



# 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)

<input type="checkbox"/> <b>New Action Plan</b> <i>Create a new conforming Action Plan</i>	<input type="checkbox"/> <b>Complete Action Plan</b> <i>Complete or update components of an existing plan(s) to create a conforming Action Plan</i>	<input type="checkbox"/> <b>Supplemental Planning Activities</b> <i>Additional planning activities must have a conforming Action Plan documented by a Self-Certification Eligibility Worksheet</i>
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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 (%)
	U.S. Census Data	FARS Data			U.S. Census Data

**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:					
_____	_____	_____	_____	_____	_____ %
<b>Joint Applicant(s):</b>					
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** (\$):

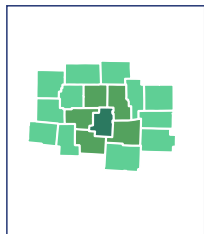
\$ \_\_\_\_\_

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

