



Montana Department of Transportation Webgrants Grant Application Instructions

PO Box 201001
2701 Prospect Avenue
Helena, MT 59620-1001
(406) 444-7417

General Information

This guide provides instructions on the proper completion of the grant application to the Montana Department of Transportation (MDT) State Highway Traffic Safety Section (SHTSS) utilizing the Montana Grants and Loans System (Webgrants). It will provide guidance, explanations and examples that may prove helpful. Be succinct with your application, but provide enough information for staff to make an appropriate funding recommendation regarding your project. This is a competitive grant process.

Please feel free to call a program planner (see contact list at the end of the document) if you need clarification.

If awarded, your objectives and budget will be part of the grant contract acting as the scope of work for your project. It is important that you carefully consider the objectives, budget and expectations of your project. You are responsible for appropriate use of federal funds.

Webgrants Registration Process

Register yourself and your organization at <https://fundingmt.org/index.do>. Click "Register Here" on the login page. The primary application contact is the one who will register. Additional contacts may be added so that authorized users can view and fill out the application.

	<p style="text-align: center;">Login</p> <p>User ID:* <input type="text"/></p> <p>Password:* <input type="password"/></p> <p style="text-align: center;"><input type="button" value="Login"/></p> <p style="text-align: center;">Forgot Password?</p>	<p style="text-align: center;">A Partnership Between</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  MONTANA Department of AGRICULTURE </div> <div style="text-align: center;">  Montana Fish, Wildlife & Parks </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;">  MONTANA DNRC </div> <div style="text-align: center;">  MONTANA DEPARTMENT OF COMMERCE </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;">  Montana Department of LABOR & INDUSTRY </div> <div style="text-align: center;">  MONTANA DISASTER EMERGENCY SERVICES DES </div> </div> <div style="text-align: center; margin-top: 10px;">  MONTANA DEPARTMENT OF TRANSPORTATION </div> <p style="text-align: center; margin-top: 20px;">New to WebGrants - State of Montana?</p> <p style="text-align: center;">Register Here</p>
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Fill out all the required information (red asterisks) and select "register" when complete. Users will receive an email notification alerting your registration. Registration and a user ID and password will be generated by Webgrants and emailed to you.

 **Register**

[Register](#)

Personal Information

Name:*
Salutation First Name Middle Name Last Name

Email:*

Confirm Email*

Alternate Email

Address:*

*
City State/Province Postal Code/Zip

Phone:*
Phone Ext.
###-###-####

Alternate Phone

Fax:
###-###-####

What Agency's Grant Programs are you most interested in?:

Organization Information

Name:*

Organization Type:

Organization Website:

Address:*

*
City State/Province Postal Code/Zip

Phone:*
###-###-####

Ext.
Ext.

Alternate Phone

Fax:
###-###-####

Email address

Alternate Email

[Register](#)



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Logging into Webgrants:

Once registered, go to the webgrants main page seen below and log in using the user ID and password that was emailed to you. Passwords can be changed after initial log in. Any individuals that will be entering information into the application must be registered in the system and receive a user ID and password.

System

[Log In](#)

<div style="text-align: center;">Login</div> <p>User ID: * <input style="width: 80%;" type="text"/></p> <p>Password: * <input style="width: 80%;" type="password"/></p> <p style="text-align: center;"><input type="button" value="Login"/></p> <p style="text-align: center;">Forgot Password?</p>	<div style="text-align: center;">A Partnership Between</div> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> MONTANA <small>Department of AGRICULTURE</small> </div> <div style="text-align: center;"> <i>Montana Fish, Wildlife & Parks</i> </div> </div> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div style="text-align: center;"> MONTANA <small>DNRC</small> </div> <div style="text-align: center;"> MONTANA <small>DEPARTMENT OF COMMERCE</small> </div> </div> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div style="text-align: center;"> <small>Montana Department of</small> LABOR & INDUSTRY </div> <div style="text-align: center;"> DES <small>MONTANA DISASTER EMERGENCY SERVICES</small> </div> </div> <div style="text-align: center; margin-top: 10px;"> MONTANA MDT <small>DEPARTMENT OF TRANSPORTATION</small> </div>
<p>New to WebGrants - State of Montana? Register Here</p> <p>Funding Opportunities Offered by Montana State Agencies Search Here</p>	
<p>Announcements</p>	

Webgrant Instructions and My Profile:

Webgrants has instructions providing general information for webgrant users. This is not specific to funding agencies, but rather instructions of the functionality of the system. Click on the link *Grantee Instructions* and read carefully.

