

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
HIGHWAY SAFETY CONCEPT PAPER

500-065-17
SAFETY
02/16

Applicant Agency: _____
Implementing Agency: _____
Concept Paper Title: _____
Amount Requested: _____

Priority Area for Concept Paper (Select Only One):

- | | |
|---|--|
| <input type="checkbox"/> Aging Road Users | <input type="checkbox"/> Pedestrian and Bicycle Safety |
| <input type="checkbox"/> Community Traffic Safety Outreach | <input type="checkbox"/> Planning and Administration (FDOT Only) |
| <input type="checkbox"/> Distracted Driving | <input type="checkbox"/> Police Traffic Services |
| <input type="checkbox"/> Impaired Driving | <input type="checkbox"/> Public Traffic Safety Professionals Training |
| <input type="checkbox"/> Motorcycle Safety | <input type="checkbox"/> Speed/Aggressive Driving |
| <input type="checkbox"/> Occupant Protection and Child Passenger Safety | <input type="checkbox"/> Teen Driver Safety |
| <input type="checkbox"/> Paid Media (FDOT Only) | <input type="checkbox"/> Traffic Records |
| | <input type="checkbox"/> Traffic Records Coordinating Committee (TRCC) |

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: _____

Postmark Date: _____

Date Received: _____

Entered Into Database: _____

Assigned Priority Area: _____

Planner Assigned: _____

Date Assigned: _____

Planner Received: _____

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 20% 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.ghsa.org/html/publications/countermeasures.html>. 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.dot.state.fl.us/safety/3-Grants/Grants-Home.shtm>)

