**FFY 2026 GRANT APPLICATION**

Idaho Transportation Department

Office of Highway Safety

**Instructions:**

This application consists of three sections: Application Information, Grant Narrative, and Project Budget. Please complete each section and submit via email or mail. An incomplete application will not be considered. **The application deadline is 5:00 pm MST, Friday, February 14, 2025.** Email to: [ohsgrants@itd.idaho.gov](mailto:ohsgrants@itd.idaho.gov) or mail to: ITD Office of Highway Safety, PO Box 7129, Boise, ID 83707-1129. All grants operate on the federal fiscal year, October 1 to September 30.

**SECTION 1 – APPLICATION INFORMATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Agency Name |  | | | | | |
|  |  |  |  |  |  |  |
| Agency Address |  | | | | | |
|  |  |  |  |  |  |  |
| Agency Type | Law Enforcement |  |  | EIN Tax ID Number | enter text | |
|  | Non-Profit |  |  |  | | |
|  | EMS |  |  | UEI Unique Entity Identifier | enter text | |
|  | Other |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Primary Contact** (The agency contact with signing authority) | | | | | | |
|  |  |  |  |  |  |  |
| Name and Title |  | | | | | |
|  |  |  |  |  |  |  |
| Address |  | | | | | |
|  |  |  |  |  |  |  |
| Email |  | |  | Phone Number | enter text | |
|  |  |  |  |  |  |  |
| **Grant Manager** **Contact** (Responsible for managing the everyday activities of the grant) | | | | | | |
|  |  |  |  |  |  |  |
| Name and Title |  | | | | | |
|  |  |  |  |  |  |  |
| Address |  | | | | | |
|  |  |  |  |  |  |  |
| Email |  | |  | Phone Number | enter text | |
|  |  | |  |  |  | |
|  |  | |  |  |  | |
| Primary Contact Signature  (Electronic signature is acceptable) | | |  | | | |
|  |  | |  |  |  | |
| Grant Manager Signature  (Electronic signature is acceptable) | | |  | | | |

***Important Notes:***

* *Applications that rank higher than the group population rate for Fatal and Serious Injury crashes will be given higher priority.*
* *Law Enforcement STEP grants are limited up to 3 consecutive years of grant funding support. Yr1: Award up to 75%, match 25%, Yr2: Award up to 50%, match 50%, Yr3: Award up to 25%, match 75%.*
* *Grant awards will be contingent upon receipt of NHTSA approval of the Annual Grant Application in September and the first allocation of grant funds.*
* *Partial awards may be necessary until 100% of NHTSA funds have been received by OHS.*
* *NHTSA grant funds are subject to Federal Reporting Requirements.*
* *Successful applicants will be notified of their tentative award by May 31, 2025.*
* *All grant claims* ***must*** *be received within 60 days following the completion of the activity.*
* *Only claims received prior to November 15, 2026 will be paid.*

**SECTION 2 – GRANT NARRATIVE**

1. **Project Focus**

Select a project focus area from the box below. Check all areas that apply.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Impaired Driving |  |  | Pedestrian Safety |  |
| Distracted Driving |  |  | Speed/Aggressive Driving |  |
| Youthful Drivers |  |  | Occupant Protection |  |
| Motorcycle Safety |  |  | Child Passenger Safety |  |
|  | Bicycle Safety |  |  | Other |  |

1. **Problem Identification** (20 pts)

Establish your project goal with a description of the problem/need. Use the most recent data available to support the goal. You may use your agency’s data, WebCars analysis, [ITD Crash Data Dashboards](https://itd.aashtowaresafety.net/itd-safety-dashboards#/), the [2023 Traffic Crash Report](https://apps.itd.idaho.gov/Apps/OHS/Crash/21/Analysis.pdf), or other sources such as community health data provided by the Idaho Department of Health and Welfare at [gethealthy.dhw.idaho.gov](https://www.gethealthy.dhw.idaho.gov/). If you have questions regarding data, contact one of the Research Analyst Principals to help, [kelly.campbell@itd.idaho.gov](mailto:kelly.campbell@itd.idaho.gov) or [steve.rich@itd.idaho.gov](mailto:steve.rich@itd.idaho.gov).

|  |
| --- |
|  |

1. **Grant Implementation & Activity Summary** (20 pts)

Summarize how your agency or organization plans to implement the grant and how the project will aid in achieving your goal(s).

|  |
| --- |
|  |

1. **Community Outreach, Education and Engagement Plan.** (20 pts)

Create a Community Outreach, Education and Engagement Plan showing a proposed list of events related to community outreach, education and engagement efforts in the space below ***OR you can use the attached*** ***Appendix A.*** This should include a timeline with anticipated start and completion dates (examples: community events, school safety fairs, youth peer-to-peer traffic safety programs, social, etc.).

