



**ARIZONA GOVERNOR'S OFFICE OF HIGHWAY SAFETY  
Grant Application**

**Federal Fiscal Year: 2025**

**DUE DATE: March 8, 2024**

Grant application decisions are reviewed and decided upon by GOHS and include consideration of the following: analysis of crash data, need for the project, past performance with highway safety grants (if applicable), and Federal funding availability. Please contact the Arizona Governor's Office of Highway Safety at (602) 255-3216 if you need assistance with this application. Please email proposal to [grants@azgohs.gov](mailto:grants@azgohs.gov)

**SECTION A: Agency Application Information**

**Agency:** Agency Name:  
Address:  
City, State, Zip:  
Fax:  
Phone:

**Project Director:** Title & Name:  
Address:  
City, State, Zip:  
Phone:  
Email:

**Project Admin:** Title & Name:  
Address:  
City, State, Zip:  
Phone:  
Email:

**Financial Contact:** Title & Name:  
Address:  
City, State, Zip:  
Phone:  
Email:

Please attach a cover letter addressed to the Director of the Governor's Office of Highway Safety on agency letterhead. This cover letter **must be signed** by a representative of your agency authorized to commit your agency to conduct the grant should it be approved for funding.

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**SECTION B-1: Agency/Organization Overview**

Fill in the information in this section for your agency/organization.

**Project Title:**

**Project Description:** (1 or 2 paragraphs, brief overview)

**Organization Size:**

**Total Population in your city/town or counties served:**

**Select the County served by your agency/organization:**

State Wide	Maricopa County
Apache County	Mohave County
Cochise County	Navajo County
Coconino County	Pima County
Gila County	Pinal County
Graham County	Santa Cruz County
Greenlee County	Yavapai County
La Paz County	Yuma County

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**SECTION B-2: Problem Identification**

Provide a narrative of the highway safety problem in your community/jurisdiction. Describe the nature and magnitude of the problem using valid, up-to-date statistical data. Identify which program area(s) have the greatest need, (i.e., impaired driving, occupant protection, speeding and aggressive driving, pedestrian safety, etc.). Indicate what is happening, when it is happening, where it is happening, and the contributing factors.

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**SECTION C: Goals and Objectives**

In the spaces below, create 2 to 4 quantifiable goals that will relate to your agency/organization's problem identification as stated in Section B-2. The 2025 Federal Fiscal Year begins on October 1, 2024 and ends September 30, 2025.

**Other Agency/Non-Profit:**

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**SECTION D: Project Strategies and Activities (Method of Procedure)**

In the spaces below, list or describe specific planned activities that your agency will perform in order to achieve their project objectives on a quarterly basis. Activities should describe what will be done, who will do it, and when it will take place. Objectives and subsequent activities in your project should follow the SMART method:

- S = Specific**
  - M = Measurable**
  - A = Action-Oriented**
  - R = Realistic**
  - T = Time-Framed**
- 

1st Quarter: 10/01/2024 - 12/31/2024

Estimated 1st Quarter Expenditures:

2nd Quarter: 01/01/2025 - 03/31/2025

Estimated 2nd Quarter Expenditures:

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**SECTION D: Project Strategies and Activities (Continued)**

3rd Quarter: 04/01/2025 - 06/30/2025

Estimated 3rd Quarter Expenditures:

4th Quarter: 07/01/2025 - 09/30/2025

Estimated 4th Quarter Expenditures:

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**SECTION E: Detailed Project Budget**

Please fill in the budget category that relates to your agency's project proposal. Please note that GOHS only grants overtime projects at a maximum employee related expense (ERE) rate of 40%.

**Personnel Services**

**Description:**

<b>Personnel Services:</b>			<b>Employee Related Expenses:</b>	
<b>Description</b>	<b>Requested Amount</b>	<b>Overtime Amount</b>	<b>ERE Amount</b>	<b>ERE %</b>

**Total:**

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**Professional & Outside Services**

**Description:**

**Professional & Outside Services:**

Description	Requested Amount

**Total:**



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**Travel  
In-state & Out-of-State**

**Description:**

**Travel:**

Description	Transport	Lodging	Meals	Misc.	Amount

**Total:**

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**Materials & Supplies**

**Description:**

**Materials & Supplies:** Designated for items with a per unit cost less than \$5,000.00.

Description	Quantity	Price Per Unit	Tax	Shipping	Amount

**Total:**

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**Capital Outlay**

**Description:**

**Capital Outlay:** Designated for any equipment with a per unit cost of \$5,000.00 or more. All other items should be placed in Materials & Supplies.

**NOTE: It is the Agency's responsibility to confirm the equipment is Buy America compliant. A letter from the manufacturer may be required.**

Description	Quantity	Price Per Unit	Tax	Shipping	Amount

**Total:**

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**Total Estimated Costs**

Description	Requested Amount
Personnel Services	
Employee Related Expenses	
Professional & Outside Services	
Travel	
Materials & Supplies	
Capital Outlay	
<b>Total:</b>	

**ERE:**

**SECTION F: Additional Proposal Information**

If there is any additional information that your agency would like to attach to their proposal, please include a PDF attachment with your proposal. Additional information may include: pictures, invoice estimates, City/Town/County resolutions, additional enforcement information, etc.