

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: * Phone: *	Title: * Email: *
Subgrantee Fiscal Contact	Name: * Phone: *	Title: * Email: *
Authorized Official	Name: * Phone: *	Title: * Email: *

Project Title: *

Project Period: Start Date: End Date:

Program Area(s): * Percentage of Total Project: % *

Total Percentage:

Project Summary:

*

Project Location:

*

Describe the organization's strategies/activities related to the project:

*

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.

Click [HERE](#) for help establishing your goals and objectives.

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).
5. Each objective and related work plan(s) should be entered separately.

Objective: *	Objective Start Date:	Objective End Date:
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The Work Plan describes how you will do your work.

Work plans for enforcement should deploy resources based on the analysis of crashes, crash fatalities, and injuries. Crash analysis, and other traffic safety reports, may be located on-line at the LSU Center for Analytics and Research in Transportation Safety ([CARTS](#)) and at the National Highway Traffic Safety Administration ([NHTSA](#))

**Work
Plan: ***

Responsible Party: *

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

Select Type of Enforcement and enter number of hours requested

Type of Enforcement	Rate Type	Hourly Rate	Proposed Time (# of hours)	Total Cost	Match	Grant Funds Requested
		\$		\$	\$	\$
		\$		\$	\$	\$
		\$		\$	\$	\$
Grand Total Costs:				\$	\$	\$

Narrative

Enter a justification for number of hours requested.

*

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

Narrative

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

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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:

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, see link above.

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

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

Narrative

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	\$	\$	\$
Travel	\$	\$	\$
Operating Services	\$	\$	\$
Contracts/Consultants	\$	\$	\$
Supplies	\$	\$	\$
Equipment	\$	\$	\$
Total Direct Costs	\$	\$	\$
Indirect Costs	\$	\$	\$
Total Project Costs	\$	\$	\$

Attachments

Instructions:

- Select the **SAVE** button to save information on each page.
- Save at least every 30 minutes to avoid losing data.
- To access the next or previous page, select the **NEXT FORM** or **PREVIOUS FORM** button below.

- 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:

Please provide your Agency's approved Overtime Policy.

Overtime Policy:

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: