

Organization Profile

Note: The Contracting Agency is the agency that has authority to enter into a contract with the LHSC. The Contracting Agency information may be different from the Implementing Agency information populated below.

Contracting Agency Name: *

Contracting Agency Type: *

Contracting Agency Address: Address Line 1: * Address Line 2:
City: * State: * ZIP: *

Contracting Agency Phone: *

Contracting Agency Email: *

Contracting Agency Website:

Tax ID Number (must be 9 digits): *

Unique Entity Identifier: *
(12 digit alpha-numeric)

Implementing Agency Name: *

Implementing Agency Type: *

Implementing Agency Address: Address Line 1: * Address Line 2:
City: * State: * ZIP: *

Implementing Agency Phone: *

Implementing Agency Email: *

Implementing Agency Website:

State Vendor Number: *

LDR Number: *

* By Checking this box, you certify that the information listed above is accurate to the best of your knowledge.

Contact Information

| | | |
|------------------------------------|----------|----------|
| Subgrantee Project Director | Name: * | Title: * |
| | Phone: * | Email: * |
| Subgrantee Fiscal Contact | Name: * | Title: * |
| | Phone: * | Email: * |
| Authorized Official | Name: * | Title: * |
| | Phone: * | Email: * |

Project Information

Project Title: *

Project Type: *

Project Period: Start Date:

End Date:

Program *

Percentage of Total Project: % *

Area(s):

Program *

Percentage of Total Project: % *

Area(s):

Total Percentage: %

Project Summary:

*

Project Location:

*

Entity's prior experience working with highway safety grants:

*

Describe the organization's current activities related to the project (these are activities that support the project and are not requested to be funded in this application):

Current staff involvement in the project (existing staff supporting the project not requested to be funded in this application):

Describe the target audience:

*

Problem Identification

Problem identification or problem statement is a critical part of the proposed project. It represents the justification for the proposal and focuses on the conditions the applicant wishes to change. Problem identification/problem statement looks at a particular situation and identifies causes for the problem. In this section, provide an overview of the traffic safety problem and the major factors that contribute to the fatal/injury crash levels. Describe what is happening, when it is happening, and where it is happening. Include three to five (3-5) years of data to document the traffic safety problem. Describe the source of the data. Describe why the proposed project is needed to address the cited problem. 1. Include three to five (3 to 5) years of baseline information. Data may include statistics on crashes, injuries, fatalities, DWI and moving violation contacts, specific time periods, roadway types, driver age, or other crashrelated statistics that support the problem. Crash statistics summarized by priority parishes are available at the end of this document. 2. Identify the cause of the problem. Be specific. 3. Identify the targeted population (i.e., drivers ages 16-20).

*

Supporting Attachments:

Description:

Goals, Objectives & Implementation

Provide the project's goal(s). The goal of the project is what needs to be accomplished in order to bring about a solution to a problem. Tie the goal to the problem statement.

Describe *

Goal:

In writing objectives, the following guidelines should be helpful:

1. Objectives are specific actions that will be taken to achieve the goal.
2. Objectives should be stated in terms of output (e.g. number of victims served, number of classes offered, etc.) and outcomes (e.g. victims will feel safer, victims will be able to process their feelings, etc.).
3. Objectives should include measurements such as numbers served, feelings of participants, repeat victimization, etc.
4. Objectives allow you to see if the project is accomplishing its goals (evaluation).

The Work Plan describes how you will do your work.

1. List, in order, the tasks that will be completed to achieve each objective.
2. Provide a time frame for completion of each task.
3. Identify staff that will be responsible for completing each task.

| Objective | Objective |
|-----------|-----------|
| Start | End |
| Date: | Date: |

| * | * |
|-------------|---|
| Responsible | |
| Party: | |

Objective: *

**Work
Plan:**

List of Key Project Staff:

Please identify all key project management and staff. Describe how personnel are uniquely qualified to manage and implement the project. Indicate if you will use existing staff or if you will need to recruit new staff for these key positions. Resumes and job descriptions must be provided with the application.

