

State of Connecticut Department of Transportation

TRANSPORTATION SAFETY SECTION

2800 Berlin Turnpike

P.O. BOX 317546

Newington, Connecticut 06131-7546

594-2370

TRANSPORTATION SAFETY PROJECT APPLICATION

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TSS

Transportation Safety Section

All shaded portions of this application will be completed by the Transportation Safety Section Planning.

Please do not print or type in these shaded areas

**CONNECTICUT TRANSPORTATION SAFETY SECTION
REGULATIONS GOVERNING TRANSPORTATION SAFETY PROJECTS**

PURPOSE

To provide potential Transportation Safety Funding recipients with a comprehensive listing of regulations governing the administration of an approved Transportation Safety project.

GENERAL REGULATIONS

1. The grant shall be administered by a governmental agency, either local or state, having authority and responsibility to conduct the project.
2. Grant expenditures must meet the following criteria:
 - A. **Supplement** rather than replace existing activities.
 - B. Be necessary and reasonable, and supported in the budget narrative.
 - C. Be eligible expenses under federal, state and local laws/regulations.
 - D. Conform to the federal common rule.
 - E. Be accorded consistent treatment through the application of generally accepted accounting principles.
 - F. Not be included as a cost of any other federally financed program.
 - G. Be net of all applicable credits.
 - H. Incur within an approved grant period.
 - I. Be adequately supported by source documentation.
 - J. Not result in a profit to the grantee.
3. All state agencies must have state budget authority to accept Transportation Safety funds.
4. Only expenses contained within an approved grant budget may be claimed. Any deviations from the approved budget must have **prior** Transportation Safety Section (TSS) approval to be eligible for reimbursement. Back-up documentation (i.e. fully executed time distribution report) and proof of payment (i.e. cancelled checks) must accompany request for reimbursement.
5. All source documentation for incurred costs must be maintained for review purposes for a three-year period following the final reimbursement of the project.
6. All travel costs outside the state, extensive in-state trips, and conference registrations shall have **prior** written approval of TSS.
7. All agencies shall use purchasing practices and bid procedures that provide maximum open and free competition. In addition, positive efforts should be in effect to utilize small business and minority-owned business sources of supplies and services. The Minority Business Enterprise requirements of 49 C.F.R. Part 23 apply to this project.

8. The APPLICANT shall comply with the regulations of the United States Department of Transportation (Title 49, Code of Federal Regulations, Part 21), issued in implementation of Title VI of the Civil Rights Act of 1964, 78 Stat. 252, 42 United States Code 2000d to 2000d-4. Further, the APPLICANT agrees and warrants that in the performance of this project, it will not discriminate or permit discrimination against any person or group of persons on the grounds of race, color, religion, national origin, sex, sexual orientation, or physical disability, including but not limited to blindness, unless it is shown to be that such disability prevents performance of the work involved, in any manner prohibited by the laws of the United States, or the State of Connecticut, and further agrees to provide the Commission on Human Rights and Opportunities with such information requested by the Commission concerning the employment practices and procedures of the APPLICANT as related to the provisions of this section. (Section 4-114a and 4a-60a of the Connecticut General Statutes, as revised.)
9. Purchases must be in accordance with normal state and/or agency and/or town procedures. Purchases must also be in accordance with the requirements set forth in the Procurement Standards (based on "OMB Circular A-102, Attachment O"), available upon request. Conformance with the "Buy America Act" (23 U.S.C. 101 Note and 41 U.S.C. 10a) is required.
10. It is a requirement that all applicants comply with the "Drug Free Workplace Act of 1988" (49 C.F.R. Part 29 Subpart F).
11. The Transportation Safety Section **MUST** be notified (in writing) within thirty (30) days of the receipt of any equipment. Information provided shall consist of: name, model, serial number, cost, date of delivery taken, and a brief description of each article purchased. After the expiration date of this project, all non-expendable equipment purchased under this project will continue to be used in a Highway Safety-related effort. The APPLICANT shall notify the Transportation Safety Section immediately if any equipment purchased under this project ceases to be used in the manner set forth in this project application. In such event, the APPLICANT agrees to refund the residual value of such equipment in an amount to be determined by the Transportation Safety Section, or to transfer or otherwise dispose of such equipment as directed by the Transportation Safety Section. **NO EQUIPMENT WILL BE CONVEYED, SOLD, SALVAGED, TRANSFERRED, OR OTHERWISE BE USED OTHER THAN EXPRESSLY DETAILED IN THIS APPLICATION WITHOUT THE EXPRESS WRITTEN APPROVAL OF THE TRANSPORTATION SAFETY SECTION.**
12. The APPLICANT shall maintain or cause to be maintained for its useful life, any equipment purchased under this project. Standard procedures governing the ownership, use, and disposition of equipment acquired under this project are covered in the Property Management Standards (based on "OMB Circular A-102, Attachment N").
13. Any contracts entered into as part of this project's performance must receive written approval **PRIOR** to contract award.
14. Should the APPLICANT agency be audited, and the responsible unit, department, etc. of the grant be included as part of such audit, a copy of that applicable section [of said audit] must be forwarded to the Transportation Safety Section.

