



**JACKSON TRAFFIC  
SAFETY PROGRAM**

**GRANT APPLICATION  
2018**

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](http://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, MARCH 30, 2018**