



**ARIZONA GOVERNOR'S OFFICE OF HIGHWAY SAFETY
Grant Application for Law Enforcement Projects**

Federal Fiscal Year: 2026

DUE DATE: March 7, 2025

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**

SECTION A: Agency Application Information

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

**Governmental Unit:
(City, Town, County)** Governmental Name:
Mgr/Supvr Title & Name:
Address:
City, State, Zip:

Project Director: Chief/Sheriff 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 Overview – Emergency Medical Services

Fill in the information and statistics in this section for your jurisdiction.

Project Title:

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

Number of emergency responders:

Total Population in your city/town/district:

Total Road Mileage: Highway Local Total

Crash Data: Include all data for your jurisdiction, not crashes only worked by your agency.

	2023	2022	2021
Total Crashes			
Total Injury Crashes			
Total Fatal Crashes			
Traffic Calls for Service			
Total Serious Injuries			
Total Fatalities			
Crash to Hospital Arrival Times (Min.)			

The data above represents: District City/Town

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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 – Emergency Medical Services

Based on your problem identification stated in Section B-2, fill in the blanks for each agency Goal and Contract Objective outlined below. The 2026 Federal Fiscal Year begins on October 1, 2025 and ends on September 30, 2026.

Agency Goal:

To decrease the average Crash to Hospital Arrival Time in extrication crashes from _____ minutes during calendar year 2024 to _____ minutes by December 31, 2026.

Contract Objectives:

In addition to the required goals, create two additional contract objectives that your agency can achieve by the end of FFY 2026.

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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: 10/01/2025 - 12/31/2025

Estimated 1st Quarter Expenditures:

2nd Quarter: 01/01/2026 - 03/31/2026

Estimated 2nd Quarter Expenditures:

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SECTION D: Project Strategies and Activities (Continued)

3rd Quarter: 04/01/2026 - 06/30/2026

Estimated 3rd Quarter Expenditures:

4th Quarter: 07/01/2026 - 09/30/2026

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:

Personnel Services:			Employee Related Expenses:	
Description	Requested Amount	Overtime Amount	ERE Amount	ERE %

Total:

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Professional & Outside Services

Description: *(Attached Backup Documentation Required)*

Professional & Outside Services:

Description	Requested Amount

Total:

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

Description: *(Attached Backup Documentation Required)*

Travel:

Description	Transport	Lodging	Meals	Misc.	Amount

Total:

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Materials & Supplies

Description: *(Attached Backup Documentation Required)*

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: *(Attached Backup Documentation Required)*

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 is 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	
Total:	

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.