To adjust personal information or to reset password, click *My Profile*.

Pay attention to the "TOP BAR". The TOP BAR will enable you to access the main menu, ask for help, log out, print, add information, delete, edit and save. Always refer to the TOP BAR when completing the different sections of the application.

The screenshot displays the web application interface for Montana Grants and Loans. At the top, the browser address bar shows the URL <https://fundingmt.org/home.do>. The page title is "Montana Grants and Loans". A red box highlights the "TOP BAR" which contains navigation links: [Menu](#), [Help](#), [Log Out](#), [Back](#), [Print](#), [Add](#), [Delete](#), [Edit](#), and [Save](#). Below the top bar is a "Welcome" message and a "Main Menu" section. The "Main Menu" section contains a list of links: [Grantee Instructions](#), [My Profile](#), [Funding Opportunities](#), [My Applications](#), and [My Grants](#). A green arrow points to the "Help" link in the top bar, and another green arrow points to the "My Profile" link in the main menu.

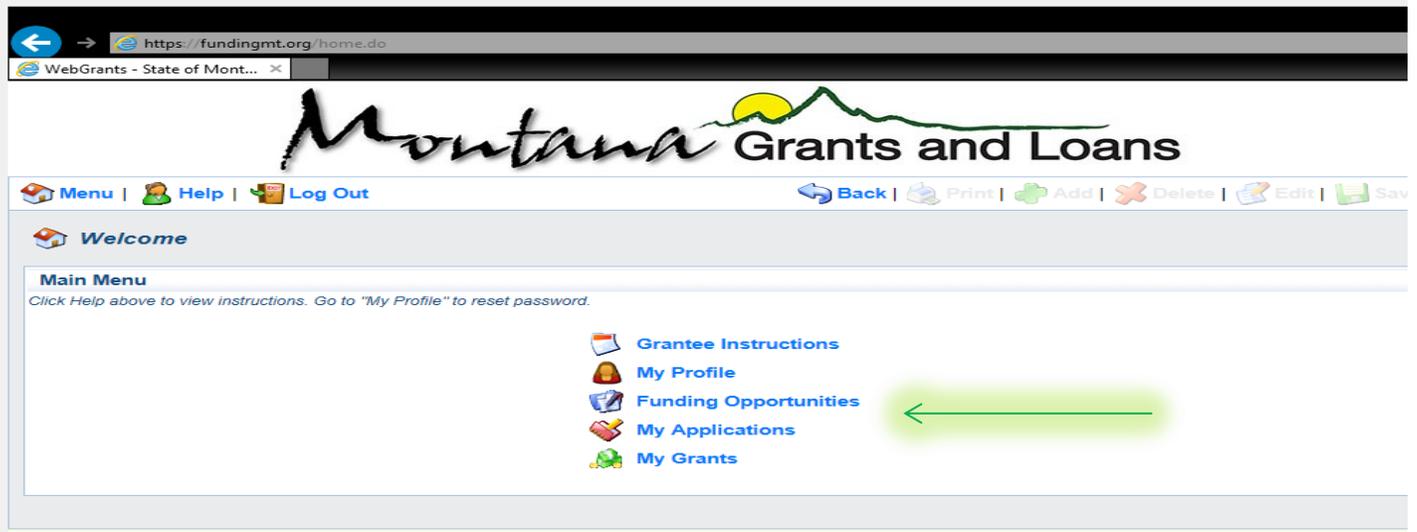


Montana Department of Transportation Webgrants Grant Application Instructions

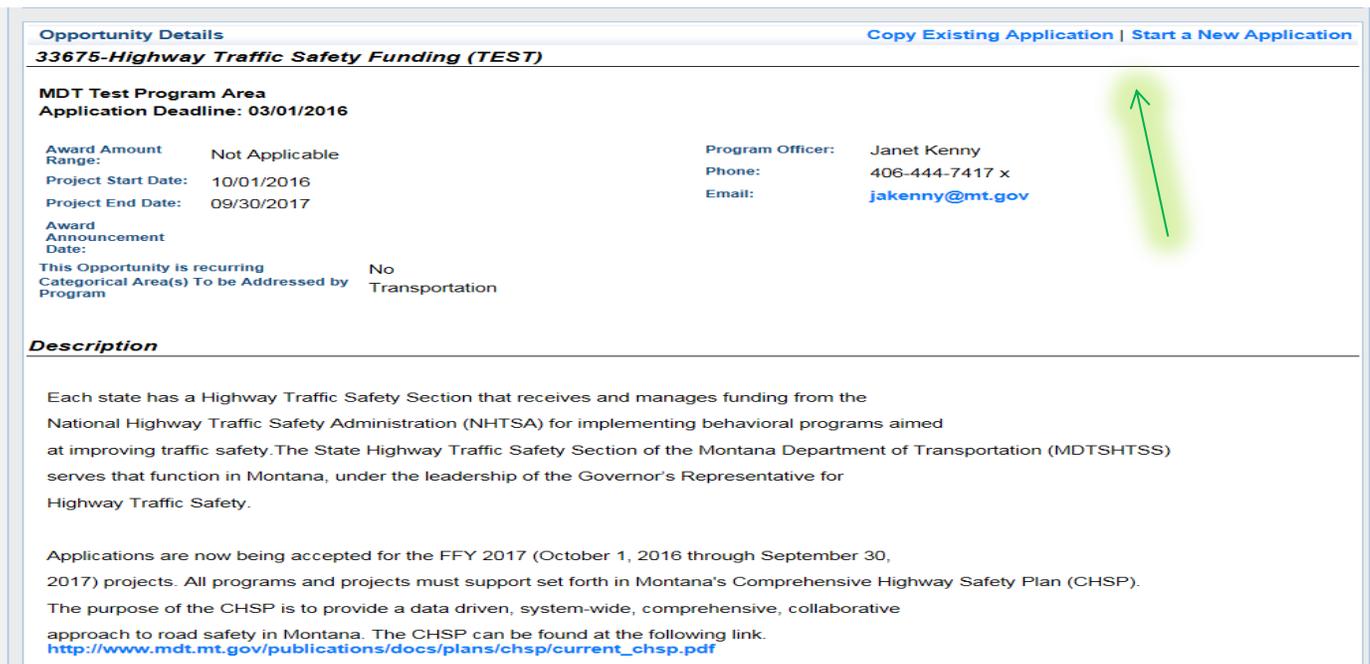
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Funding Opportunities/Applying for Funding

The MDT - SHTSS manages funding from the National Highway Safety Administration (NHTSA) and annually announces the availability of these funds by creating a funding opportunity. Releasing funding opportunities is the mechanism by which applications are submitted. When logged into webgrants, click *Funding Opportunities* and find the State Highway Safety Funding Opportunity.



The State Highway Traffic Safety Funding Opportunity provides a description, contact information for SHTSS staff, resource links, and gives you the option of starting a new application or copying an existing application. If you are new to the system you will need to begin a new application. Once you click either *copy* or *start a new application*, your entry will be given an application identification number and begin the application process.



