

Kevin Dusko Transportation Planner <u>kdusko@mt.gov</u> 444-7411 State Highway Traffic Safety Section

MDT - Grants Bureau

# WEB-BASED GRANT MANAGEMENT SYSTEM







# STREAMLINES and AUTOMATES

# ✓ PAPERLESS

# ✓ DATA ACCESS

# ✓ GRANT MANAGEMENT

# ✓ MONITORING

✓ TRANSPARENCY

- Registration
- Funding Opportunity
- Application submission process
- Application reviews
- Awards
- Project activities
- Monitoring
- Project End

# WEBGRANTS REGISTRATION PROCESS

# https://fundingmt.org/index.do

# Type in "Webgrants Montana" into the search engine.

Login	A Partnership Between
User ID:* Password:* Login	MONTANA Department of GRICULTURE Wildlife & Parks
Forgot Password?	MONTANA DEPARTMENT OF COMMERCE
	MONTANA MONTANA MONTANA
	DEPARTMENT OF TRANSPORTATION
	New to WebGrants - State of Montana? Register Here
	Funding Opportunities Offered by Montana State Agencies Search Here

😥 Register	
K	Register
Personal Information	
Name:*	
Email:*	Salutation First Name Middle Name Last Name
Confirm Email*	
Alternate Email	
Alternate Linai	
Address:*	
· ·	City State/Province Postal Code/Zip
Phone:*	
	Phone Ext. Ext.
Alternate Phone	
Fax:	
	***-**
What Agency's Grant Programs are you most interested in?:	$\checkmark$
Organization Information	
Name:*	
Organization Type:	$\checkmark$

From: <u>fundingmt@webgrantsmail.com</u> [<u>mailto:fundingmt@webgrantsmail.com</u>] Sent: Friday, October 02, 2015 2:55 PM To: Buckman, Pamela Subject: FundingMT.org - Approved Registration

\*\*\*\* Do Not Respond to This Email \*\*\*\*

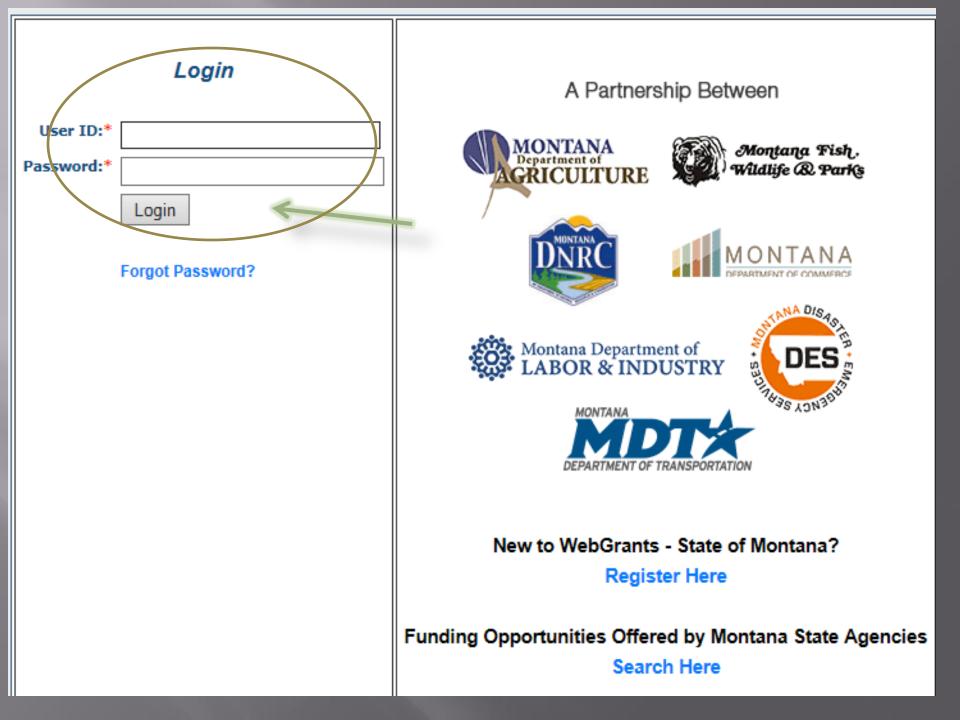
Dear Pam Buckman,

Your new registration with the WebGrants grants management system has been Approved. Your user id and password are below:

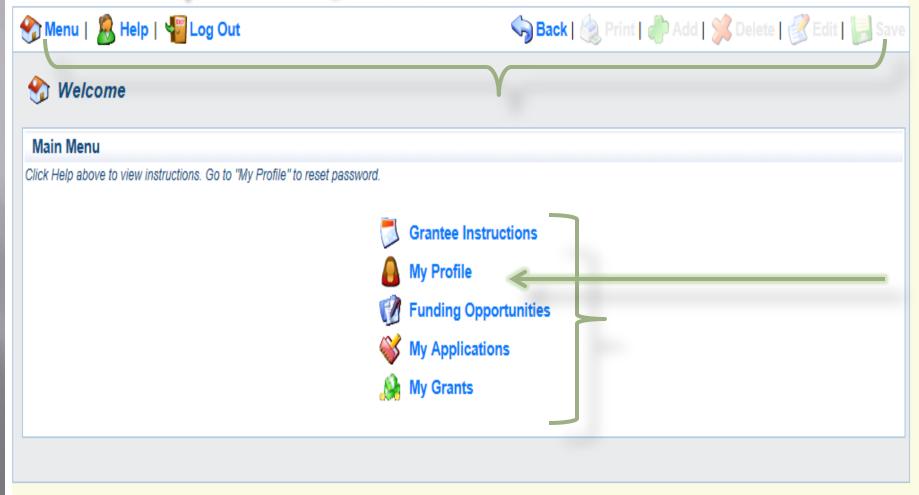
User id: pbuckman1 Password: nrkqofc



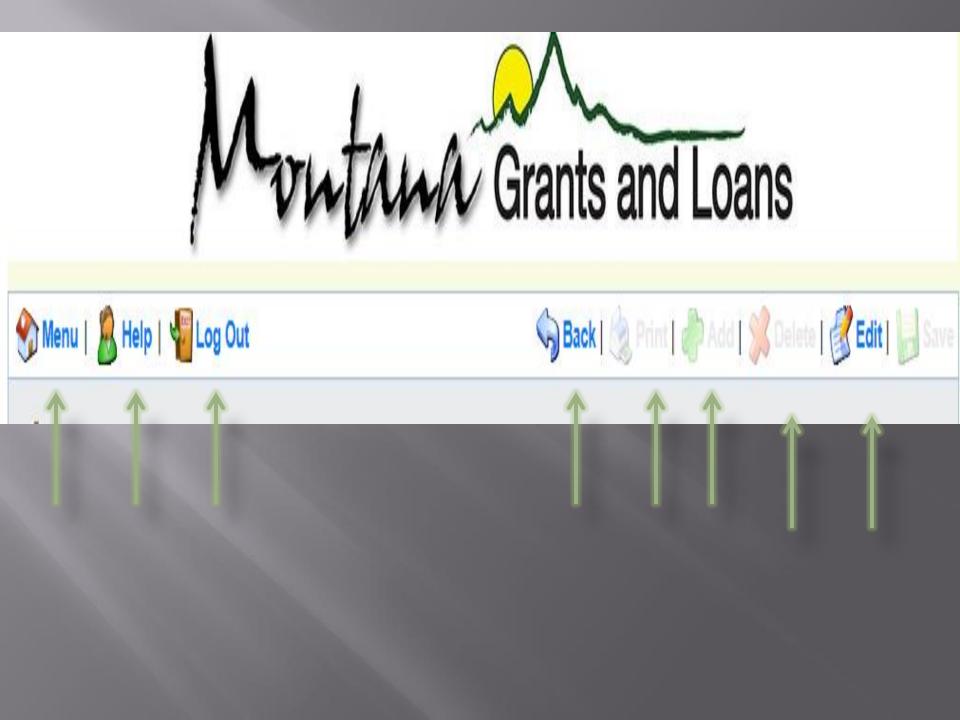
If you have any questions, please contact: <u>funding@mt.gov</u>



# Montana Grants and Loans







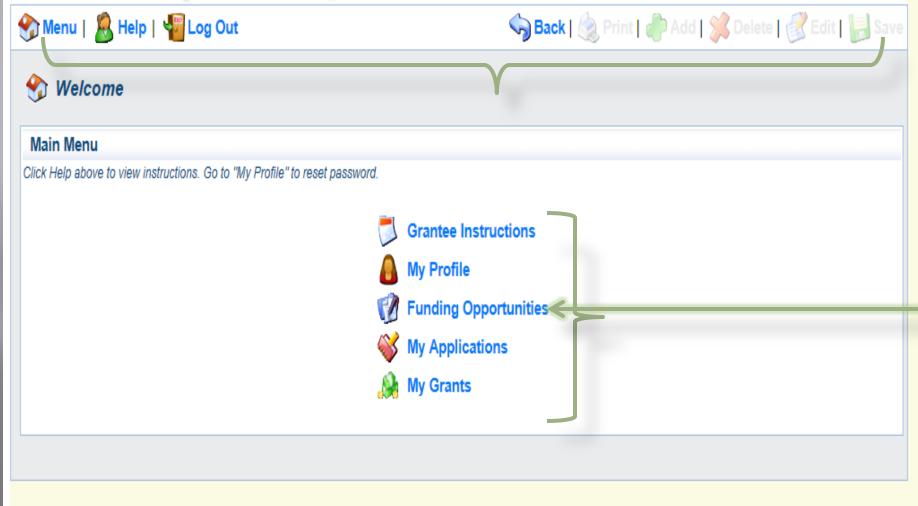
Just a few things to know Mess around, practice. You will not break the system. System Compatibility. Time-out periods. • Character limit. • SAVE

# Funding Opportunity APPLICATION PROCESS



New Funding Opportunity

# Montana Grants and Loans





33892 Department of 1	Fransportation M	IDT Test Program Area	MDT - MINI Grants (TEST FO)	
34130 Department of 1	Transportation M	IDT Test Program Area	MDT Test Transit Capital Grant - FY17	
33675 Department of 1	Transportation M	IDT Test Program Area	Highway Traffic Safety Funding (TEST) 🛛 🗸	
33033 Department of T	Fransportation M	IDT Test Program Area	MDT Test 5311 Transit Operating Grant - FY17	
33126 Department of N	Alimary Attairs	ITDES Emergency Management Performance Grant	EMPG FY 2015-16 Test	
23723 Department of N	AND STV ANSING	ITDES Emergency Management Performance Grant	FFY 15 Emergency Management Preformance Grant	

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🥱 Back | 쵫 Print | 🦛 Add | 🛸 Delete | 🧭 Edit | 🔚 Save

#### Funding Opportunities

#### **Current Applications**

Any previously created applications, for this opportunity, appear below. To start a new application for this opportunity, Click the Start a New Application link or to copy data from an old application, click on the Copy Existing Application link.

ID	Application Title	Status
33858	Highway Safety	Submitted
34929	Engineering, Educating, Enforcing and providing emergency medical services to save lives on Montana roads.	Submitted
35110	Reduce fatalities.	Submitted
35299	Highway Traffic Safety Funding (TEST)	Editing
35331	Highway Traffic Safety Funding (TEST)	Editing

**Opportunity Details** 

Copy Existing Application | Start a New Application

33675-Highway Traffic Safety Funding (TEST)

#### MDT Test Program Area

Application Deadline: 03/01/2016

Award Amount Range:	Not Applicable		F	Program Officer:	Kevin Dusko
Project Start Date:	10/01/2016		F	Phone:	406-444-7411 x
Project End Date:	09/30/2017		E	Email:	kedusko@mt.gov
Award Announcement Date:					
This Opportunity is re Categorical Area(s) To Program	-	No Transportation			

#### Description

Each state has a Highway Traffic Safety Section that receives and manages funding from the

National Highway Traffic Safety Administration (NHTSA) for implementing behavioral programs aimed

at improving traffic safety. The State Highway Traffic Safety Section of the Montana Department of Transportation (MDTSHTSS)

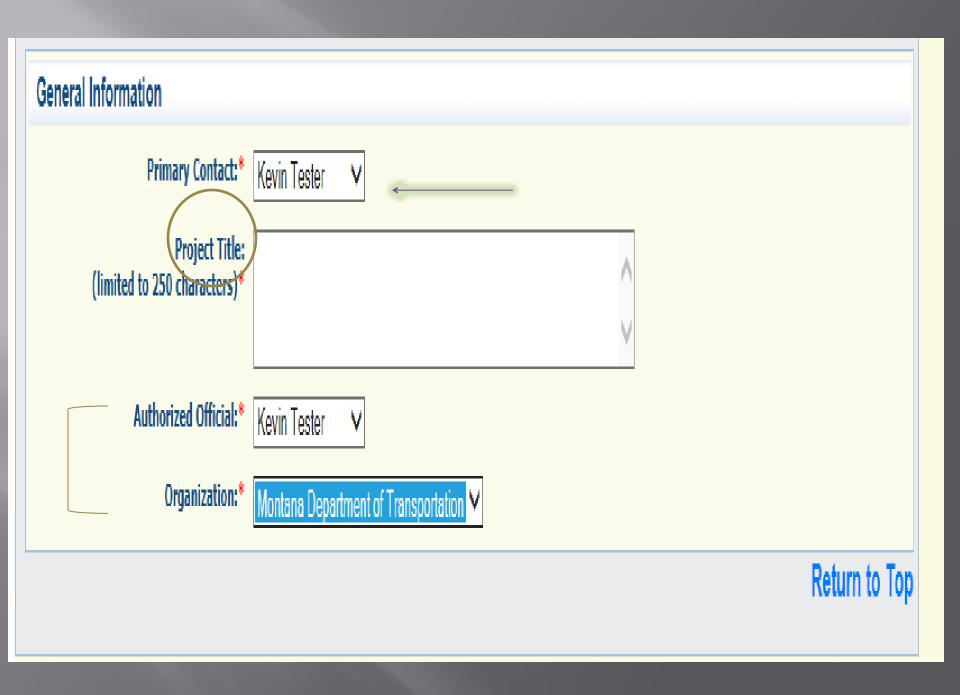
serves that function in Montana, under the leadership of the Governor's Representative for