*

Data Collection/Performance Measures/Evaluation:

Provide a description of who will collect data, how the data will be collected, how the performance will be measured, and the overall evaluation process. Client feedback is strongly encouraged, if applicable.

*

Personnel

Check here if this form is not applicable.

Provide name, if available, and position. Job descriptions must be included for all positions. Resumes must be included for those positions which are filled. For unfilled positions, resumes must be provided once the position is filled. Provide the salary, rate type, proposed time, percentage of time to be devoted to the project, and match (if applicable). Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization.

| Name (not required) | Position | Job Description and Resume |
|---------------------|----------|----------------------------|
| | * | * |

| Salary | Rate Type | Proposed Time (months, years) | Proposed Time (# of hours) | Percentage of Time | Total Cost | Match | Grant Funds Requested |
|--------|-----------|-------------------------------|----------------------------|--------------------|------------|-------|-----------------------|
| \$ | | | | % | \$ | \$ | \$ |

Use the plus button to add additional benefits as necessary. Select "Percentage" or "Dolar Amount" for each type of benefit. Provide "Base" amount or "Rate" as necessary. Enter match if applicable.

| Type of Benefit | Fixed Type | Base | Rate | Total Cost | Match | Grant Funds Requested |
|----------------------------------|------------|------|------|------------|-------|-----------------------|
| | | \$ | % | \$ | \$ | \$ |
| | | \$ | % | \$ | \$ | \$ |
| Fringe Benefits Total(s): | | | | \$ | \$ | \$ |

| Total Cost | Match | Grant Funds Requested |
|------------------------------------|-------|-----------------------|
| Position Grand Total Costs: | \$ | \$ |

Narrative

Enter a text description explaining how the numbers provided in this section were generated as well as any explanation of the proposed personnel's roles and qualifications.

*

Travel

Check here if this form is not applicable.

All travel and other allowable expenses shall be in accordance with the State of Louisiana Division of Administration State General Travel Regulations, within the limits established for State authorized travelers as defined in State of Louisiana Division of Administration Policy and Procedure Memorandum No. 49 (PPM 49).

- Need more budget help? Click [HERE](#)

| Purpose of Travel Indicate the purpose of each trip or title of conference/training or meeting | Location Indicate the travel destination | Type of Travel (Select) | Cost | Quantity | # of Staff | # of Trips | Total Cost | Match | Grant Funds Requested |
|--|--|-----------------------------------|-------------|-----------------|-------------------|-------------------|-------------------|--------------|------------------------------|
| | | | \$ | | | | \$ | \$ | \$ |
| Travel - Total(s): | | | | | | | \$ | \$ | \$ |

Narrative

Enter a justification for the proposed travel with an explanation of why these costs are necessary for the success of the project.

*

Operating Services

Check here if this form is not applicable.

List and describe operating items that will be paid with grant funds (e.g. rent, reproduction, telephone, janitorial or security services) by type and the basis of the computation. For example, provide the square footage and the cost per square foot for rent, or provide a monthly rental cost and how many months to rent. All purchases must be in accordance with State of Louisiana purchasing guidelines. For additional information, please refer to the LHSC Sub-grant Manual and the Louisiana Office of State Procurement website below.

- Need more budget help? Click [HERE](#)

| Description | Quantity | Basis Unit of measure (e.g. each month, day year, etc.) | Cost Per Unit | Length of Time | Total Cost | Match | Grant Funds Requested |
|---------------------------------------|----------|--|---------------|----------------|------------|-------|-----------------------|
| | | | \$ | | \$ | \$ | \$ |
| Operating Services - Total(s): | | | | | \$ | \$ | \$ |

Narrative

Please use the box below to explain how funds will be utilized by the proposed project to enhance or expand the project.

*

Contracts/Consultants

Check here if this form is not applicable.

Provide a description of the products or services to be procured by contract and an estimate of the costs. All purchases must be in accordance with State of Louisiana purchasing guidelines. Please see link below.

