
FY20 TRIBAL TRANSPORTATION PROGRAM SAFETY FUND (TTPSF)

APPLICATION FORM

INSTRUCTIONS

Select a category in Step 1 to begin. This form must be completed and submitted electronically.

Submit this application form along with all supporting documentation by following further instructions online at: <https://highways.dot.gov/federal-lands/programs-tribal/safety/funds>

Do not submit a scanned image of this form except as directed in Step 7.

This is an interactive form in the Adobe Acrobat (.pdf) format. To ensure full functionality, [download a free copy of Acrobat Reader](#) if you do not already have it installed on your computer. Using other PDF viewers may result in an inability to use interactive features and may not allow the user to save content entered into the form.

If you have questions about the TTPSF please send an email to TTPSF@dot.gov or call Adam Larsen at 360-619-7751.

STEP 1. SELECT CATEGORY

Choose the category that is most applicable to the project. The questions presented in this form will change based on your selection:

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STEP 2. ENTER APPLICANT INFORMATION

Applicant Identifier Find your six-character code here .	
DUNS Number Must be registered at www.sam.gov	
Official Name of Tribe	
Street Address	
City	
State	
Zip Code	

Contact Person for this Project

Full Name	
Title	
Organizational Affiliation (Department)	
Telephone Number	
Email Address	

Additional Email Address

This optional field can be used to list an additional email address that may be contacted about this project.

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Status of Prior TTPSF Awards

Describe the status of projects funded by TTPSF awards in prior years. For completed projects please provide an evaluation of the project's success in improving transportation safety. Include an additional page if needed.

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Is the applicant delinquent on any Federal debt?

If yes, include an explanation as supporting documentation when uploading this application.

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Project Abstract

In a maximum of five sentences, summarize project work that would be completed under the project, the hazardous road location or feature or the highway safety problem that the project would address, and whether the project is a complete project or part of a larger project with prior investment. The project abstract must succinctly describe how this specific request for TTPSF would be used to complete the project.

Expected Outcome

In a maximum of three sentences, describe the expected outcome of this project including any anticipated crash reduction.

STEP 4. ADDRESS SELECTION CRITERIA

On the following pages please provide a summary response to each selection criteria question. A more detailed response to the selection criteria should be provided in the project narrative. In addition to addressing these selection criteria questions, a project narrative is required for all applications (except for applications to develop or update of transportation safety plans).

Applicants should carefully review the selection criteria descriptions in the Notice of Funding Opportunity. For a guide describing how the selection criteria will be evaluated, please visit the [TTPSF Web Page](#). A project application must meet the highly qualified (HQ) standards for all criteria to be ranked as highly qualified. A project application must meet either qualified (Q) or HQ standards for all criteria to be ranked as qualified. If a project application meets the not qualified (NQ) standards for any of the selection criteria, the project will be ranked not qualified.

Note: The category selected in step 1 modifies the questions presented in steps 4-6.

STEP 5. ADDRESS KEY OBJECTIVES OF THE USDOT

STEP 6. PREPARE SUPPORTING DOCUMENTATION

STEP 7. AUTHORIZATION

Authorized Representative (Person who authorized the application to be submitted)	Full Name	
	Title	
	Telephone Number	
	Email Address	

Authorized Signature

Certification: By signing this report, I certify to the best of my knowledge and belief that the information in this application is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

X_____

If the authorized representative is unable to sign using an electronic signature, please submit this electronic form without the signature and provide an image of the signed form as supporting documentation.