Highway Traffic Safety.

# **Current Applications**

Any previously created applications, for this opportunity, appear below. To start a new application for this opportunity, Click the Start a New Application link or to copy data from an old application, click on the Copy Existing Application link.

D	1	Application Title	Status
33858	Highway Safety		Submitted
34929	Engineering, Educating, Enforcing and providing emergency med	dical services to save lives on Montana roads.	Editing
			1 11 4
Oppo	rtunity Details	Copy Existing Application   Start a New	Application
	5-Highway Traffic Safety Funding (TEST)		







Go to Application Forms

#### 🗳 Application

Application: 35110 - Reduce fatalities.

Program Area: MDT Test Program Area

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

Application Deadline: 03/01/2016

#### Instructions

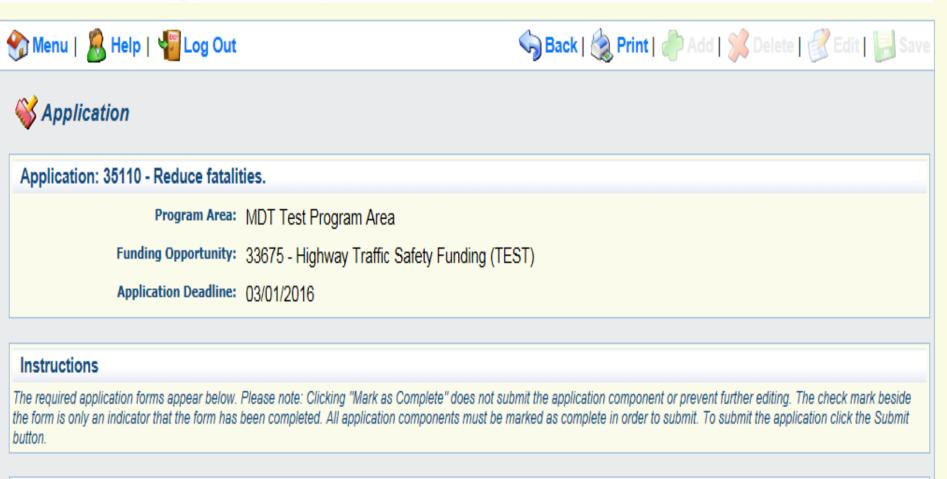
Fill out the form below and click "Save". Once completed and saved, click on the "Go to Application Forms" link to continue completing the rest of the application. Pick the appropriate Primary, Additional and Authorized Officials. If additional contacts or authorized officials have not been registered 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:	25110
System 10.	33110
Project Title:	Reduce fatalities.
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



Application Forms	Ар	plication Details   Submit   Withdraw
Form Name	Complete?	Last Edited
General Information	√	10/14/2015
Applicant Identificatio		
Project Narrative		
Project Objectives		
Project Budget		
Attachments		