After you click the State Highway Traffic Safety Funding Opportunity, click start/copy application, you will begin your application. Fill in necessary project title/organization responsible and primary contact that will be involved in the project and/or writing the application. You will have the opportunity to add additional authorized persons that can have access to the application, complete and submit. Additional contacts added must first register in the system. Hit the save button after the completion of the general information section. Click the **application forms button** to begin application development.

Menu | Help | Log Out Back | Print | Add | Delete | Edit | Save

Instructions

Fill out the form below and click "Save". Once completed and saved, click on the "Go to Application Forms" link to continue completing the rest of the application. Pick the appropriate Primary, Additional and Authorized Officials. If additional contacts or authorized officials have not been registered in the system, submit a registration request on the main fundingmt.org page. Once the registration has been approved, have the primary contact person add them to the organization.

Enter a BRIEF project title, you will have the opportunity to detail your project further in the application.

To save or edit this form, click "Save" or "Edit" in the upper right hand corner of the screen. Information entered into this form will be lost unless the "Save" icon is selected before moving on to the next form. If you wish to move back a screen, select the "Back" icon. Do not click on the main browser's back arrow. Doing so could cause the data you entered to be lost.

General Information

Primary Contact:* Kevin Tester

Project Title: (limited to 250 characters)*

Authorized Official:* Kevin Tester

Organization:*

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Menu | Help | Log Out Back | Print | Add | Delete | Edit | Save

Application

Application: 34929 - Engineering, Educating, Enforcing and providing emergency medical services to save lives on Montana roads.

