Applicant Agency: _____

Implementing Agency: _____

Concept Paper Title: _____

Amount Requested: _____

Priority Area for Concept Paper: (Select Only One)

- ☐ Aging Road Users
- ☐ Community Traffic Safety Outreach
- ☐ Distracted Driving
- ☐ Impaired Driving
- ☐ Motorcycle Safety
- ☐ Occupant Protection and Child Passenger Safety
- ☐ Paid Media (FDOT Only)
- ☐ Pedestrian and Bicycle Safety

- ☐ Planning and Administration (FDOT Only)
- ☐ Police Traffic Services
- ☐ Public Traffic Safety Professionals Training
- ☐ Speed/Aggressive Driving
- ☐ Teen Driver Safety
- ☐ Traffic Records
- ☐ Traffic Records Coordinating Committee (TRCC)
- ☐ Work Zone Safety

Type of Project: (Select Only One)

☐ Local   ☐ Statewide

Type of Request: (Select Only One)

☐ Initial   ☐ Continuation – Year _____

Previous Year's Project Number (if Continuation):

_____

Ranking: (if Local Project)

☐ City - _____ of _____   ☐ County - _____ of _____

OR ☐ Identified Need (Data outside of Fatalities and Injuries)

Head of Agency:

Name: _____

Title: _____

Address: _____

_____

_____

Phone: (___) ___-_____ Extension: _____   E-Mail: _____

Project Contact:

Name: _____

Title: _____

Address: _____

_____

_____

Phone: (___) ___-_____ Extension: _____   E-Mail: _____

FDOT USE ONLY:

Concept Paper Number: _____

Statement of the Problem: (Provide details about the traffic safety problem that you want to address.)

Supporting Data: (Include at least three years of crash, injury, fatality, and citation data, to show the extent of the problem. If outside the top 25% for your city or county, provide further details to support your identified need.)

Proposed Solution: (Provide the specific countermeasure(s), chapter, and section you plan on implementing from the NHTSA Countermeasures That Work guide, found at: http://www.fdot.gov/safety/3-Grants/CountermeasuresThatWork8th.pdf. Explain how the countermeasure(s) that you plan to implement will address the problem and how the funding that you have requested will support those countermeasure(s). If no NHTSA countermeasure(s) exist, explain the basis of your selected strategy and how it will be effective.)

Sustainability: (If local project, provide details about how you plan to continue the safety efforts after the initial funding period has ended. If you cannot continue the safety efforts, provide details about what will prevent you from continuing. Does not apply to statewide projects.)

Project Objectives: (List the short term objectives that you have for the project. All objectives must be quantifiable, such as, "To reduce the number of crashes by 5% compared to the 3 year average of the most recent data by conducting 12 sobriety checkpoints during the sub-grant period; Providing 12 public education outreach events in the community during the sub-grant period.")

Evaluation: (Explain how you will determine each project objective has been met by using one or more of the following methods: Formative, Process/Administrative, Impact, and Outcome. Details about the four methods of evaluation can be found at http://www.fdot.gov/safety/3-Grants/Grants-Home.shtm)

Additional Questions for Traffic Records Coordinating Committee (TRCC) Priority Area: (Only complete if requesting funding from the Traffic Records Coordinating Committee.)

Do you anticipate needing funding for multiple years to complete this project?

☐ Yes

☐ No

If yes, Please provide additional details below:

Project will impact the following Traffic Records Information System(s): (Select All That Apply)

☐ Citation/Adjudication ☐ Driver ☐ Roadway

☐ Crash ☐ EMS/Injury Surveillance System ☐ Vehicle

Project will impact the following performance area(s): (Select All That Apply)

☐ Accessibility ☐ Completeness ☐ Timeliness

☐ Accuracy ☐ Integration ☐ Uniformity

Project will advance the following goal(s) for Florida's Traffic Safety Information Systems: (Select All That Apply)

☐ Accessibility ☐ Data Quality ☐ Utilization

☐ Coordination ☐ Integration

Goal Support: (Explain how the project will help advance the goal(s) selected above.)

CONCEPT PAPER BUDGET

List each item for which you are requesting funding and the estimated cost of the item(s). Any matching funds that can be provided from other sources should be listed in the Match section. Equipment that has a per unit cost of $1,000 or more should be listed in the Operating Capital Outlay section.

BUDGET CATEGORY	TOTAL	FEDERAL FUNDING	MATCH	
			STATE	LOCAL
A. Personnel Services				
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
Subtotal	**$ 0**	**$ 0**	**$ 0**	**$ 0**
B. Contractual Services				
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
Subtotal	**$ 0**	**$ 0**	**$ 0**	**$ 0**
C. Expenses				
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
Subtotal	**$ 0**	**$ 0**	**$ 0**	**$ 0**

CONCEPT PAPER BUDGET

BUDGET CATEGORY	TOTAL	FEDERAL FUNDING	MATCH	
			STATE	LOCAL
D. Operating Capital Outlay				
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
Subtotal	**$ 0**	**$ 0**	**$ 0**	**$ 0**
E. Indirect Cost				
	$ 0	$0	$0	$0
Subtotal	**$ 0**	**$ 0**	**$ 0**	**$ 0**
Total Cost of Project	**$ 0**	**$ 0**	**$ 0**	**$ 0**

FDOT USE ONLY:

Postmark Date: _____

Date Received: _____

Entered Into Database: _____

Assigned Priority Area: _____

Planner Assigned: _____

Date Assigned: _____

Planner Received: _____