1. **Assessment and Performance Evaluation** (20 pts)

Explain what type of measurements and data your agency or organization intends to collect and verify the goal(s) were met. Your agency will be required to provide a quarterly report throughout the year. If this is a multi-year project, summarize the accomplishments for the previous year’s grant funded activities.

|  |
| --- |
|  |

1. **Attachment: Subrecipient Financial Risk Assessment** (10 pts)

Please attach the FY26 Subrecipient Financial Risk Assessment form with the application.

1. **Other Attachments**: (Optional)

Attach any other information that may be beneficial to your project, such as local letters of support requesting the benefit of an NHTSA-funded project in their community.

**SECTION 3 – PROJECT BUDGET** (10 pts)

Describe in detail, the cost/expenses associated with the proposed project. Identify how your agency will provide matching funds. Any funds you claim as match cannot be federal dollars. Matching funds may include wages of individuals working on the project, mileage incurred while working on the project, training provided, or any other in-kind or matching funds. You do not have to show match in each category however, the **total match must be at least 25% of the total amount you are requesting for the project.** The OHS programs are federally funded through the National Highway Traffic Safety Administration (NHTSA) grants, and locals may be asked to provide documentation that shows the community is requesting this benefit.

See Next Page

|  |  |  |  |
| --- | --- | --- | --- |
| ITD%20Logo%20color   |  | | --- | | **Grant Application BUDGET Worksheet** Idaho Transportation Department Office of Highway Safety | | | |
| Agency: | Project Title: | |
|  | BUDGET | |
|  | Local Match (25%) | Grant Funded (75%) |
| **PERSONNEL COSTS (HS H901)** |  |  |
| Traffic enforcement regular hours, overtime hours, (includes benefit %), admin support, etc. |  |  |
|  |  |  |
| Grant Activity Hours related to Community Outreach, Education and Engagement |  |  |
| Subtotal Personnel Costs | $0.00 | $0.00 |
| **TRAVEL (HS H902)** |  |  |
| ID state rate = .67 per mile (includes lodging and per diem) |  |  |
|  |  |  |
| Subtotal Travel | $0.00 | $0.00 |
| **CONTRACTUAL SERVICES (HS H903)** |  |  |
| i.e. education, training |  |  |
|  |  |  |
| Subtotal Contractual Services | $0.00 | $0.00 |
| **CONSUMABLES (HS H904)** |  |  |
| i.e. equipment |  |  |
|  |  |  |
| Subtotal Commodities | $0.00 | $0.00 |
| **DIRECT COSTS (HS H905)** |  |  |
| i.e. conference fees |  |  |
|  |  |  |
| Subtotal Other Direct Costs | $0.00 | $0.00 |
| **INDIRECT COSTS**  **(HS H906)** |  |  |
|  |  |  |
| Subtotal Indirect Costs | $0.00 | $0.00 |
| **GRANT REQUEST TOTAL** | **$0.00** | **$0.00** |

**FY26 GRANT APPLICATION – APPENDIX A**

**D. Community Outreach, Education and Engagement Plan.** (20 pts)

Prepare a Community Engagement Plan showing a proposed list of events related to community outreach, education and engagement efforts. This should include a timeline with anticipated start and completion dates (examples: community events, school safety fairs, youth peer-to-peer traffic safety programs, etc.). Please list separately. Use an additional sheet if necessary.

**Example:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Month** | **Type of Event** | **Location** | **Anticipated Partners** | **Target Audience** |
| *October 2025* | *School Safety Fair* | *xxxxx High School* | *School Resource Officer* | *High School Students 15-18* |
| **Proposed Key Message:**  *Communicate safe driving behaviors (specifically Distracted Driving) for students aged 15-18 that are either taking Driver’s Education, Driving with a Permit, or a new driver. An assembly will be held addressing the student body along with time for Q&A.* | | | | |
| **How do you plan to measure success?**  *The attending Officer will document the number of students in attendance and Distract Driving brochures distributed. In addition, capture key points of concern with young drivers. This is an event that we plan on partnering with xxxxx High School annually.* | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Month** | **Type of Event** | **Location** | **Anticipated Partners** | **Target Audience** |
|  |  |  |  |  |
| **Proposed Key Message:** | | | | |
| **How do you plan to measure success?** | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Month** | **Type of Event** | **Location** | **Anticipated Partners** | **Target Audience** |
|  |  |  |  |  |
| **Proposed Key Message:** | | | | |
| **How do you plan to measure success?** | | | | |