

# TTP SAFETY FUND APPLICATION PREVIEW

## INSTRUCTIONS

DO NOT submit this document with your application.

This is only a preview of the online application for the TTP Safety Fund.

Additional information at: <http://flh.fhwa.dot.gov/programs/ttp/safety/ttspf.htm>

## APPLICANT INFO

Type of Submission	New Application / Revision	
Applicant Identifier	For help: <a href="http://flh.fhwa.dot.gov/programs/ttp/documents/bia-6codes.pdf">http://flh.fhwa.dot.gov/programs/ttp/documents/bia-6codes.pdf</a>	
Legal Name of Tribe		
Department / Division		
Mailing Address		
Contact Person	Prefix	
	First Name	
	Last Name	
	Suffix	
	Title	
	Organizational Affiliation (Tribal Department)	
	Telephone Number	
	Email Address	
Authorized Representative (Person who authorized the application to be submitted)	Prefix	
	First Name	
	Last Name	
	Suffix	
	Title	
	Telephone Number	
	Email Address	
Applicant Delinquent On Any Federal Debt?	(if yes, attach explanation)	

## PROJECT INFORMATION

Areas Affected		
Project Title / Description of Project		
Congressional Districts For help with this question, please visit: <a href="http://www.house.gov/representatives/find/">http://www.house.gov/representatives/find/</a>	Applicant	
	Project	
Project Start Date		
Project End Date		
Estimated Funding	TTP Safety Fund Amount Requested	\$
	Applicant (including TTP Shares)	\$
	State	\$
	Local	\$
	Other Federal or Other	\$
Is any funding being leveraged to complete this project? Please list the amount and source.	Leveraged funds may include in-kind resources. Matching funds/resources are NOT a requirement of this grant.	

## PROJECT NARRATIVE

A project narrative is **REQUIRED** in addition to completing the online application form. It is recommended that you complete the project narrative prior to completing the online application. There will be an opportunity during the online application to upload your project narrative. For more information on what a project narrative should contain, please visit: <http://flh.fhwa.dot.gov/programs/ttp/safety/>

Along with the project Narrative you may upload any supporting documentation from the selection criteria

## SELECTION CRITERIA

	Application Category			Additional Information
	New or Revised Safety Plan	Safety Planning Activities (Crash Data Improvement or Road Safety Audits)	Other eligible activities as identified in 23 U.S.C 148(a)(4), primarily infrastructure improvement	
Briefly describe the expected outcome of this project with one or two sentences.				Example:  This project will improve one intersection and is expected to prevent 2 fatal and serious injury crashes each year.
What is the age and status of any existing safety plan?		N/A	N/A	
Is this activity identified in a tribe's safety plan, State Strategic Highway Safety Plan, Road Safety Audit, or other strategic safety document?	N/A			Attach supporting documentation.
Describe how the project compliments a comprehensive approach to safety with a multi-disciplinary (4E) approach.	N/A			Are there efforts with a similar goal to this project? Was this project identified through input from safety partners?
Please summarize any supporting data that clearly demonstrates the need for the project.	N/A			Attach supporting documentation.
Who owns the facility being improved?	N/A	N/A		Tribe, BIA, State, County, other?
Route number(s) from the National Tribal Transportation Facility Inventory (NTTFI)	N/A	N/A		Only routes that are official in the NTTFI are eligible for TTP Safety Funds
Has the applicant previously received an award from TTP Safety Fund for infrastructure improvements?	N/A	N/A		