



ARIZONA GOVERNOR'S OFFICE OF HIGHWAY SAFETY
Grant Application

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:

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 2026 Federal Fiscal Year begins on October 1, 2025 and ends September 30, 2026.

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: 10/01/2025 - 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.