Program Area: MDT Test Program Area

Funding Opportunity: 33675 - Highway Traffic Safety Funding (TEST)

Application Deadline: 03/01/2016

Instructions

Fill out the form below and click "Save". Once completed and saved, click on the "Go to Application Forms" link to continue completing the rest of the application. Pick the appropriate Primary, Additional and Authorized Officials. If additional contacts or authorized officials have not been registered in the system, submit a registration request on the main fundingmt.org page. Once the registration has been approved, have the primary contact person add them to the organization.

Enter a BRIEF project title, you will have the opportunity to detail your project further in the application.

To save or edit this form, click "Save" or "Edit" in the upper right hand corner of the screen. Information entered into this form will be lost unless the "Save" icon is selected before moving on to the next form. If you wish to move back a screen, select the "Back" icon. Do not click on the main browser's back arrow. Doing so could cause the data you entered to be lost.

General Information

System ID: 34929

Project Title: Engineering, Educating, Enforcing and providing emergency medical services to save lives on Montana roads.

Primary Contact: Kevin Tester

Additional Contacts: Kevin Tester
Select any additional contacts within your organization that will also manage this grant

Organization: Montana Department of Transportation

[Go to Application Forms](#)

Last Edited By: Kevin Tester, 10/08/2015

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Application Main Page

After you begin a new application, have provided the general information, and return to the application forms page, the screen below will be displayed. This is the main menu page for the required application forms. The required components include: General information; applicant identification, project narrative, project objectives, project budget and attachments. **All components must be completed prior to submission.** Completed components will be indicated by a check mark in the complete column. Note: you can go back and adjust any information prior to submission, even if the section is marked complete.

At any time throughout the application process, users can click the print button on the TOP BAR or application details button. These will display all information at a glance and will enable to you print.

Menu | Help | Log Out

Back | Print | Add | Delete | Edit | Save

Application

Application: 52813 - December 22 Testing

Program Area: MDT Test Program Area

Funding Opportunity: 52587 - MDT - FFY2018 State Highway Traffic Safety

Application Deadline: 03/01/2017

Instructions

The required application forms appear below. Please note: Clicking "Mark as Complete" does not submit the application component or prevent further editing. The check mark beside the form is only an indicator that the form has been completed. All application components must be marked as complete in order to submit. To submit the application click the Submit button.

Application Forms

[Application Details](#) | [Submit](#) | [Withdraw](#)

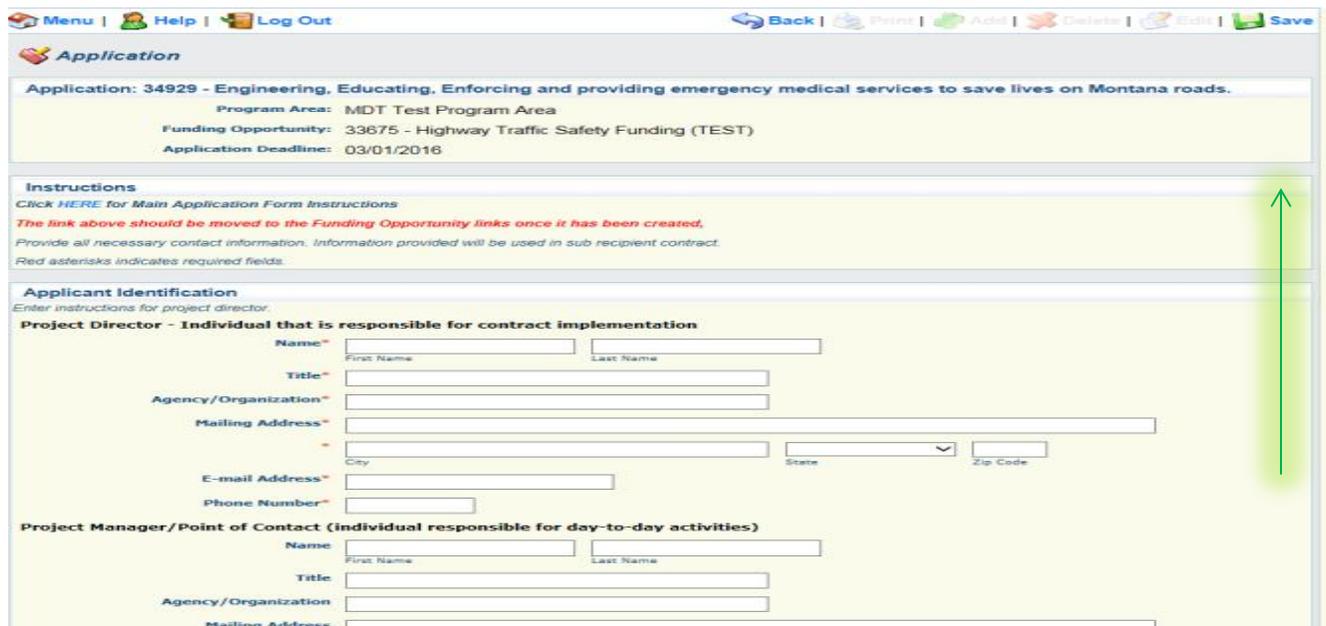
Form Name	Complete?	Last Edited
General Information	✓	12/22/2016
Project Identification		
Project Narrative		
Project Objectives		
HTS Project Budget		
Local Benefit Request		
Attachments		