ORIENTATION MEETING

First time approved applicants may be required to participate in an orientation meeting to discuss program requirements.

PROJECT PROGRESS REPORTS

Project Progress Reports shall be required of all highway safety projects. **Failure** to submit required reports **will** result in withholding of reimbursement and/or **termination** of the project.

MONITORING REVIEWS

TSS may conduct a monitoring review of your highway safety project. The purpose of this review is to determine adherence to stated project objectives, to review financial procedures, and to ensure compliance with federal regulations.

COST REIMBURSEMENT

1. Highway safety projects are funded on a cost reimbursement concept. An agency expends its own funds and then proceeds to claim reimbursement for the federal share of incurred project costs.
2. Requests for reimbursements will be made on a monthly or quarterly basis. Cost claims **must** be submitted to TSS on a **minimum** of a quarterly basis.
3. It is the responsibility of the **project director** to ensure that reimbursement requests are submitted on a timely basis.
4. ALL FINAL CLAIMS against this project, together with all supporting financial documentation, **MUST** be submitted to the Connecticut Transportation Safety Section no later than thirty (30) days after the funding period ending date.

COST DOCUMENTATION

The accounting system and cost documentation presently in use by an agency is generally adequate for project purposes. If modification is necessary, TSS will notify you and assistance will be provided.

PROJECT TERMINATION

A project **may** be terminated if TSS concludes that the grantee is not in compliance with the conditions or provisions of a grant. TSS will extend an opportunity for the grantee to demonstrate compliance. Notification of termination will be in writing.

APPLICATION REVIEW CRITERIA

There will be six criteria considered in approving all projects. The following criteria must be addressed within the application's content and will be considered during TSS review:

1. Problem Identification - 20%

Provide evidence that the project objectives are based upon well-defined problems derived from baseline data. Provide evidence that the relationship between these data, the project objectives, and objectives within the HSP is direct and clear.

2. Countermeasures - 25%

Show that the countermeasure strategies are based on identified problems and priorities and are directly related to project objectives. Show that countermeasures strategies are targeted at both the general population as well as well-defined target groups where shown necessary through the problem identification process.

3. Anticipated Project Results - 20%

Provide evidence that the project includes a project evaluation component that is appropriately matched with project objectives. Describe how the anticipated project outcome will show effectiveness in terms of achievement of objectives and project implementation measures.

4. Collaborative Efforts - 10%

Show how the project involves, if appropriate, the collaborative efforts of several independent groups or agencies (private and public) such as law enforcement, engineering, public health, citizens groups, or state or local safety coalitions. Describe the roles as well as the process for their inclusion in the project (including planning, implementation and evaluation).

