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

INSTRUCTIONS FOR COMPLETING THE HIGHWAY SAFETY PROJECT APPLICATION

Thank you for your interest in highway safety and in applying for a Federal Fiscal Year (October 1 - September 30) highway safety grant. The application deadline is March 31 for the next Federal Fiscal Year beginning in October. Please follow the enclosed instructions for completing your application.

Applications will be ranked 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 application contains several categories, including: Organizational Identification; Problem Identification; Goals; Project Description; Project Evaluation; and Budget. Each of these parts will be explained in the instructions following. **Each category must be addressed and include a description in the space allowed.**

Again, we thank you for your interest in improving safety on Oklahoma's highways. If you have questions, please the Oklahoma Highway Safety Office at 405/523-1570.

THIS APPLICATION IS DUE IN THE OHSO BY 4:00 P.M. MARCH 31
(BY 4:00 P.M. THE NEXT BUSINESS DAY, IF MARCH 31 FALLS ON A WEEKEND OR HOLIDAY.)
APPLICATIONS WILL NOT BE ACCEPTED AFTER THIS DEADLINE

OHSO-P-8 (Revised 01/10)

INSTRUCTIONS FOR COMPLETING APPLICATION
GENERAL

The application is provided in several formats using Microsoft Word and Adobe Acrobat. Please read the descriptions below to see which form works best for you. To download any of the forms from the Website, right click on the form and select "save as".

Word Interactive format: If you use the form in Word Interactive format, download and open the form as you normally would using Microsoft Word and complete the application according to the instructions. The form is protected and you will only be able to enter information in the field boxes. Use the UP and DOWN arrow keys or the tab key to move between fields. After completing the form, you may print and/ or save a copy.

Word form format: This is simply a blank copy of the application in Word format which you can print and complete using a typewriter. You cannot modify the form or fill in the blanks using Microsoft Word or any word processing software.

Adobe Interactive format: If you use the Adobe Interactive format, open the form using the free Adobe Reader (or any Acrobat program) and complete it according to the instructions, then print out the completed form. With the free Adobe Reader, you cannot save a copy of the completed form, only print out the completed form. Use the TAB key or the mouse to move between fields (if the tab keys skips a field, you can use the mouse to select that field). The form is compatible with Adobe Reader versions 7 and later, but we recommend you update to the latest version of the Adobe Reader (a link is on the OHSO Website).

Adobe PDF form format: If you have the full Adobe Acrobat software program (not the free Adobe Reader), you may download this form and use the Acrobat's "typewriter" feature to complete the form, which you can then save, print, or edit. You can also use the Adobe Reader or Acrobat to print out the blank form and use a standard typewriter to complete the application.

INSTRUCTIONS FOR COMPLETING APPLICATION
PAGE 1

1. **FISCAL YEAR**
   At the top of each page, indicate the Fiscal Year for which the application is being submitted. The Federal Fiscal year runs from October 1 of the previous year through September 30 of the current year. For example, the period of October 1, 2010 to September 30, 2011 is Federal Fiscal Year 2011.

2. **ORGANIZATION INFORMATION**
   Provide the name and complete mailing address of the organization which is sponsoring the grant proposal. If the applicant is a law enforcement agency, also provide the requested information on the approximate population served and number of sworn officers employed by the agency.

3. **TELEPHONE NUMBER**
   Provide the main phone number for the organization.

4. **FEI NUMBER**
   Provide the Federal Employer Identification Number for the organization.

5. **FAX NUMBER**
   Provide the FAX number for the organization (if no fax number, enter "none").

6. **EMAIL**
   Provide the *organization's* email address. If no organizational email, enter "none". (Individual project personnel's Email addresses will be requested below.)

7. **PROJECT DIRECTOR NAME AND RANK**
   Provide the name and rank (if applicable) of the person to be designated as the Project Director responsible for oversight of this grant.

8. **PROJECT DIRECTOR ADDRESS**
   Provide the Project Director's mailing address if different from the organization address or enter "same as above".

9. **PROJECT DIRECTOR PHONE NUMBER**
   Provide the Project Director's phone number including any extension.

