

# Office of Highway Safety Grant Activity and Evaluation Form

| Section 1- Completed by OHS   |   |                       |     |  |  |  |  |
|---|---|-----------------------|-----|--|--|--|--|
| Project Name:   |   | Agency:               |     |  |  |  |  |
| Project Number State:   |   | Grant Manager:        |     |  |  |  |  |
| NHTSA:  |   | Email:                |     |  |  |  |  |
| CFDA:   |   | Phone:                |     |  |  |  |  |
|   |   |                       |     |  |  |  |  |
| Pre-Grant Meeting   | GCO   | Grant Monitoring Date | GCO |  |  |  |  |
| Date  |   |                       |     |  |  |  |  |
| Instructions:   |   |                       |     |  |  |  |  |
| A. Section 1 & 2 To be completed by OHS.  |   |                       |     |  |  |  |  |
| B. Grantee: Complete Sections 3-7   |   |                       |     |  |  |  |  |
| Section 3, Quarter 1: Due by January 15th.  |   |                       |     |  |  |  |  |
| Section 4, Quarter 2  |   |                       |     |  |  |  |  |
| Section 5, Quarter 3  |   |                       |     |  |  |  |  |
| Section 6, Quarter 4/Final Evaluation: due by October 15 <sup>th</sup> .  |   |                       |     |  |  |  |  |
| Section 7, Activities & Deliverables from the grant document.<br>i. Provide the Immediate Objectives for each activity. |   |                       |     |  |  |  |  |
| ii. Provide outreach and education efforts made.  |   |                       |     |  |  |  |  |
| iii. Pr   | iii. Provide an Assessment for each activity.   |                       |     |  |  |  |  |
| С.  |   |                       |     |  |  |  |  |
| Section 7, Administrative Evaluation questions.   |   |                       |     |  |  |  |  |
|   | i. Provide an answer for each of the evaluation questions as they appear in the grant |                       |     |  |  |  |  |
|   | document.<br>ii - Drovide on Impact Evaluation if it is required by the grant         |                       |     |  |  |  |  |
|   | Provide an Impact Evaluation if it is required by the grant.                          |                       |     |  |  |  |  |
| iii. OHS will complete the Grant Costs details.   |   |                       |     |  |  |  |  |

### Section 2- Completed by OHS

List All Grant Activities and Deliverables as they appear in the Schedule A- OHS Grant Agreement:

## Section 3- Completed by Grantee, Due January 15

Quarter 1. Submitted on:

**Grantee:** Provide details of grant activities and tasks accomplished this quarter as it relates to your goals and objectives.

By:

**Grantee:** Provide community outreach and education efforts this quarter. Include: date of event, type of event, location, partners, target audience, key message and any other noteworthy comments.

**Grantee:** *Provide details of successes and challenges encountered during the quarter.* 

OHS Monitoring Notes and Budget Expense Details for 1<sup>st</sup> Quarter:

#### Section 4- To be completed by Grantee, Due April 15

Quarter 2. Submitted on:

By:

**Grantee:** Provide details of grant activities and tasks accomplished this quarter as it relates to your goals and objectives.

**Grantee:** Provide community outreach and education efforts this quarter. Include: date of event, type of event, location, partners, target audience, key message and any other noteworthy comments.

**Grantee**: *Provide details of successes and challenges encountered during the quarter.* 

OHS Monitoring Notes and Budget Expense Details for the 2<sup>nd</sup> Quarter:

#### Section 5- To be Completed by Grantee, Due July 15

| Quarter 3. Submitted on:   | By:   |  |  |  |  |  |
|--|---|--|--|--|--|--|
| Grantee: Provide details of grant activities an  | nd tasks accomplished this quarter as it relates to |  |  |  |  |  |
| your goals and objectives.   |   |  |  |  |  |  |
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|  |   |  |  |  |  |  |
|  |   |  |  |  |  |  |
|  |   |  |  |  |  |  |
| Grantee: Provide community outreach and education efforts this quarter. Include: date of event,                    |   |  |  |  |  |  |
| type of event, location, partners, target audie  | nce, key message and any other noteworthy           |  |  |  |  |  |
| comments.  |   |  |  |  |  |  |
|  |   |  |  |  |  |  |
|  |   |  |  |  |  |  |
| Grantee: Provide details of successes and cha  | llenges encountered during the quarter.             |  |  |  |  |  |
|  |   |  |  |  |  |  |
|  |   |  |  |  |  |  |
|  |   |  |  |  |  |  |
|  |   |  |  |  |  |  |
| OHS Monitoring Notes and Budget Expense I  | Details for the Third Quarter:                      |  |  |  |  |  |
|  |   |  |  |  |  |  |
|  |   |  |  |  |  |  |
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|  |   |  |  |  |  |  |
|  |   |  |  |  |  |  |
| Section 6 – To be Comple   | eted by Grantee, Due October 15                     |  |  |  |  |  |
| Section 6 – To be Comple<br>Final Evaluation (Covers period: 10/1 – 9/30)  |   |  |  |  |  |  |
|  |   |  |  |  |  |  |
| Final Evaluation (Covers period: 10/1 – 9/30)  |   |  |  |  |  |  |
| Final Evaluation (Covers period: 10/1 – 9/30)  |   |  |  |  |  |  |
| Final Evaluation (Covers period: 10/1 – 9/30)<br>Submitted by:   |   |  |  |  |  |  |
| Final Evaluation (Covers period: 10/1 – 9/30)<br>Submitted by:<br>Activity 1                                       |   |  |  |  |  |  |
| Final Evaluation (Covers period: 10/1 – 9/30)<br>Submitted by:<br>Activity 1                                       |   |  |  |  |  |  |
| Final Evaluation (Covers period: 10/1 – 9/30)<br>Submitted by:<br>Activity 1                                       |   |  |  |  |  |  |
| Final Evaluation (Covers period: 10/1 – 9/30)<br>Submitted by:<br>Activity 1                                       |   |  |  |  |  |  |
| Final Evaluation (Covers period: 10/1 – 9/30)   Submitted by:   Activity 1   Objective:                            |   |  |  |  |  |  |
| Final Evaluation (Covers period: 10/1 – 9/30)<br>Submitted by:<br>Activity 1<br>Objective:                         |   |  |  |  |  |  |
| Final Evaluation (Covers period: 10/1 – 9/30)<br>Submitted by:<br>Activity 1<br>Objective:                         |   |  |  |  |  |  |
| Final Evaluation (Covers period: 10/1 – 9/30)   Submitted by:   Activity 1   Objective:   Assessment:              |   |  |  |  |  |  |
| Final Evaluation (Covers period: 10/1 – 9/30)   Submitted by:   Activity 1   Objective:   Assessment:   Activity 2 |   |  |  |  |  |  |
| Final Evaluation (Covers period: 10/1 – 9/30)   Submitted by:   Activity 1   Objective:   Assessment:              |   |  |  |  |  |  |
| Final Evaluation (Covers period: 10/1 – 9/30)   Submitted by:   Activity 1   Objective:   Assessment:   Activity 2 |   |  |  |  |  |  |
| Final Evaluation (Covers period: 10/1 – 9/30)   Submitted by:   Activity 1   Objective:   Assessment:   Activity 2 |   |  |  |  |  |  |
| Final Evaluation (Covers period: 10/1 – 9/30)   Submitted by:   Activity 1   Objective:   Assessment:   Activity 2 |   |  |  |  |  |  |

## Activity 3

Objective:

Assessment:

#### Activity 4

Objective:

Assessment:

*Recap COMMUNITY OUTREACH AND EDUCATION efforts made throughout the year. Assessment:* 

(Add more boxes as needed)

Section 7 – To be Completed by Grantee, Due October 15

**Impact Evaluation:** *Describe how the project impacted the grant goals, objectives, and performance measures.* 

| Section 8 – To be Completed by OHS |  |                  |  |               |       |  |  |
|------------------------------------|--|------------------|--|---------------|-------|--|--|
| Grant Expenditures                 |  | A                |  | В             |       |  |  |
| This area will be completed by OHS |  | Original Budget  |  | Actual Costs  |       |  |  |
| Budget                             |  | \$               |  | \$            |       |  |  |
| Expended                           |  | \$               |  | \$            |       |  |  |
| Match                              |  | \$               |  | \$            |       |  |  |
| Local Benefit                      |  | \$               |  | \$            |       |  |  |
| Equipment                          |  | Added to WebCars |  | Property Mgt. |       |  |  |
| Purchased                          |  |                  |  | Form          |       |  |  |
| OHS GCO Name:                      |  |                  |  |               | Date: |  |  |