5. Funding Information - 15%

Discuss the successful use of the seed money concept to initiate the project and to leverage funds and other forms of support. Discuss planned efforts to make this project self-sustaining.

6. Innovative Approach - 10%

Discuss the innovative and unique nature of this project. Also, describe the technical application of this project to other settings.

INSTRUCTIONS FOR COMPLETING APPLICATION FORM

SIGNATURE PAGE

1. PROJECT TITLE

Enter a brief title of the program. Example; "Alcohol Enforcement Program."

2. GOVERNMENTAL UNIT

Enter the name of the political jurisdiction responsible for the overall administration of the project (state agency, municipality, university).

3. ADDRESS OF GOVERNMENTAL UNIT

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

4. APPLICANT

Enter the organizational unit responsible for the administration of the project. Example; "City of Metropolis Police Department."

5. ADDRESS OF APPLICANT

Enter the complete address of the applicant including zip code.

6. FEDERAL IDENTIFICATION NUMBER

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

7. ANTICIPATED GRANT START-UP DATE (Mo./Day/Yr.)

Enter the anticipated project start-up date. Allow a minimum of 90 days for processing the application form. If the 90 day processing period is not included, the Transportation Safety Section may revise the start-up date to a date later than requested.

8. SIGNATURES

A. PROJECT DIRECTOR

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

B. FINANCIAL OFFICER

Enter the full NAME, TITLE, ADDRESS, and TELEPHONE NUMBER of the person responsible for the overall fiscal administration of the project.

C. AUTHORIZING OFFICIAL OF GOVERNMENTAL UNIT

Enter the NAME, TITLE, ADDRESS, and TELEPHONE NUMBER of the chief executive officer of the political subdivision (mayor, town manager, mayor, chief of police, university official, or state agency head).

The Authorizing Official, by his or her signature, assures that all Equal Employment Opportunity requirements will be met in carrying out the project.

NOTE: SIGNATURES - submit a minimum of one application form with original signatures.

INSTRUCTIONS FOR PAGE TWO

9. STATEMENT OF THE PROBLEM AND BACKGROUND INFORMATION

Describe in detail the specific problem to be corrected or impacted. Indicate the reason 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 requested project.

INSTRUCTIONS FOR PAGE THREE

10. OBJECTIVES

Describe the objectives to be accomplished during this project. The objectives should be specific, clearly written, measurable, and time-framed. The project will be evaluated on the approved objectives.

INSTRUCTIONS FOR PAGE FOUR

11. ACTIVITIES AND PROCEDURES

Describe activities and procedures you will undertake to achieve each objective. Identify project personnel and responsibilities. Include activity timelines.

INSTRUCTIONS FOR PAGE FIVE

12. BUDGET DETAILS

The budget must contain a detailed list of the total proposed expenditures. The budget detail is to be prepared using the following cost categories for each participating agency. The format will be by cost category with columns for federal, non-federal (matching), and total dollars. Round each cost category to the nearest whole dollar.

A. PERSONNEL COSTS

(1) Salaries and wages

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

(2) Fringe Benefits

List and compute the dollar value for each fringe benefit separately. If the fringe is based on a percentage, indicate that percentage. If the fringe is based on a monthly cost, indicate that cost. Show total cost of fringe benefits. To increase the benefits of the limited federal funds available for individual projects, the Transportation Safety Section discourages the inclusion of this cost category.

(3) Travel

Itemize all travel costs related to the project including transportation, lodging, and meals. Show adequate detail and computations to support the costs. Itemize costs as either "In-State" or "Out-Of-State." Identify the nature of the travel and explain how the travel will benefit the project.

B. CONTRACTUAL SERVICES

Contractual services are services of individual consultants or consulting firms engaged in performing special services pertinent to highway safety.

The TSS must approve any contract for services before the contract is finalized.

C. OPERATING COSTS

Materials used during the project period fall into this category. Examples of such items would be office supplies, postage and printing. Itemize each cost and provide detail including quantities and per item cost.