- Need more budget help? Click [HERE](#)

Contracts

| Contract Title | Description | Purpose | Total Cost | Match | Grant Funds Requested |
|-------------------------------|-------------|---------|------------|-------|-----------------------|
| | | | \$ | \$ | \$ |
| Contracts Subtotal(s): | | | \$ | \$ | \$ |

Consultants

| Consultant Title | Description | Purpose | Rate Type | Rate | Proposed Time (days, weeks, months, years) | Proposed Time (#of hours) | Total Cost | Match | Grant Funds Requested |
|---------------------------------|-------------|---------|-----------|------|--|---------------------------|------------|-------|-----------------------|
| | | | | \$ | | | \$ | \$ | \$ |
| Consultants Subtotal(s): | | | | | | | \$ | \$ | \$ |

Contract/Consultant Travel (if necessary)

| Contractor Name/Title | Purpose of Travel | Location | Cost | Duration or Distance | # of Staff | Total Cost | Match | Grant Funds Requested |
|-----------------------|-------------------|----------|------|----------------------|------------|------------|-------|-----------------------|
| | | | \$ | | | \$ | \$ | \$ |

| | | | |
|---|----|----|----|
| Consultant Travel - Subtotal(s): | \$ | \$ | \$ |
|---|----|----|----|

| | Total Cost | Match | Grant Funds Requested |
|--|-------------------|--------------|------------------------------|
| Contracts/Consultants Total(s): | \$ | \$ | \$ |

Narrative

Justification of necessity of each contractual service and proposed use for this project:

*

Supplies

Check here if this form is not applicable.

Supplies are defined as expendable items that are to be purchased (Note: The State of Louisiana Property Control guidelines uses \$1,000.00 as a threshold for determining equipment versus supplies. If your Agency's own capitalization policy uses a lower threshold, use your Agency's own capitalization policy). All purchases must be in accordance with State of Louisiana purchasing guidelines. For additional information, please refer to the [LSHC Sub-grant Manual](#) and the Louisiana Office of State Procurement website shown below. In the budget narrative, explain how the supplies are necessary for the success of the project.

- Need more budget help? Click [HERE](#)

| Supply Item | Item Description | Number of Items | Unit Cost | Total Cost | Match | Grant Funds Requested |
|-----------------------------|------------------|-----------------|-----------|------------|-----------|-----------------------|
| | | | \$ | \$ | \$ | \$ |
| Supplies - Total(s): | | | | \$ | \$ | \$ |

Narrative

Enter an explanation of why these costs are necessary for the success of the project.

*

Equipment

Check here if this form is not applicable.

Equipment is defined as non-expendable items that are to be purchased (Note: The State of Louisiana Property Control guidelines uses \$1,000.00 as a threshold for determining equipment versus supplies. If your Agency's own capitalization policy uses a lower threshold, use your Agency's own capitalization policy and attach policy below). All purchases must be in accordance with State of Louisiana purchasing guidelines. For additional information, please refer to the LHSC Sub-grant Manual and the Louisiana Office of State Procurement website shown below. In the budget narrative, explain how the requested equipment is necessary for the success of the project.

- Need more budget help? Click [HERE](#)

| Equipment Item | Number of Items | Unit Cost | Total Cost | Match | Grant Funds Requested |
|------------------------------|-----------------|-----------|------------|-----------|-----------------------|
| | | \$ | \$ | \$ | \$ |
| Equipment - Total(s): | | | \$ | \$ | \$ |

Capitalization Policy:

Narrative

Enter an explanation of why these equipment costs are necessary for the success of the project.

*

Indirect Costs

Check here if this form is not applicable.

Does agency have a federally negotiated indirect cost rate?

Federally negotiated indirect cost agreement:

Please enter your indirect cost rate in the table below.

Is your agency requesting to use the de minimis rate?

Indirect costs are allowed if the applicant has a federally approved indirect cost rate. If the applicant does not have an approved rate the applicant may elect to charge a de minimis rate of 15% of modified total direct costs as indicated in 2 CFR Part 200.414f. The applicant may elect to not charge indirect costs. Additional information is included in the [Indirect Cost Rate Fact Sheet](#).

