor. Equipment must be entered into, and tracked through, the Contractor's inventory system. **Submit your agency inventory policy and procedures as an attachment to your application or explain it in this paragraph.**

EVALUATION (Section 15)

Each project must have an evaluation plan. Describe your evaluation plan based on performance measures in a clear and logical relationship to the goal and objectives of the project. Only include performance measures in your project and evaluations that can be absolutely supported with documentation by your office in each monthly reimbursement claim. The OHSO is available to advise you in this matter.

COST ASSUMPTION (Section 16)

Describe how project activities will be supported as federal funding decreases. Include the steps you will take to convince appropriate funding sources to continue this project.

BUDGET SUMMARY (Section 17) (Attachment 3)

Complete the BUDGET SUMMARY table. Be sure to fill in all Cost Category Items applicable to this project, both Federal and Non-federal.

BUDGET DETAILS (Section 18)

This is a line item listing of each of the costs contained in the BUDGET SUMMARY table above. To the extent possible, include all information requested in the following definitions:

I. PERSONNEL COSTS

A. Employee salaries and wages

Include each employee classification separately, and identify their project function. Include the hourly rate of pay and hours or percentage of time to be charged to the project. Show total cost of salaries and wages.

B. Employee fringe benefits

List and compute the dollar value for each fringe benefit separately. If the fringe is based on a monthly cost, indicate that cost. Show total cost of fringe benefits.

INSTRUCTIONS FOR COMPLETING APPLICATION

II. TRAVEL COSTS

Identify the nature of the in- and out-of-state travel and explain how it will benefit the project. Travel will be reimbursed in accordance with, and at state rates only.

A. **In-state Travel (reimbursed at state rates only)**

Itemize all travel costs related to the project including transportation, lodging and meals. Show adequate detail and computations to support costs.

B. **Out-of-state Travel (requires prior written approval from OHSO)**

Itemize all travel costs related to the project, including transportation, lodging, meals, out-of-state speakers, etc. Show adequate detail and computations to support costs. Identify the number of personnel planning to travel for each trip, reason for each trip, location of meeting, number of days at meeting, number of days in travel status and provide OHSO with a meeting summary.

III. OPERATING COSTS

Materials used during the project period fall into this category. Examples of such items would be office supplies, postage, printing and telephones. The maximum indirect cost normally allowed will be 20 percent. Itemize each cost and provide detail including quantities and per item cost. Estimate total cost of each item. **(NOTE: Documentation of all claimed costs will be required prior to reimbursement.)**

IV. CONTRACTUAL SERVICES (subcontracts to this project)

When this project requires additional outside services of an individual or organization to accomplish the goal and/or objective(s), subcontracts may be included. Identify and describe in detail subcontracts to be awarded as part of this project. After any subcontract is approved and executed, send OHSO one copy. Include any subcontractor letters of agreement to participate.

V. EQUIPMENT

Identify and describe each item of equipment to be purchased. Identify the number of items, cost per item and total cost. Only item(s) specifically detailed in this section will be eligible for federal reimbursement. Items requested must directly support the project being proposed.

EQUIPMENT REQUESTED (Section 19)

If equipment is requested, the agency must attach a copy of its written inventory policy and procedures.

SEAT BELT POLICY (Section 20)

The Contractor will adopt, if none presently exists, and enforce a written safety belt policy requiring all employees and any others, riding in contractor vehicles and/ or on contractor business in other vehicles, to use safety belts in accordance with State law.

INSTRUCTIONS FOR COMPLETING APPLICATION

WORKER'S COMPENSATION

Worker's Compensation Insurance is required by the State of Oklahoma for all entities that contract with the state. Complete attachment #4 and return with applications.

INSTRUCTIONS FOR COMPLETING APPLICATION

APPLICATION SUBMISSION INSTRUCTIONS

Submit one typed application with original signatures to:

State of Oklahoma
Oklahoma Highway Safety Office
3223 North Lincoln
Oklahoma City, Oklahoma 73105

If you represent an **individual, nonprofit organization, or public organization**, please call for instructions on how to participate in the application process. **Do not** send your applications to the address above. They cannot be accepted at the above address, nor will they be forwarded to the proper address for consideration.

