



U.S. Department of Transportation
**National Highway Traffic Safety
 Administration**
Federal Highway Administration

HIGHWAY SAFETY PROGRAM COST SUMMARY

State _____ Number _____ Date _____

OMB No. 2127-0501
 Expiration Date: mm/dd/yyyy

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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: _____

Federal Official Authorized Signature: _____

NAME: _____
 TITLE: _____
 DATE: _____

NHTSA - NAME: _____
 TITLE: _____
 DATE: _____

Effective Date: _____