



**JACKSON TRAFFIC
SAFETY PROGRAM**

**GRANT APPLICATION
2017**

Project Title:

Agency:

Federal ID #:

AGENCY GRANT COORDINATOR

Name & Title:

Telephone:

Address:

FAX:

City:

State:

Zip Code:

E-Mail:

Signature:

I certify that all project expenses for activities and/or hours being charged to JTSP funds are for the activities as described on this application and that all cash match sources listed in "4. Match" are valid.

1. Statement of Problem and Background Information:

Please attach a separate sheet and include the most current data available. Enforcement projects should use local data and/or obtain crash data from www.michigantrafficcrashfacts.org.

2. Objectives and Activities of the Project:

Please attach a separate sheet briefly describing the objectives and activities for the project. Ensure that this information supports the "Statement of Problem" as described in the preceding paragraph.

3. Budget Narrative and Summary:

Please attach a separate sheet briefly describing the budget for your project including personnel with fringe rates, and any contractual or other costs associated with the project.

4. MATCH:

Agency match is required for all projects funded by the JTSP. Please list the source and amount of cash match required for this grant. (15% Enforcement Agencies; 35% Non-Enforcement Agencies)

SOURCE	AMOUNT OF CASH MATCH

Return form to: Susan Richardson
Region 2 Planning Commission
120 W. Michigan Avenue
Jackson MI 49201

Or E-Mail: srichard@co.jackson.mi.us
FAX: 517/788-4635

Questions: Call 517/768-6705

COMPLETED APPLICATIONS ARE DUE BY FRIDAY, SEPTEMBER 30, 2016.