State of Alaska

Department of Transportation & Public Facilities   
Alaska Highway Safety Office

**FFY 2026**

**Grant APPLICATION**

**for Highway Safety Funds**

P.O. 112500; Suite #200

Juneau AK 99811-2500

Ph: 907-465-8944

Fax: 907-465-4030

[www.dot.alaska.gov/ahso](http://www.dot.alaska.gov/ahso)

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| *For DOT&PF Use Only* **Project Number:** | | |  | |
| **Federal Funds Allocated:** | | | **Date Approved:** | |
| **Subgrant Period:** | | | **Date Revised:** | |
| **Part I: General Administrative Information (See FFY 2026 Highway Safety Grant Application Instructions)** | | | | |
| 1 Project Title: | | | | |
| 2. Requested Subgrant Period:  to | | | | |
| 3. Support  Sought: | Matching  Share: | | | Total  Budget: |
| 5. Applicant Agency (Subgrantee): | | 6. Implementing Agency: | | |
| Telephone: | | Telephone: | | |
| 7. Federal ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 8. UEI Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 9. Alaska Business License Number:  **NOTE: Attach a copy of your Business License with your application** | | 10. Non-Profits: **Attach a copy of your Non-Profit Certificate (401.C3 or 501.C3) with your application** | | |
| 11. Chief Financial Officer: | | 12. Project Director: | | |
| Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Fax Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| E‑mail Address: | | E‑mail Address: | | |
| Subgrant funds provided by the U.S. Department of Transportation, National Highway Traffic Safety Administration. Catalog of Federal Domestic Assistance Number – 20.6 \_\_, State and Community Highway Safety Program, through the Alaska Department of Transportation. Compliance requirements applicable to the Federal resources awarded pursuant to this agreement are: Activities Allowed or Unallowed, Matching, Level of Effort, Earmarking and Reporting. | | | | |

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| **Part II: Project Plan and Supporting Data**  State clearly and in detail the aims of the project, precisely what will be done, who will be involved, and what is expected to result. Use the following major headings:   1. Statement of the Problem 2. Proposed Solution 3. Objectives 4. Evaluation 5. Milestones (Use form provided)   Start below and use no more than five (5) additional pages. |
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| **Part II: Project Plan and Supporting Data – con’t** |

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| Project Timeline | | | | 1st Quarter | | | 2nd Quarter | | | 3rd Quarter | | | 4th Quarter | | |
| Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep |
| 1 |  | | P |  |  |  |  |  |  |  |  |  |  |  |  |
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| 2 |  | | P |  |  |  |  |  |  |  |  |  |  |  |  |
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| 7 |  | | P |  |  |  |  |  |  |  |  |  |  |  |  |
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| 8 |  | | P |  |  |  |  |  |  |  |  |  |  |  |  |
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| 9 |  | | P |  |  |  |  |  |  |  |  |  |  |  |  |
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| P – Projected | | C – Completed |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Part III: Project Detail Budget** | | | | |
| Project Title: | | | | |
| Project Number: | | | | |
| Contract Number: | | | | |
| Each budget category subtotal listed below cannot be exceeded. All individual line item costs are estimates, and the AHSO may approve monetary shifts between line items, not to exceed the subtotal of each budget category. | | | | |
| **Budget Category** | **Total** | **Federal Funding** | **Non-Federal** | |
|  |  |  | **State** | **Local** |
| A. Personnel Services |  |  |  |  |
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| Subtotal |  |  |  |  |
| B. Travel & Per Diem |  |  |  |  |
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| Subtotal |  |  |  |  |
| C. Contractual Services |  |  |  |  |
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| D. Commodities |  |  |  |  |
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| Subtotal |  |  |  |  |
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| **Part III: Project Detail Budget** | | | | |
| Project Title: | | | | |
| Project Number: | | | | |
| Contract Number: | | | | |
| Each budget category subtotal listed below cannot be exceeded. All individual line-item costs are estimates, and the AHSO may approve monetary shifts between line items, not to exceed the subtotal of each budget category. | | | | |
| **Budget Category** | **Total** | **Federal Funding** | **Non-Federal** | |
| **State** | **Local** |
| E. Operating Capital Outlay |  |  |  |  |
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| Subtotal |  |  |  |  |
| F. Indirect Cost |  |  |  |  |
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| Subtotal |  |  |  |  |
| **Total Cost of Project** |  |  |  |  |
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| **Budget Narrative** |
| Project Title: |
| Project Number: |
| Contract Number: |
| The following is a narrative description of the project budget by line item by category, detailing the item and anticipated cost. Each category must be sufficiently defined to show cost relationship to project objectives. Attach additional sheets as needed. |
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| **BUDGET NARRATIVE – con’t** |

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| |  | | --- | | **PUBLIC PARTICIPATION AND ENGAGEMENT**  Although not a requirement of Grantees to include public participation and engagement from affected communities, particularly those most significantly impacted by traffic crashes resulting in injuries and fatalities in their project selection,  if you have, please describe your process. | |  | |



**Mail the original Grant Application and cover letter to:**

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| **USPS**  Tammy Kramer  Governor’s Highway Safety Representative  Alaska Highway Safety Office  P.O. Box 112500  Juneau, AK 99811-2500 | **Overnight via Fed Ex, UPS, DHL**  Tammy Kramer  Governor’s Highway Safety Representative  Alaska Highway Safety Office  3132 Channel Drive, Suite 200  Juneau, Alaska 99811-7814  Phone: 907.465.8944 |

Highway Safety Grant Applications for FFY 2026 funding must be **received no later than April 30, 2025** to be considered for funding. The Alaska Highway Safety Office will not accept Highway Safety Grant Applications that are received by contract carrier (e.g., Fed Ex) after close-of-business on April 30, 2024. Highway Safety Grant Applications postmarked April 30, 2025, but received after that date will not be accepted.

Grant applications may be hand-delivered on or before close-of-business April 30, 2025.