10. **PROJECT DIRECTOR E-MAIL ADDRESS**
    Provide the Project Director's Email address (if no Email, enter "none").

11. **PROJECT DIRECTOR SIGNATURE**
    The Project Director must sign the application.

12. **FINANCIAL OFFICER**
    Provide the name of the chief financial officer responsible for financial administration of the grant. The same instructions apply for address, phone number, Email address and signature, as explained above in the Project Director's section, as they apply to the Financial Officer.

13. **AUTHORIZING OFFICIAL**
    This person must be authorized to sign contracts on behalf of the organization or governmental agency. Provide the name, address, phone number, Email address and signature, as explained above in the Project Director's section, as they apply to the authorizing official.

INSTRUCTIONS FOR COMPLETING APPLICATION PAGE 2

14. **IDENTIFY AND RANK THE TYPE OF PROJECT(S) BEING PROPOSED?**
    There are eight priority program areas listed in this section. If your traffic safety project does not fall within any of the identified areas, then next to the "other" area write a short description of the area addressed in the application. If the application outlines a project(s) involving more than one program area, rank the appropriate areas in order of **your** priority. For example, if your project addresses both *impaired driving* and *speed*, then list the one you feel is more important as number 1 and the other as number 2. If the project addresses only one type of program area, then just list that area as number 1.

15. **PROBLEM IDENTIFICATION**
    In approximately 250 words or less, explain the problem(s) related to traffic safety which you wish to address through this grant. Do not include any statistics obtained from the Highway Safety Office Website or Crash Facts Book as these are already known. **Any text outside the borders of the text boxes on the application will not print**.

16. PROJECT DESCRIPTION

In approximately 250 words, more or less, briefly describe the "who, what, where, when and how" about the project. The Project Description must address the problem(s) outlined in the Problem Identification. Any text outside the borders of the text box on the application will not print.

INSTRUCTIONS FOR COMPLETING APPLICATION PAGE 3

17. PROJECT EVALUATION

In approximately 150 words, more or less, explain when and how you intend to evaluate this project (projects must contain *at a minimum* a monthly and annual evaluation plan). Any text outside the borders of the text box on the application will not print.

18. PROJECT GOALS

In approximately 100 words, more or less, explain the goals of this project. Goals must contain a numerical basis, be both realistic and measureable by the organization, and be consistent with the performance goals set forth in the fiscal year *State Highway Safety Plan Overall Program Goal* (a copy of which can be obtained from the grant application page on the OHSO website). Any text outside of the borders of the text box on the application will not print.

19. BUDGET SUMMARY

For each expense item listed in the budget summary table, indicate the amount of funding requested specific to the expense item. If no funds are requested for that item, then enter "0". In the space provided, briefly describe how the funds will be used - if no funds were requested, enter "none". Enter the total amount of funding requested. Any funding provided must comply with the Common Rule and be authorized under Title 23 of the U.S. Code and all other applicable Federal guidelines.

Submit one typed application with original signatures to:

Oklahoma Highway Safety Office
3223 North Lincoln Blvd
Oklahoma City, OK 73105-5403

ADDITIONAL INFORMATION CONCERNING HIGHWAY SAFETY PROJECTS

While the following items are not part of the application itself, they may be required prior to final approval of any grant, as applicable:

WORKER'S COMPENSATION VERIFICATION OR WAIVER OF LIABILITY
(Attachment 1)

INDIRECT COST APPROVAL CERTIFICATE

PURCHASING POLICY

INVENTORY CONTROL POLICY

SEAT BELT POLICY

REGULATIONS/GUIDELINES GOVERNING HIGHWAY SAFETY PROJECTS

Federal regulations/guidelines specify that projects are developed to support State goals and 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 for ongoing activities. The costs must be necessary and reasonable.

(2) Costs must be authorized or not prohibited under federal, state or local laws or regulations.

(3) Costs must 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 semi-annual 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

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

VI. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION -- LOWER TIER COVERED TRANSACTIONS:

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.

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

By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

1. 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.

2. 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.

3. 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.

4. 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.

5. The prospective lower tier participant further agrees by submitting this proposal that is 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)

6. 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.

7. 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.

8. 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.

Attachment 1

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)