Project Identification

Provide relevant contact information regarding the project you are requesting to be funded. Ensure that all contact information is correct. Indicated by red asterisks, primary and authorized contacts are required and cannot be duplicate. **This contact information will appear on the grant contract, if awarded.** Note: Depending on the agency, individuals submitting the grant application and registered in webgrants might differ than those in charge of the managing the project. The names on the applicant application identification section may or not be the same individuals in the general information section. Individuals on this form don't necessarily have to be registered in the webgrants system. Once complete, hit save, mark as complete and return to the application main page.

** New Addition**

Within the Project Identification component, applicants must now enter the organization's **DUNS number**. A **DUNS number** is a unique nine-character number used to identify your organization. The federal government uses the DUNS number to track how federal money is allocated. To locate your agencies DUNS click [here](#). If you have issues please don't hesitate to contact the SHTSS Office.



Menu | Help | Log Out | Back | Print | Add | Delete | Edit | Save

Application

Application: 34929 - Engineering, Educating, Enforcing and providing emergency medical services to save lives on Montana roads.
Program Area: MDT Test Program Area
Funding Opportunity: 33675 - Highway Traffic Safety Funding (TEST)
Application Deadline: 03/01/2016

Instructions
Click [HERE](#) for Main Application Form Instructions
The link above should be moved to the Funding Opportunity links once it has been created.
Provide all necessary contact information. Information provided will be used in sub recipient contract.
Red asterisks indicates required fields.

Applicant Identification
Enter instructions for project director.

Project Director - Individual that is responsible for contract implementation

Name*
First Name Last Name

Title*

Agency/Organization*

Mailing Address*

City State Zip Code

E-mail Address*

Phone Number*

Project Manager/Point of Contact (individual responsible for day-to-day activities)

Name
First Name Last Name

Title

Agency/Organization

Mailing Address

City State Zip Code



red asterisks indicates required fields.

Applicant Identification Mark as Complete | Go to Application Forms
Enter instructions for project director.

Project Director - Individual that is responsible for contract implementation

Name* Kevin Dusko
First Name Last Name

Title* Transportation Office

Agency/Organization* Montana Department of Transportation

Mailing Address* 2701 Prospect Avenue
Helena Montana 59601
City State Zip Code

E-mail Address* kedusko@mt.gov

Phone Number* 406-444-7411

Project Manager/Point of Contact (individual responsible for day-to-day activities)

Name
First Name Last Name

Title

Agency/Organization

Mailing Address

City State Zip Code

E-mail Address

Phone Number



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Project Narrative

Once the application identification section is completed, go back to the application main menu page (application forms) and click project narrative.

Provide a complete project narrative by completing all parts in this section. It is recommended that the project narrative is completed on a separate word document and then copied/pasted in the webgrant system. Utilize the copy and paste function indicated on the screen shot below. Pay attention to the character limits in each section. We request concise applications, but also a full description of your project.

Users have the option of hitting the save button and return to this section for completion at a later time. All programs and projects must support Montana's Comprehensive Highway Safety Plan (CHSP). The purpose of the CHSP is to provide a data driven, system-wide, comprehensive, collaborative approach to road safety in Montana. More information is available at:

<http://www.mdt.mt.gov/visionzero/plans/chsp.shtml>

The following application sections must be completed in the project narrative section:

Executive Summary – Briefly summarize the scope of your project. This section should be brief and concise.

