



**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](mailto: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 – LAW ENFORCEMENT PROJECTS**

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

**Project Title:**

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

**Number of sworn officers:**

**Total Population in your city/town or county:**

**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			
Total Pedestrian-related Crashes			
Total Pedestrian-related Serious Injuries			
Total Pedestrian-related Fatalities			
Total Bicycle-related Crashes			
Total Bicycle-related Serious Injuries			
Total Bicycle-related Fatalities			

The data above represents: County      City/Town

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**SECTION B-1: Agency Overview (Continued) – LAW ENFORCEMENT PROJECTS**

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

	2024	2023	2022
Total Contacts (Traffic Stops)			
Total Sober Designated Drivers Contacted			
Total Know Your Limit Contacts			
DRE Evaluations Conducted			
<b>TOTAL DUI ARRESTS</b>			
Total DUI Aggravated			
Total DUI Misdemeanor			
Total DUI Extreme (.15 or Above)			
Under 21 DUI Arrests			
Average BAC			
Distracted Driving Citations			
Total DUI Drug Arrests			
30-Day Vehicle Impounds			
Seat Belt Citations			
Child Restraint Citations			
Criminal Speed Citations			
Reckless Driving Citations			
Civil Speed Citations			
Other Citations			
Other Arrests			
Participating Officer/Deputies (Cumulative)			

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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 – Pedestrian Safety**

Based on your problem identification stated in Section B-2, fill in the blanks for each agency Goal and Contract Objective outlined below.

**Agency Goals:**

To decrease fatalities in pedestrian traffic-related fatalities           % from           in calendar year 2024 to           by December 31, 2026.

To decrease the number of pedestrian traffic-related serious injuries           % from           in calendar year 2024 to           by December 31, 2026.

**Contract Objective:**

Conduct/participate in           outreach/education bicycle and pedestrian safety events each quarter during FFY 2026.

**Additional Contract Objectives:**

*In addition to the required goals and objectives, 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:**

<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: *(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	
<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.