D. EQUIPMENT

Identify all equipment to be purchased for this project. 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 throughout its useful life. Any equipment purchased through a state agency administered project must also adhere to all state equipment control procedures.

E. INDIRECT COSTS

To increase the benefits of the limited federal funds available for individual projects, the Transportation Safety Section discourages the inclusion of this cost category.

F. MULTIAGENCY SUMMARY

A multi-agency summary is required when 2 or more agencies participate in the same highway safety project. List the total of each cost category for each agency and then total the dollar amounts for each agency.

INSTRUCTIONS FOR PAGE SIX

13. CONTINUATION AND COST ASSUMPTION

Describe how project activities will be supported when federal participation ends. Include the agreements you will make to convince local authorities that this project is worth continuing. The seed money concept of highway safety funding requires this important step.

INSTRUCTIONS FOR PAGE SEVEN

14. BUDGET SUMMARY

A. COST CATEGORY

Enter the budget category totals from the Budget Narrative Section (13) on page 5.

B. SOURCE OF FUNDS

Indicate the source of funds anticipated to complete the project (federal, non-federal).
NOTE: The total budgeted costs and the source of funds total must agree.

FORM SUBMISSION INSTRUCTIONS

Submit a minimum of one typed application with original signatures.

State of Connecticut
Department of Transportation
Transportation Safety Section
2800 Berlin Turnpike
P.O. Box 317546
Newington, Connecticut 06131-7546

If you have any questions regarding completion of the TSS highway safety project application, please call 594-2370. If your application is approved, the Governor's Highway Safety Representative will sign your project application on page 1 beneath your agency's signatures. The project application will then become a project agreement. An approval letter will be sent to your agency and copy of the executed project agreement will be sent to the project director.

STATE OF CONNECTICUT DEPARTMENT OF TRANSPORTATION TRANSPORTATION SAFETY SECTION	SHADED AREA FOR TSS USE ONLY		
	Project No:	<input type="checkbox"/> Project Initiation <input type="checkbox"/> Project Revision	<input type="checkbox"/> Project Cancellation <input type="checkbox"/> Project Continuation
	Program Area:	Date Approved:	
	Program Description:		
HIGHWAY SAFETY PROJECT APPLICATION			
ACCEPTANCE -- IT IS UNDERSTOOD AND AGREED BY THE UNDERSIGNED THAT FUNDS RECEIVED AS A RESULT OF THIS APPLICATION IS SUBJECT TO THE REGULATIONS GOVERNING HIGHWAY SAFETY PROJECTS. THIS AGREEMENT MAY BE TERMINATED BY EITHER PARTY IN ACCORDANCE WITH TRANSPORTATION SAFETY SECTION POLICY. COPY OF POLICY OBTAINED UPON REQUEST.			
PROJECT TITLE:			
GOVERNMENTAL UNIT:		ADDRESS OF GOVERNMENTAL UNIT:	
APPLICANT:		ADDRESS OF APPLICANT:	
FEDERAL IDENTIFICATION NUMBER (FEIN):		ANTICIPATED PROJECT STARTUP DATE:	
APPROVED PROJECT PERIOD: (mo/date/yr) FOR TSS USE ONLY			
FROM:		THROUGH:	
PROJECT DIRECTOR:	TITLE:	TELEPHONE NUMBER:	
		FAX NUMBER:	
SIGNATURE:	ADDRESS & ZIP CODE:	E-MAIL ADDRESS:	
FINANCIAL OFFICER:	TITLE:	TELEPHONE NUMBER:	
		FAX NUMBER:	
SIGNATURE:	ADDRESS & ZIP CODE:	E-MAIL ADDRESS:	
AUTHORIZING OFFICIAL:	TITLE:	TELEPHONE NUMBER:	
		FAX NUMBER:	
SIGNATURE:	ADDRESS & ZIP CODE:	E-MAIL ADDRESS:	
APPROVAL -- FOR TSS USE ONLY			
FISCAL REVIEW COMPLETED BY:	PROJECT MANAGER REVIEW COMPLETED BY:		DATE:
	PROGRAM COORDINATOR REVIEW COMPLETED BY:		DATE:
DATE:			
THIS ACTION: PREVIOUS ACTION: TOTAL OBLIGATED:	GOVERNOR'S HIGHWAY SAFETY REPRESENTATIVE:		
	Robbin L. Cabelus		
	SIGNATURE:	DATE:	