Problem/Needs Statement – Document the need and explain the problem. What is the problem and what data identifies this as a problem. Describe the target population affected and use data specific to the target population. Multiple data sources are encouraged. Data by county and reservation is located at <http://www.mdt.mt.gov/publications/datastats/crashdata.shtml>

Goals – The Goal Statement should be a statement of the project direction. A goal does not have to be immediately attainable but should be realistic, understandable and related to the Needs Statement. A single overriding goal is usually sufficient.

Evaluation – This section requires you to describe what type of data you intend to collect to verify that you met the objectives and overarching goal. Be sure to clearly state which data will be collected, how, by whom and when. Please indicate how you will evaluate the entire project's effectiveness.

Future Funding/Sustainability – This is a description of how this program will be sustained should future funding be eliminated. Is there a plan in place in your community to continue the program beyond the current funding cycle?

The next page will provide you a couple screen shots of the narrative section.

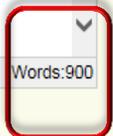
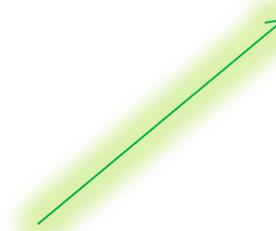
***Remember: When making changes, hit the edit/save button on the TOP BAR.** Then mark as complete. Go back to the application forms main screen.

Project Narrative

Executive Summary

Executive Summary (6500 characters allowed)*

Font Family | Font Size | **B** | *I* | U | [List Icons] | [Link Icon] | [Image Icon] | [Table Icon] | [Text Icon] | [Word Count Icon]



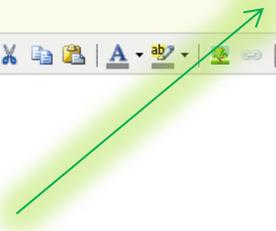
Path: p

Words: 900

Problem/Needs Statement

Problem/Needs Statement (6500 characters allowed)*

Font Family | Font Size | **B** | *I* | U | [List Icons] | [Link Icon] | [Image Icon] | [Table Icon] | [Text Icon] | [Word Count Icon]



Path: p

Words: 0

Goal/s

Goal/s (1000) characters allowed)*

Font Family | Font Size | **B** | *I* | U | [List Icons] | [Link Icon] | [Image Icon] | [Table Icon] | [Text Icon] | [Word Count Icon]

Path: p

Words: 0



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Project Objectives

On the main application forms page click *objectives*. Applicants have the ability to add multiple objectives for your project. When finished, mark as complete. Then go back to the application forms main screen.

A project objective is an opportunity to describe specific project activities and how they will be carried out in detail. Objectives are projected accomplishments that will lead to achieving your project goal. Objectives must be attainable, measurable and related to the project goal. *Remember that objectives will be part of the signed contract.

The following components must be completed to have a complete understanding of each objective.

Target Date – When will this objective be completed?

Target Population – Who does this objective apply to?

Activities – What specific activities are associated with completing this objective.

Responsible Person/Party – Who will be responsible for completing this objective.

Outcome – What will be the result of completing this objective. .

Objectives: STEP/SETT Only

STEP/SETT Applicants must indicate separate of objectives for a minimum of five objectives. Objective 6 (additional event) is optional:

- 1) Winter Holiday Season
- 2) Memorial Day Mobilization
- 3) Labor Day Mobilization
- 4) First High risk state/local event
- 5) Second High risk state/local event
- 6) Additional events are optional

Applications can add multiple objectives by clicking the “add” button indicated below. Click mark as complete when finished.

Objectives [Go to Application Forms](#) | [Add](#)

Objectives must be specific, measurable, achievable, realistic and have a target date for accomplishment.

Objective	Quarter(s)	Target Population	Activities	Responsible Person/Party	Outcome
-----------	------------	-------------------	------------	--------------------------	---------

Objectives: STEP and SETT Only [Add](#)

STEP Participants are required to participate in Memorial Day, Labor Day and Winter Mobilization, in addition to two special event mobilization (County Fair, 4th of July, etc). Participants can pick more than two special events.