HIGHWAY SAFETY PROJECT APPLICATION FISCAL YEAR 200__		
STATE OF OKLAHOMA OKLAHOMA HIGHWAY SAFETY OFFICE 3223 N. LINCOLN OKLAHOMA CITY, OKLAHOMA 73105 (405) 523-1570 FAX (405)523-1586	OHSO USE ONLY Program Area _____ Contract Amount _____ Program Manager _____	
TITLE OF CONTRACT:		
1. ORGANIZATION	2. ADDRESS (INCLUDE ZIP CODE)	
3. DIVISION	4. ADDRESS OF DIVISION	
5. COUNTY	6. FEDERAL EMPLOYER IDENTIFICATION NO.	
7. TELEPHONE NUMBER	8. FAX NUMBER	9. E-MAIL ADDRESS (if applicable)
10. ACCEPTANCE - IT IS UNDERSTOOD AND AGREED BY THE UNDERSIGNED THAT A PROJECT RECEIVED AS A RESULT OF THIS APPLICATION IS SUBJECT TO THE REGULATIONS GOVERNING HIGHWAY SAFETY PROJECTS. THIS AGREEMENT MAY BE TERMINATED BY EITHER PARTNER IN ACCORDANCE WITH OHSO POLICY. COPY OF SUCH POLICY MAY BE OBTAINED UPON REQUEST. SIGNATURES CERTIFY STATEMENTS MADE IN THIS APPLICATION AND INDICATES ACKNOWLEDGMENT, UNDERSTANDING, AND CERTIFICATION OF PAGE 2 OF APPLICATION.		
A. PROJECT DIRECTOR		
(1) NAME (FIRST, MI, LAST)	(2) TITLE	(3) ADDRESS AND ZIP CODE
(4) SIGNATURE	DATE	(5) TELEPHONE NUMBER
B. FINANCIAL OFFICER		
(1) NAME (FIRST, MI, LAST)	(2) TITLE	(3) ADDRESS AND ZIP CODE
(4) SIGNATURE	DATE	(5) TELEPHONE NUMBER
C. AUTHORIZING OFFICIAL (MUST BE AUTHORIZED TO SIGN CONTRACTS ON BEHALF OF APPLICANT ORGANIZATION)		
(1) NAME (FIRST, MI, LAST)	(2) TITLE	(3) ADDRESS AND ZIP CODE
(4) SIGNATURE	DATE	(5) TELEPHONE NUMBER

D. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion -- Lower Tier Covered Transactions:

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participants shall attach an explanation to this proposal.

Instructions for Lower Tier Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms *covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded*, as used in this clause, have the meanings set out in the Definition and Coverage sections of 49 CFR Part 29. You may contact the person to whom this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR Part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion -- Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions. (See below)
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR Part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-procurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant are not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR Part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

17.	BUDGET SUMMARY		
Cost Category Items	SOURCE OF FUNDS		
	HIGHWAY SAFETY FEDERAL FUNDS	APPLICANT CONTRIBUTION	TOTAL
I. PERSONNEL COSTS			
A. Salaries			
B. Benefits			
II. TRAVEL			
A. In-state Travel			
B. Out-of-state Travel			
III. OPERATING COSTS			
IV. CONTRACTUAL SERVICES			
V. EQUIPMENT			
TOTAL			

18. BUDGET DETAILS (Attach required pages)

- I. Personnel Costs
- II. Travel Costs
- III. Operating Costs
- IV. Contractual Services
- V. Equipment

19. EQUIPMENT REQUESTED (Written agency inventory policy and procedures attached. Mandatory with application, if equipment requested.)

20. SEAT BELT POLICY (Written policy attached. Mandatory with application.)

21. WORKER'S COMPENSATION WAIVER OF LIABILITY (Attachment 4)

22. OHSO GRANT APPLICATION CHECKLIST (Attachment 5)

**WORKERS COMPENSATION
WAIVER OF LIABILITY**

Worker's Compensation Clause

Worker's compensation Insurance is required by the State of Oklahoma for all entities that contract with the State. Proof of Worker's Compensation Insurance is required by the Department of Central Services as specified below:

Worker's Compensation Insurance Policy # _____

Policy Expires: _____.

If you are exempt from the Worker's Compensation Insurance statute you must state your exemption and sign the following waiver of liability.

I, the undersigned, hereby waive any claim against the using agency and/or its agents and assume responsibility for all accidents, injuries or losses incurred by me as a result of my negligence while in connection with any activity conducted with the using agency, thereby releasing the department, division and/or its agents for any responsibility.

Claimed Exemption

(signature)

(name, printed)

(date)

HIGHWAY SAFETY PROJECT APPLICATION CHECKLIST

1. Completed signed application.
2. Purchasing Policy and Procedures (Only if a request for purchase of equipment is included in the application).
3. Inventory Policy and Procedures (Only if a request for purchase of equipment is included in the application).
4. Seat Belt Policy
5. Worker's Compensation Policy Form