**GRANT APPLICATION COVER SHEET**

North Dakota Department of Transportation, Highway Safety Division

April 2023

**Project Information**

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| Project Title      | Service Area in Which the Proposed Traffic Safety Program Will Operate      |
| Project Description (no more than 25 words)      |

**Agency Information**

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| Agency Name      |
| Project Coordinator Name      | Project Coordinator Title      |
| Head of Agency Name      | Head of Agency Title      |
| Head of Agency Signature |
| PO Box      | Street Address (needed in addition to PO Box)         | City      | Zip Code      |
| Telephone Number      | Fax Number      | E-mail Address      |
| **Applicant must provide a Federal Employee ID Number. Ask your auditor, treasurer, or city clerk.** |  Federal Employer ID Number       |
|  Fiscal Officer Name       |  Fiscal Officer Title       |
|  Fiscal Officer Signature |

**Acknowledgement of Review of Grant Terms**

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| My signature acknowledges that I reviewed and understand the terms of the grant outlined in the document, *Grant Guidelines for Traffic Safety Programs.*  |
|  Project Coordinator Name       |  Project Coordinator Title       |
|  Project Coordinator Signature  |

**Documentation from County or Counties of Operation of Local Share for Traffic Safety Programs**

States that receive federal funds under Section 402 of the Highway Safety Act must assure that at least 40 percent of all funds are expended to the benefit of the political (local) subdivisions of the state, including Indian tribal governments, in carrying out local highway safety programs. Please have the cities or counties in which the project will operate complete the following information and submit the information with your application packet***. Note: Applicants that are political subdivisions or tribes are exempt from this documentation.***

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| This is the documentation of our involvement in the NDDOT-funded traffic safety program performed in our jurisdiction.🞏 We will be involved in the initiation, development, and implementation of the program.🞏 We agree in advance of implementation to accept the benefits of the program.🞏 Other (please explain):       |
| Jurisdiction Name (City or County)       | Date      |
|  Jurisdiction Representative Name       |  Jurisdiction Representative Title       |
|  Signature  |