



HIGHWAY SAFETY PROGRAM COST SUMMARY

State _____ Number _____ Date _____

Program Area	Approved Program Costs	State/Local Funds	Federally Funded Programs			Federal Share to Local
			Previous Balance	Increase/(Decrease)	Current Balance	
Total NHTSA						
Total FHWA						
Total NHTSA & FHWA						

State Official Authorized Signature:
 NAME: _____
 TITLE: _____
 DATE: _____

Federal Official Authorized Signature:
 NHTSA - NAME: _____
 TITLE: _____
 DATE: _____
 Effective Date: _____