

Planning and Demonstration Grant Application (CFDA #20.939)

Applications must be submitted by XX, 2024 by 5:00 pm EDT. Late applications will not be accepted.

This application site is for applicants wishing to submit a FY 2024 application for a **Planning and Demonstration grant** (formerly known as an Action Plan grant). If you wish to apply for an Implementation grant award, please visit:

https://usg.valideval.com/teams/usdot_ss4a_2023_implementation/signup.

To assist in completing your application, please view the resources available at:

<https://www.transportation.gov/grants/ss4a/how-to-apply>

Sign Up Instructions:

If you do not have a Valid Eval account, complete the dark blue Sign-up box below. Once you have signed up and are logged into your account, the submission form fields below will be available for you to edit. Before starting to fill this form out, please take the time to ensure you have all the required information at hand and your final documents are ready for submission.

The Notice of Funding Opportunity (NOFO), with detailed instructions on how to prepare your proposal, is located at the right of this page. Additional templates and resources are also available there as well as on the SS4A program website.

Contact Information:

SS4A Program Website: <https://www.transportation.gov/grants/SS4A>

SS4A Email: ss4a@dot.gov

Telecommunications device for the deaf (TDD) is available at 202-366-3993.

[Insert Blue Valid Eval Sign-Up Box]

All fields are required, unless otherwise noted.

Applicant Information

Primary applicant information should match what is indicated on the SF-424.

Entity/Community Name: [Form entry]

Entity/Community Type: [Drop down: County Government, City or Township Government, Metropolitan Planning Organization, Federally Recognized Tribal Government, Other Subdivision of a State (e.g., Special District, Local or State Educational District, or Transit Agency), Multijurisdictional Group of Entities]

Lead Applicant State: [Drop down from Federally-recognized Tribe, all states; DC, PR, American Samoa, Guam, Northern Mariana Islands, Virgin Islands]

Lead Applicant UEI: [Form entry]

If possible, please include two points of contact. While contractors are permitted to develop and submit application materials on behalf an applicant, the points of contact listed below must be staff of the applicant agency. In the event we need to contact you,

we usually provide only a few business days to respond. Include individuals who will be responsive or put up away messages with other points of contact from (month) through (month) 2024.

Primary Contact First Name: [Form entry]
Primary Contact Last Name: [Form entry]
Primary Telephone number: [Form entry]
Primary Email: [Form entry]
Alternate Contact First Name: [Form entry]
Alternative Contact Last Name: [Form entry]
Alternate Telephone number: [Form entry]
Alternate Email: [Form entry]

Jurisdiction Applicant Data

Does your application have additional applicants as part of a multijurisdictional group of eligible entities? [drop-down yes, no]

If yes, please provide an attachment (template online) listing all joint applicants and their population and fatality data. All data entered below is based on the total population for the entire application area.

Total jurisdiction population is based on 2020 U.S. Census American Community Survey (ACS) data and includes the total population of all Census tracts where the applicant operates or performs their safety responsibilities. If the jurisdiction includes portions of Census tracts, please include the entire Census tract population here. The population values are available from the U.S. Census website directly or from the DOT Equitable Transportation Community Explorer (ETCE) tool. (For more information on how to use that tool, see [LINK]).

Total Applicant Jurisdiction Population: [Form entry-must be whole number]

Total Applicant Jurisdiction Applicant Census Tract(s): [Form entry]

Census Tract(s) of any pilot or demonstration projects (if applicable): [Form entry]

The count of roadway fatalities from the most recent five years of data (2017-2021) in the jurisdiction based on DOT's Fatality Analysis Reporting System (FARS) data, an alternative traffic fatality dataset, or a comparable data set with roadway fatality information. This should be a whole number. Cite the source, if using a dataset different from FARS, and provide a link to or attachment of the data.

Total Count Motor Vehicle-Involved Roadway Fatalities the most recent five years (2017-2021): [Form entry-must be whole number]

Alternative Fatality Data (upload documentation in artifacts if applicable): [Form entry-optional]

Fatality Rate per 100,000 persons: the fatality rate calculated using the 5-year annual average from the total count of fatalities from the most recent five years (2017-2021) based on FARS data, an alternative traffic fatality dataset, or a comparable data set with roadway fatality information, which is divided by the population of the applicant's jurisdiction based on 2020 U.S. Census ACS population data. The rate should be normalized to per 100,000 persons.

Total Average Annual Fatality Rate (per 100,000 population: [allow one decimal point]

The population in underserved communities should be a percentage obtained by dividing the population living in Census tracts with an Underserved Community designation divided by the total population living in the jurisdiction. The population must be based on 2020 Census Data. You may use either the DOT Equitable Transportation Community Explorer tool OR the Climate and Economic Justice Screening Tool to identify disadvantaged communities. You must upload a screenshot of your results. Instructions are available at [LINK].

Please note which tool you are using to determine Underserved Community designation: [check box select only one]:

- DOT Equitable Transportation Community Explorer
- OMB Climate and Economic Justice Screening Tool
- Tribal area – identified in NOFO as Underserved
- U.S. territory – identified in NOFO as Underserved

Total Percent of Population in Underserved Communities Census Tract(s): [Form entry]

Regional Coordination

Please use the following map to review FY 2022 SS4A awardees to identify whether an award was made in your region in the last funding round:

<https://www.transportation.gov/grants/ss4a/2022-awards>. After reviewing the map and awardee list, respond to the questions below.

Have you received, or is your jurisdiction covered by, previous year funding for an SS4A grant? [Radio buttons]:

- No,
- Yes, received FY22 grant to develop or complete an Action Plan,
- Yes, received FY22 funding for supplemental planning activities,
- Yes, jurisdiction included in a regional or multijurisdictional Action Plan effort that received FY22 funding,
- Yes, jurisdiction included in a regional or multijurisdictional Implementation Grant effort that received FY22 funding,
- Yes, received FY22 funding for an Implementation grant]

Are there any other entities applying for SS4A FY23 Planning and Demonstration Grants that also have planning responsibility over your jurisdiction (e.g., local government, county, Federally recognized Tribe, transit authority, Metropolitan Planning Organization, Regional Planning Commission, Council of Governments, or other regional planning organization) ? [Radio buttons: yes, no]

If answer is “Yes” to either of the above questions, please explain how the proposed application activities differ or complement the other efforts: [Text box]

If answer is “Yes” to either of the above questions, please affirm that you coordinated with the other relevant entities prior to applying:

[Radio buttons

-I have inquired and to the best of my knowledge the other entities with planning responsibility for my jurisdiction are not applying for SS4A funding / there are no other entities with planning responsibility for my jurisdiction

-I affirm that my entity/community has coordinated with the relevant jurisdictions, and I will coordinate with other entities that have planning responsibility over the jurisdiction to reduce fatalities and serious injuries within our shared planning areas if awarded funds.

-I did not coordinate with any relevant jurisdictions, and/or I do not affirm that my entity/community will coordinate with other entities that have planning responsibility over the jurisdiction to reduce fatalities and serious injuries within our shared planning areas]

Project Information

Enter a concise, descriptive title for the project. This should be the same title used in the SF-424 form and the application narrative. The title should be less than 15 words.

Project Title: [Form entry-max 150 characters]

In 2-3 sentences, describe the problem to be solved from this project:

Project Goal: [Form entry]

Applicants may apply for a combination of activity types. If applicant wishes to apply for Demonstration or Supplemental Planning Activities, they must also develop/complete an Action Plan OR provide a self-certification checklist certifying they have an existing Action Plan in place OR affirm that you are in the process of completing an Action Plan that will contain all of the elements included in NOFO Table 1.

Application Type: [Radio Button- select one: Develop New Action Plan (only), Develop Action Plan as well as Demonstration or Other Supplemental Planning, Conduct Demonstration or Other Supplemental Planning Activities (only)]

If selected Demonstration or Other Supplemental Planning Activities, please indicated what type of Demonstration or Other Supplemental Planning Activities: [Radio button-select all that apply:

- Quick Build/Tactical Urbanism (e.g., paint, plastic bollards, etc.)
- Demonstration/Pilot of Behavioral Program
- Demonstration/Pilot of Operational Program
- Demonstration/Pilot of technology to support safety planning and analysis
- Road Safety Audits
- MUTCD Experimentation (excluding roadway reconstruction)
- Additional Analysis (e.g., speed or lighting studies)
- Expanded Data Collection (e.g., targeted equity assessments)
- Complementary Planning (e.g., Accessibility and Transition plans, Other]
- Add elements to and/or update existing Comprehensive Safety Action Plan

For more information on what constitutes demonstration or supplemental planning activities, please visit: [Insert hyperlink once job aid is created]

If selected Conduct Demonstration or Other Supplemental Planning Activities (only) above, please select one of the following: (check box select only one)

- Existing plan (noted below) meets the criteria in the Self-Certification Eligibility Worksheet
- Action Plan under development will meet all of the criteria included in NOFO Table 1

If selected Conduct Demonstration or Other Supplemental Planning Activities (only) above, please provide a weblink to the plan that serves as the Comprehensive Safety Action Plan or established plan(s) that are substantially similar. This may be attached as a supporting PDF document instead in the "Action Plan" file; if this is done, indicate "see Action Plan" in the box below:

[Form entry]

Project Costs

Information provided in this section should be consistent with the information provided in the 424-A attachment. Whole numbers are required (no cents). The Federal share of the SS4A grant may not exceed 80% of the Total Eligible Costs. For guidance about how to calculate local share/match visit [insert link to new guidance document].

Total Federal Funding Request: [Form entry-whole number only]

Total Local Contribution/Match: [Form entry that may include cents; must be equal to, or greater than, 20% of total project cost]

Total Project cost: [form entry]

Do you plan to use any other Federal funding (e.g., Title 23 funds) for this project? [form entry Yes/No]

If so, please list the other Federal funds you propose to use:

Allocate Federal funding request amounts by State based on where the funds are expected to be spent. If the planning activity will take place in only one State, put the full Federal funding request amount.

Total Project Cost for Lead Applicant's State or Tribe: [Form entry-whole number only]

Total Project Cost of Additional State 1: [Optional form entry-whole number only]

Total Project Cost of Additional State 2: [Optional form entry-whole number only]

Files to Upload:

Templates for each of these forms are located in the right hand-column. Applicants are required to use these templates, without modifications, in order for their application to be considered. [When signatures are required as part of these templates, they must be signed by the applicant and not their contractors.](#) When uploading documents, please ensure that the documents uploaded are not password protected.

1. SF 424 Application for Federal Assistance (required):
2. SF 424A Budget Information for Non-Construction Programs (required)
3. SF 424B Assurances for Non-Construction Programs (required)
4. SF-LLL Disclosure of Lobbying Activities (required)
5. Narrative (required)
6. Map (required)
7. Screenshot of DOT Equitable Transportation Community Explorer Tool or Climate and Economic Justice Screening Tool (required)
8. Self-Certification Eligibility Worksheet (required only if applying for only for demonstration or supplemental planning activities)
9. Action Plan (required only if applying only for demonstration or supplemental planning activities, and other conditions are not met)
10. Budget narrative (for supplemental/demonstration activities)
11. Information on joint applicants (if applicable)
12. Safety data (if using alternative to FARS)
13. Letters of Support
14. Supporting Documents

[Forms and templates available in right hand column: FY 2024 NOFO, What's New for FY 2024 Job Aid, Planning and Demonstration Application Checklist, SF-424, SF-424A, SF-424B, SF-LLL, Self-Certification Eligibility Worksheet]