Objective	Period(s)	Target Population/Event Name	Activities	Responsible Person/Party	Outcome
-----------	-----------	------------------------------	------------	--------------------------	---------

Last Edited By: Kevin Tester, 12/18/2015

Once you hit add, the screen below will appear. You can add multiple objectives. Applicants can copy/paste from a separate word document using the copy/paste function. Pay attention to character limitations.

Objectives

Objectives must be specific, measurable, achievable, realistic and have a target date for accomplishment.

Quarter(s) QTR 1
QTR 2
QTR 3
QTR 4
All
Please press Ctrl + Click to select multiple items

Objective (500 character limit)* [Paste]

Path: p Words:0

Target Population(250 character limit)

Path: p Words:0

Activities(1000 character limit)



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Project Budget

The project budget will be included in the signed contract agreement and fiscal reimbursement requests. There are two required parts for budget information, the Project Budget and the Budget Narrative. If your agency will be providing matching funds those should be entered in this section under matching funds.

The project budget provides the type of cost, amount and brief description. **The budget narrative** details how you arrived at calculating the amounts listed on the project budget and how the cost will assist you in accomplishing your objectives and goal. For more information on allowable costs please see the Contract Management Manual on-line at:

http://www.mdt.mt.gov/publications/docs/grants/subgrantee_manual.pdf

- A. Personnel Services:** Separate out salary, fringe, and overtime if applicable. Costs must tie to personnel used to implement the project. Be aware of overtime costs and bargaining unit contracts. **Personnel Services Narrative:** Enter detailed information about personnel services. Information may include, but is not limited to: Hourly rates, overtime rates, hours per week, hours per year, fringe benefit percentage, etc. Discuss how personnel services will contribute to completing goals and objectives.
- B. Contracted Services:** Provide itemized information about any expenditure that will involve an ongoing contract with funds. Examples of this may include consultants, media groups, treatment providers, etc. **Contract Services Narrative:** Provide a description of the product or service to be procured, connection to project objectives and an estimate of the cost.
- C. Operating Expenses:** Provide the costs associated with the project that does not require an ongoing contract. Examples of other costs may include, but is not limited to: communications, equipment under \$5,000, professional development/registration costs, etc. **Operating Expenses Narrative:** Provide a description for individual expenditures and the how the amount was calculated. Tie operating expenses to accomplishing objectives/goals.
- D. Travel:** Detail out travel costs requested. Separate in-state and out of state travel at state approved rates. **Travel Narrative:** Discuss how travel costs were calculated using state-approved rates. Break out, mileage, air fare, hotel, etc. Justify travel costs associated with accomplishing objectives/goals.
- E. Equipment:** Over \$5,000 equipment purchases. Buy American regulations apply. **Equipment Narrative:** Discuss detail calculations of the equipment and how equipment purchases will assist in accomplishing objectives/goals. Appropriate bids must be attached to application.
- F. Indirect Costs** Applicant must calculate the percentage and put in an amount. Indirect cost (IDC) must be in accordance with 2 CFR Part 200.414 and approved by your federal cognizant agency. A copy of the IDC approval letter must be attached to the application. The percentage rate for indirect costs shall be maintained for the life of the project. If the agency is requesting reimbursement for indirect costs, a letter of approval from the cognizant agency must be provided to support the indirect cost percentage. **Indirect Cost Narrative:** Provide description and calculation for indirect cost.

A. Personnel Services

[Mark as Complete](#) | [Go to Application Forms](#) | [Add](#)

Description	Type of Personnel Service	Proposed MDT-SHTSS Funding	Matching Funds	Total
		\$0.00	\$0.00	\$0.00

Personnel Services Narrative

[Add](#)

Narrative(2000 Character limit)

B. Contracted Services

[Add](#)

Description	Type of Contract Service	Proposed MDT-SHTSS Funding	Matching Funds	Total
		\$0.00	\$0.00	\$0.00

Contracted Services Narrative

[Add](#)

Narrative(2000 Character limit)

C. Operating Expenses

[Add](#)

Note: Special restrictions apply. Please Contact MDT-SHTSS for details

Description	Type of Operating Expense	Proposed MDT-SHTSS Funding	Matching Funds	Total
		\$0.00	\$0.00	\$0.00

Operating Expenses Narrative

[Add](#)

Narrative(2000 Character limit)

D. Travel

[Add](#)

Supplies and Materials

Description	Type of Travel	Proposed MDT-SHTSS Funding	Matching Funds	Total
		\$0.00	\$0.00	\$0.00

Travel Narrative

[Add](#)