PROJECT TITLE	APPLICANT

STATEMENT OF THE PROBLEM AND BACKGROUND INFORMATION

PROJECT TITLE	APPLICANT
GOALS AND OBJECTIVES	

PROJECT TITLE	APPLICANT
ACTIVITIES	

PROJECT TITLE	APPLICANT
BUDGET DETAIL	

PROJECT TITLE	APPLICANT

PROJECT EXPENDITURES --- REIMBURSEMENT REQUIREMENTS

This is a federally reimbursable program. The cost of all expenses incurred under this project must first be paid for with municipal or state agency funds. The sub-grantee may then apply for reimbursement based on the procedures and policies listed below.

Project Start Date #REF!	Project Ending Date September 30, 2007	Reimbursement Deadline November 14, 2007
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- Only expenses contained in the approved Highway Safety Project application may be claimed for reimbursement.
- Expenses **MUST** be incurred within the approved Project Start and Ending Dates. (see above)
Please verify the Project Start Date and Project Ending Date prior to any project activity.
- **PERSONNEL SALARIES** -- If personnel salary expenditures are authorized as part of this project, completed and signed "*Transportation Safety Time Sheets*" **MUST** accompany these expenditures for reimbursement. It is strongly suggested that if personnel expenses to accomplish the goals established within the project will span over six (6) months in duration, that claims for reimbursement be submitted on a quarterly basis.
- **EQUIPMENT (if applicable)** -- It is strongly suggested that purchase of all equipment listed in the Budget Detail of the project application be initiated as soon as possible after official notification of project approval.
- Reimbursement of approved Equipment Expenditures must include the following backup documentation:
 - (a) Copies of municipal/agency purchase orders.
 - (b) Copies of Vendor Invoices identifying equipment purchased.
 - (c) Copies of cancelled checks verifying proof of payment. -- **OR** --
Signed and notarized "*Transportation Safety Section Equipment Grant Claim of Reimbursement*" in lieu of cancelled checks
- Under the terms and conditions of this project application, ALL SUPPORTING DOCUMENTATION must be submitted to the Transportation Safety Section no later than forty five (45) days after the project's ending date.
Please verify the Reimbursement Deadline prior to any project activity.

**FAILURE TO MEET THE REIMBURSEMENT REQUIREMENTS
SET FORTH WILL RESULT IN YOUR CLAIM BEING DENIED.**

PROJECT TITLE	APPLICANT

CONTINUATION AND COST ASSUMPTION

PROJECT TITLE	APPLICANT

BUDGET SUMMARY

Federal Share
State/Local Share

BUDGET SUMMARY SUBMITTAL

COST CATEGORY	AMOUNT	SOURCE OF FUNDS	
PERSONNEL SERVICES		FEDERAL FUNDS	
CONTRACTUAL SERVICES		NON-FEDERAL FUNDS	
OPERATING COSTS		TOTAL FUNDS	
EQUIPMENT			
INDIRECT COSTS			
TOTAL BUDGETED			

BUDGET SUMMARY APPROVAL (DHS USE ONLY)

COST CATEGORY	AMOUNT	SOURCE OF FUNDS	
PERSONNEL SERVICES		FEDERAL FUNDS	
CONTRACTUAL SERVICES		NON-FEDERAL FUNDS	
OPERATING COSTS		TOTAL FUNDS	
EQUIPMENT			
INDIRECT COSTS			
TOTAL BUDGETED			

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