



Safe Streets and Roads for All Action Plan Application Template

This document is not meant to replace the NOFO. Applicants should follow the instructions in the NOFO to correctly apply for a grant. While using this template is not required, DOT encourages its use to provide elements of the required application information. Additional information is required, to be submitted separately. See page 2 of this template and the SS4A website for more information about required materials: <https://www.transportation.gov/SS4A>

Lead Applicant: _____ UEI: _____

Funding request:
(choose one)

☐ **New Action Plan**
Create a new conforming Action Plan

☐ **Complete Action Plan**
Complete or update components of an existing plan(s) to create a conforming Action Plan

☐ **Supplemental Planning Activities**
Additional planning activities must have a conforming Action Plan documented by a Self-Certification Eligibility Worksheet

| Applicant(s) | Jurisdiction Population (#) | Total Count Motor Vehicle-Involved Roadway Fatalities 2016 – 2020 (#) | Alternative Fatality Data Optional (indicate source below) | Average Annual Fatality Rate (per 100,000 population) | Percent of Population in Underserved Communities Census Tracts (%) |
|--------------|-----------------------------|---|--|---|--|
| | <div>U.S. Census Data</div> | <div>FARS Data</div> | | | <div>U.S. Census Data</div> |

Total Value for Application: _____ %

If submitting a joint application, provide the aggregated values for the full plan area in this row.

If submitting a joint application, provide the individual values for the lead applicant and each joint applicant's individual portion of the plan area in the rows below.

| Lead Applicant: | | | | | |
|---------------------|--|--|--|--|---|
| | | | | | % |
| Joint Applicant(s): | | | | | |
| 1 | | | | | % |
| 2 | | | | | % |
| 3 | | | | | % |
| 4 | | | | | % |

If more than 4 joint applicants, attach a separate table with additional rows for each additional joint applicant



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Lead Applicant's State:

Mark "NA" if a Federally recognized Tribal government

Additional State **#1** that this Action Plan grant will serve:

Additional State **#2** that this Action Plan grant will serve:

Funding Request for Lead Applicant's State (\$):

Provide total cost if a Federally recognized Tribal government

\$ _____

Funding request for Additional State **#1** (\$):

\$ _____

Funding request for Additional State **#2** (\$):

\$ _____

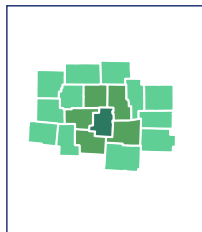
NOFO Criterion #3

Narrative:

(300-word limit)

Remember to provide separately:

Map



Required Forms



- SF-424** Application for Federal Assistance
- SF-424A** Budget Information for Non-Construction Programs
- SF-424B** Assurances for Non-Construction Programs
- SF-LLL** Disclosure of Lobbying Activities
- Apply to Grants.gov package: PKG00274330

Self-Certification Eligibility Worksheet

Only Required for Supplemental Planning Activities



Other Documentation Optional