- Need more budget help? Click [HERE](#)

| Budget Category | Base | Indirect Cost Rate | Total Cost | Match | Grant Funds Requested |
|-----------------------------------|------|--------------------|------------|-------|-----------------------|
| Personnel | \$ | | \$ | \$ | \$ |
| Fringe Benefits | \$ | | \$ | \$ | \$ |
| Travel | \$ | | \$ | \$ | \$ |
| Operating Services | \$ | | \$ | \$ | \$ |
| Contracts/Consultants | \$ | | \$ | \$ | \$ |
| Supplies | \$ | | \$ | \$ | \$ |
| Indirect Costs - Total(s): | | | \$ | \$ | \$ |

Justification

Please use the box below to explain how funds will be utilized by the proposed project to enhance or expand the current project being funded.

*

Budget Summary

| Budget Category | Total Grant Funds Requested | Total Match | Total |
|----------------------------|-----------------------------|-------------|-------|
| Personnel | \$ | \$ | \$ |
| Fringe Benefits | \$ | \$ | \$ |
| Travel | \$ | \$ | \$ |
| Operating Services | \$ | \$ | \$ |
| Contracts/Consultants | \$ | \$ | \$ |
| Supplies | \$ | \$ | \$ |
| Equipment | \$ | \$ | \$ |
| Total Direct Costs | \$ | \$ | \$ |
| Indirect Costs | \$ | \$ | \$ |
| Total Project Costs | \$ | \$ | \$ |

Attachments

- For more information on doing business with the State of Louisiana, click [HERE](#)

Agency Use Only - Grantees can only download the attachment provided by the agency.

Description:

Miscellaneous - Please attach other requested information if applicable.

Description:

Corporations Only: Please attach Board Resolution, Disclosure of Ownership, Certificate of Authority, and/or Vendor Profile Data.

Vendor Profile Data:

Note: Vendor Profile Data is generated upon completion of a Vendor Registration. It must be provided to LHSC before a sub-grant agreement may be initiated.

Board Resolution: *

Disclosure of Ownership: *

Certificate of Authority: *

Authorized Signatories

Authorized Signatory:

*

Checking this box acknowledges that I have authority to make this application on behalf of the applicant.

Name

Title

Date

Risk Assessment

| | <u>Answers</u> | <u>Score</u> |
|--|----------------|--------------|
| 1. Determine if the Subrecipient had prior experience with same or similar subawards: | | |
| a. Has this entity received a federal award before? | * | |
| b. Has the entity had at least 5 years' experience with federal grants? | * | |
| 2. Determine the extent and results of Federal awarding agency monitoring (e.g. if a sub-recipient also receives federal awards directly from a federal awarding agency). | | |
| a. Did the agency receive monitoring from a federal awarding agency? | * | |
| b. Did the federal agency determine that there were financial or compliance issues? | * | |
| 3. Determine the results of previous audits: | | |
| a. Did the entity receive a single audit or program-specific audit in accordance with 2 CFR Part 200 Subpart F? | * | |
| Upload audit or provide link here: | | |
| i. Type of audit received: | * | |
| ii. Most recent period audited: | through * | |
| iii. Was the audit opinion unqualified? | * | |
| iv. Were there any audit findings reported in a schedule of findings and questioned costs? | * | |
| b. Did the entity receive an audit other than single audit or program specific audit? | * | |
| Upload audit or provide link here: | | |
| i. Other type of audit: | * | |
| (i.e. Annual, Compliance, Financial, etc.) | | |
| ii. Most recent period audited? | through * | |
| iii. Was this audit opinion qualified? | * | |
| iv. Were there any audit findings or questioned costs reported? | * | |
| 4. Determine if the subrecipient has new personnel and/or new or substantially changed systems: | | |
| a. Has the entity's key management or staff remained unchanged during the previous year? | * | |

Please explain changes in your personnel during the previous year:

*

b. Has the entity's organization structure remained unchanged during the previous year?

*

Please explain changes in your organization during the previous year:

*

c. Has the entity's accounting system remained unchanged from the previous year?

*

Please explain changes in your accounting system during the previous year:

*

d. Does your entity maintain internal control policies for grant management and financial reporting in accordance with 2 CFR Part 200?

*

Upload or provide link for entity's internal control policy here: