



# 2025-2026 TRIBAL TRANSPORTATION PROGRAM SAFETY FUND APPLICATION FORM

OMB CONTROL NUMBER: 21XX-XXXX

EXPIRATION DATE: mm/dd/yyyy

## Paperwork Reduction Act Burden Statement

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 21XX-XXXX. Public reporting for this collection of information is estimated to be approximately 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, completing, and reviewing the collection of information.

All responses to this collection of information are required to obtain or retain a benefit (per 23 USC 202(e)). Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Department of Transportation, Federal Highway Administration, 1200 New Jersey Ave SE, Washington, D.C. 20590.

## INSTRUCTIONS

Submit this application form along with a project narrative and supporting documentation by following further instructions online at: <https://highways.dot.gov/federal-lands/programs-tribal/safety/funds>

This is an interactive form in the Adobe Acrobat (.pdf) format. To ensure full functionality, [download a free copy of Acrobat Reader](#) if you do not already have it installed on your computer. Viewing the form in a web browser or other PDF viewers may result in an inability to use interactive features and may not allow the user to save content entered into the form.

If you have questions about the TTPSF please send an email to [TTPSF@dot.gov](mailto:TTPSF@dot.gov) or call Adam Larsen at 360-619-2601.

## Application Checklist

FHWA may be unable to process incomplete applications. A complete application package consists of:

Completed Application Form

Project Narrative (see Application Guide for template. Not required for applications to develop or update Safety Plans)

Supporting Documentation (plans, studies, maps, photos, data, etc.)

National Tribal Transportation Facility Inventory Route and Section Numbers  
(Required for Infrastructure Improvement)

Letter from Route Owner Acknowledging the Project  
(Required for Safety Studies & Infrastructure Improvement unless route is owned by BIA or a Tribe)

## PART 1. SELECT CATEGORY

Please review the Notice of Funding Opportunity and the *Application Guide* to identify the most appropriate category for your application. Please select a funding category for this application:

Safety Plan

Systemic Roadway Departure Countermeasures

Data Assessment, Improvement, and Analysis

Infrastructure Improvement

## PART 2. ENTER APPLICANT INFORMATION

|                                                                                                             |  |
|-------------------------------------------------------------------------------------------------------------|--|
| <b>Applicant Identifier</b><br>Find your six-character code <a href="#">here</a> .                          |  |
| <b>Unique Entity Identifier (UEI)</b><br>Must be registered at <a href="http://www.sam.gov">www.sam.gov</a> |  |
| <b>Official Name of Tribe</b>                                                                               |  |
| <b>Street Address</b>                                                                                       |  |
| <b>City</b>                                                                                                 |  |
| <b>State</b>                                                                                                |  |
| <b>Zip Code</b>                                                                                             |  |

### Contact Person for this Project

|                                                   |  |
|---------------------------------------------------|--|
| <b>Full Name</b>                                  |  |
| <b>Title</b>                                      |  |
| <b>Organizational Affiliation</b><br>(Department) |  |
| <b>Telephone Number</b>                           |  |
| <b>Email Address</b>                              |  |

### Additional Email Address

This optional field can be used to list an additional email address that may be contacted about this project.

**Status of Prior TTPSF Awards**

Describe the status of projects funded by TTPSF awards in prior years. For completed projects please provide an evaluation of the project's success in improving transportation safety. Include an additional page if needed.

**PART 3. ENTER PROJECT INFORMATION****Project Title****Project Abstract**

In a maximum of five sentences, summarize project work that would be completed under the project, the hazardous road location or feature or the highway safety problem that the project would address, and whether the project is a complete project or part of a larger project with prior investment. The project abstract must succinctly describe how this specific request for TTPSF would be used to complete the project.

## **PART 4. Project Funding**

|                                           |  |
|-------------------------------------------|--|
| <b>TTPSF Grant Request</b>                |  |
| <b>Tribal Match</b> (includes TTP Shares) |  |
| <b>Other Federal Funds</b>                |  |
| <b>State/Local Public Agency</b>          |  |
| <b>Other Funding Source</b>               |  |
| <b>Project Total</b>                      |  |

### **Describe Matching Contributions**

Describe other funding sources or leveraged resources anticipated to be part of this project, if any.

### **Is the applicant delinquent on any Federal debt?**

If yes, include an explanation as supporting documentation when uploading this application.

### **Will the applicant accept partial funding?**

If yes, describe independent components of the proposed project that could be accomplished with various funding packages in the project narrative.

**PART 5. Facility Inventory and Ownership** - Only required for applications to the "Infrastructure Improvement" and "Data Assessment, Improvement, and Analysis" Categories.

Include the route's common name, ownership, and route/section numbers from the National Tribal Transportation Facilities Inventory (NTTFI). If inventory information is not provided in this form, the application may be considered not qualified. For roadways not owned by the BIA or a Tribe, a letter from the owner acknowledging the project is required. If the project will impact more than nine routes, attach a separate document listing all project routes. More information about the NTTFI is available at

Data Assessment and Improvement projects that are not specific to a route do not require route information.

## PART 6. AUTHORIZATION

|                                                                                             |                         |  |
|---------------------------------------------------------------------------------------------|-------------------------|--|
| <b>Authorized Representative</b><br>(Person who authorized the application to be submitted) | <b>Full Name</b>        |  |
|                                                                                             | <b>Title</b>            |  |
|                                                                                             | <b>Telephone Number</b> |  |
|                                                                                             | <b>Email Address</b>    |  |

### Authorized Signature

Certification: By signing this report, I certify to the best of my knowledge and belief that the information in this application is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

X\_\_\_\_\_

If the authorized representative is unable to sign using an electronic signature, please submit this electronic form without the signature and also provide an image of the signed form as supporting documentation.

OMB CONTROL NUMBER: 21XX-XXXX

EXPIRATION DATE: mm/dd/yyyy

### Paperwork Reduction Act Burden Statement

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 21XX-XXXX. Public reporting for this collection of information is estimated to be approximately 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, completing, and reviewing the collection of information.

All responses to this collection of information are required to obtain or retain a benefit (per 23 USC 202(e)). Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Department of Transportation, Federal Highway Administration, 1200 New Jersey Ave SE, Washington, D.C. 20590.