Narrative(2000 Character limit)

E. Equipment

[Add](#)

Description	Proposed MDT-SHTSS Funding	Matching Funds	Total
	\$0.00	\$0.00	\$0.00

Equipment Narrative

[Add](#)

Narrative(2000 Character limit)

F. Indirect Costs

[Add](#)

Description	Proposed MDT-SHTSS Funding

A. Personnel Services

Description*

Type of Personnel Service*

Proposed MDT-SHTSS Funding

Matching Funds

[Return to Top](#)

Personnel Services Narrative

500 Character limit

Rich text editor toolbar with icons for font family, font size, bold, italic, underline, bulleted list, numbered list, link, unlink, insert link, insert image, insert video, insert audio, insert table, insert code, undo, redo, print, and save.

Large text area for entering the Personnel Services Narrative.

Path: p

Words:0



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**** New Section****

Local Benefit Request

NHTSA requires the SHTSS ensure that State agency federal expenditures include benefit to local political subdivisions. Throughout the year MDT expends funds towards statewide efforts such as paid media placement to support highway traffic safety efforts. To qualify as “benefitting local government” and provide a local “voice”, the local subdivision needs to request the benefit of the expenditures in advance. The application form contains a section for the applicant to indicate that MDT will include their community in statewide media messages that support highway traffic safety efforts.

Below is a snap shot of the Local Benefit Request Section.

Agreement

The National Highway Traffic Safety Administration (NHTSA) requires the SHTSS to obtain written request from local subdivisions when they want to participate in state administered programs such as paid media. To ensure that the local community has a “voice” in the expenditure of federal funding, please indicate a choice below:

If applicable, we would request that MDT include our community in statewide media messages that support highway traffic safety efforts.

Yes

No

Full Name*

Title*

Attachments

****Must be marked as completed, even if you do not have anything to attach.**

Provide necessary back-up documentation for your funding request. Examples of back-up documentation may include, but is not limited to: Indirect cost rate agreement, proof of non-profit status, letters of support, memorandums of agreement, etc.

To add an attachment click add on the TOP BAR, browse your computer/network and upload in the system. Mark as complete when finished.

Menu | Help | Log Out Back | Print | Add | Delete | Edit | Save

Application

Application: 36703 - Highway Traffic Safety Funding (TEST). Same application just a different year. minimal effort.

Program Area: MDT Test Program Area
Funding Opportunity: 33675 - Highway Traffic Safety Funding (TEST)
Application Deadline: 03/01/2016
Requested Total: \$5,090.00

Instructions
Pertinent material such as letters of support, research documentation, and other similar materials. Please keep to a minimum.

Attachments [Mark as Complete](#) | [Go to Application Forms](#)

Description	File Name	File Size	Date Uploaded	Delete?
-------------	-----------	-----------	---------------	---------

Last Edited By: Kevin Tester, 12/09/2015

Menu | Help | Log Out Back | Print | Add | Delete | Edit | Save

Application

Attach File
Pertinent material such as letters of support, research documentation, and other similar materials. Please keep to a minimum.

Upload File:

Description:*



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(406) 444-7417

Application Submission

The application is due annually on March 1. After completing sections of the application, all sections will be indicated by a check mark. Please review carefully. Sections can be modified, even if a section is marked complete. When clicking print or applications details, it will show you all grant details.

After final review, click submit. Once you hit submit, your application will be locked to further editing. You will get a confirmation page on application submission and an email will be sent to the webgrant users identified in the general information section.

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Application

Application: 35299 - Highway Traffic Safety Funding (TEST)

Program Area: MDT Test Program Area

Funding Opportunity: 33675 - Highway Traffic Safety Funding (TEST)

Application Deadline: 03/01/2016

Requested Total: \$240.00

Instructions

The required application forms appear below. Please note: Clicking "Mark as Complete" does not submit the application component or prevent further editing. The check mark beside the form is only an indicator that the form has been completed. All application components must be marked as complete in order to submit. To submit the application click the Submit button.

Application Forms		Application Details Submit Withdraw	
Form Name	Complete?	Last Edited	
General Information	✓	10/22/2015	
Applicant Identification	✓	10/23/2015	
Project Narrative	✓	10/23/2015	
Project Objectives	✓	10/23/2015	
Project Budget	✓	10/23/2015	
Attachments	✓	12/09/2015	

Contacts

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