



FFY 2027 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 27, 2026.** Email to: 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 | <input type="text"/> | | | | | | | | | | |
| Agency Address | <input type="text"/> | | | | | | | | | | |
| Agency Type | <table><tr><td>Law Enforcement</td><td><input type="checkbox"/></td></tr><tr><td>Non-Profit</td><td><input type="checkbox"/></td></tr><tr><td>EMS</td><td><input type="checkbox"/></td></tr><tr><td>Other</td><td><input type="checkbox"/></td></tr></table> | Law Enforcement | <input type="checkbox"/> | Non-Profit | <input type="checkbox"/> | EMS | <input type="checkbox"/> | Other | <input type="checkbox"/> | EIN Tax ID Number | <input type="text"/> |
| Law Enforcement | <input type="checkbox"/> | | | | | | | | | | |
| Non-Profit | <input type="checkbox"/> | | | | | | | | | | |
| EMS | <input type="checkbox"/> | | | | | | | | | | |
| Other | <input type="checkbox"/> | | | | | | | | | | |
| | | UEI Unique Entity Identifier | <input type="text"/> | | | | | | | | |

Primary Contact *(The individual with signing authority for the agency or organization)*

| | | | |
|----------------|----------------------|--------------|----------------------|
| Name and Title | <input type="text"/> | | |
| Address | <input type="text"/> | | |
| Email | <input type="text"/> | Phone Number | <input type="text"/> |

Grant Manager Contact *(Responsible for managing the everyday activities of the grant, cannot be the same as above)*

| | | | |
|----------------|----------------------|--------------|----------------------|
| Name and Title | <input type="text"/> | | |
| Address | <input type="text"/> | | |
| Email | <input type="text"/> | Phone Number | <input type="text"/> |

Primary Contact Signature
(Electronic signature is acceptable)

Grant Manager Signature
(Electronic signature is acceptable)

The signatures above certify that the funding eligibility requirements in the Grant Application Instructions have been met.

SECTION 2 – GRANT NARRATIVE

A. Project Focus

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

| | | | |
|--------------------|--------------------------|--------------------------|--------------------------|
| Impaired Driving | <input type="checkbox"/> | Pedestrian Safety | <input type="checkbox"/> |
| Distracted Driving | <input type="checkbox"/> | Speed/Aggressive Driving | <input type="checkbox"/> |
| Youthful Drivers | <input type="checkbox"/> | Occupant Protection | <input type="checkbox"/> |
| Motorcycle Safety | <input type="checkbox"/> | Child Passenger Safety | <input type="checkbox"/> |
| Bicycle Safety | <input type="checkbox"/> | Other | |

B. Problem Identification (20 pts)

Establish your project goals and objectives, including a description of the problem/need, using the most recent available data. Applications that rank higher than the group population rate for Fatal and Serious Injury crashes will be given higher priority.

You may use your agency's data, WebCars analysis, [ITD Crash Data Dashboards](#), the [2024 Annual Traffic Crash Report](#), or other sources, such as community health data from the Idaho Department of Health and Welfare at gethealthy.dhw.idaho.gov. If you have questions about data, contact one of the Research Analyst Principals at kelly.campbell@itd.idaho.gov or steve.rich@itd.idaho.gov.

C. Grant Implementation & Activity Summary (20 pts)

Summarize how your agency or organization plans to implement the grant and how the project activities will aid in achieving your goals and objectives.

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

Create a Community Outreach, Education, and Engagement Plan that includes a proposed list of events and activities in the space below, or 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 media, etc.).

E. Assessment and Performance Evaluation (20 pts)

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

F. Attachment: Subrecipient Financial Risk Assessment (10 pts)

Please attach the FY27 Subrecipient Financial Risk Assessment form to the application. This form should be completed by someone with knowledge of the agency's financial details.

G. Other Attachments: (Optional)

Attach any additional information that may benefit your project, such as local letters of support requesting the benefit of an NHTSA-funded project in their community. For example, if the activity includes youth traffic safety education, a letter from the local school principal supporting the project would be advantageous.

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 a match in each category; however, the **total match must be at least 25% of the total amount of federal funds being requested**.

See Next Page



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) | | |
| | | |
| | | |
| | | |
| Subtotal Personnel Costs | | |
| TRAVEL (HS H902) | | |
| | | |
| | | |
| Subtotal Travel | | |
| CONTRACTUAL SERVICES (HS H903) | | |
| | | |
| | | |
| Subtotal Contractual Services | | |
| CONSUMABLES (HS H904) | | |
| | | |
| | | |
| Subtotal Commodities | | |
| DIRECT COSTS (HS H905) | | |
| | | |
| | | |
| Subtotal Other Direct Costs | | |
| INDIRECT COSTS (HS H906) | | |
| | | |
| Subtotal Indirect Costs | | |
| GRANT REQUEST TOTAL | | |

**Benefits may include PERSI, Workers Comp, Long Term Disability, Unemployment, Life Ins., Medical/Dental, and must be billed as a percentage of personnel costs being billed with each claim.*

- All STEP grants need to see changes for 2027 in the Grant Application Instructions.
- All grant claims **must** be billed monthly or quarterly and submitted within 60 days following the completion of the activity.
- Only claims received before November 15, 2027, will be reimbursed unless prior approval is obtained from the Highway Safety Manager
- Grant awards will be contingent upon receipt of NHTSA approval of the Annual Grant Application and the anticipated allocation of grant funds.
- Partial awards may be necessary until OHS has received 100% of the NHTSA funds.
- NHTSA grant funds are not guaranteed and subject to Federal Reporting Requirements.

FY27 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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------|--------------------------------|-----------------------------------|
| <i>October 2025</i> | <i>School Safety Fair</i> | <i>xxxxx High School</i> | <i>School Resource Officer</i> | <i>High School Students 15-18</i> |
| Proposed Key Message: <i>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.</i> | | | | |
| How do you plan to measure success? <i>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.</i> | | | | |

| 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? | | | | |