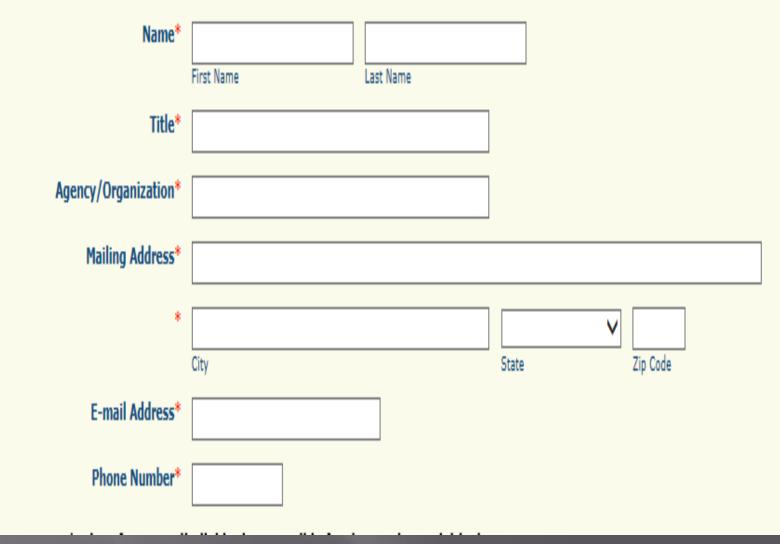
Applicant Identification							
Enter instructions for project director.							
Project Director - Individual that is	responsible for contract in	nplementation					
Name*	Kevin	Dusko					
	First Name	Last Name					
Title*	Boss		7				
Agency/Organization*	MDOT		7				
	MDOT						
Mailing Address*	1234						l
*	Helena		Montana		59601		
	City		State		Cip Code		
E-mail Address*	kedusko@mt.gov						
Phone Number*							
	406-444-7411						
Project Manager/Point of Contact (i	individual responsible for	day-to-day activities)					
Name							
	First Name	Last Name					
Title			7				
Agency/Organization							
Mailing Address							
			7	~			
	City		State		Cip Code		
E-mail Address							
Phone Number							
Authorized Official for Grantee (City Directors).	//County Commissioner Cl	hair, Mayor, Chief Exe	cutive Officer, De	partme	nt Head	or Presiden	t of Board of
Name*	Minhaul	Teelew					
	Michael First Name	Last Name					
Title*	Director		7				
Agency/Organization*	MDT						
Mailing Address*	1234						
*	Lisland		Mantaaa		FOCOT		
	Helena City		Montana State		59601 Lip Code		
E-mail Address*							
L-mail Address	mtooley@mt.gov						
Phone Number*	406-444-2947						

Budget Representative (Individual responsible for the accounting practices).

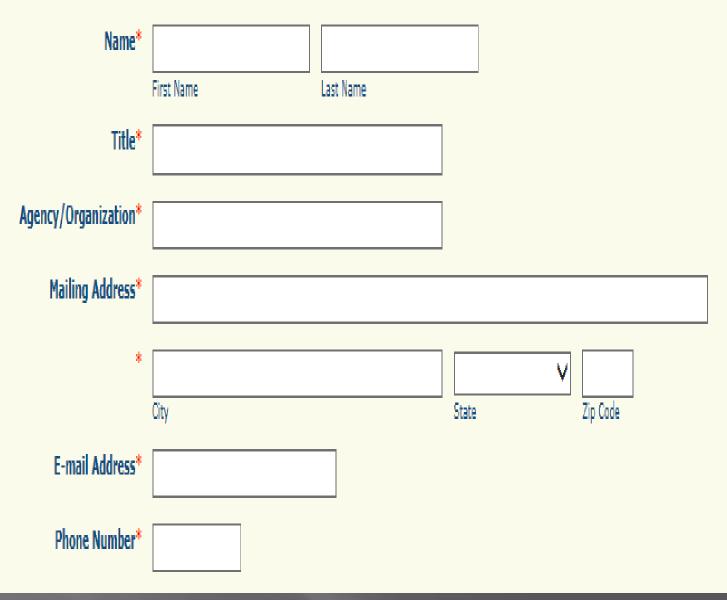
# Applicant Identification

Enter instructions for project director.

Project Director - Individual that is responsible for contract implementation



Authorized Official for Grantee (City/County Commissioner Chair, Mayor, Chief Executive Officer, Department Head or President of Board of Directors).





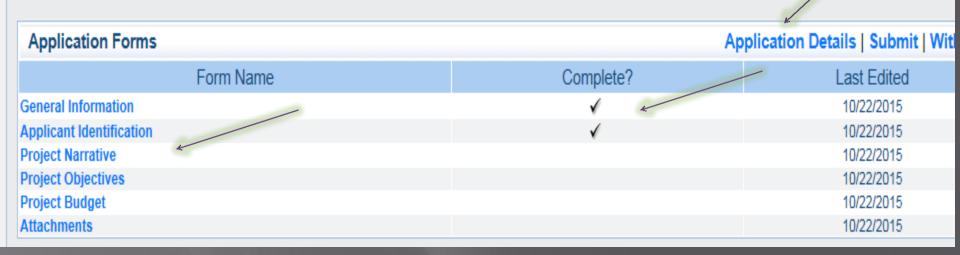
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# 🐝 Application

# 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 b 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 Su button.



# **Project Narrative**

## Executive Summary - A clear summary of what is being proposed

In this section, include a statement of how your project supports some aspect of the CHSP. At a minimum, this statement should indicate which CHSP emphasis area(s) are supported by your project. If relevant, also please indicate how your project could contribute toward or enhance the implementation of specific new strategies within the emphasis area(s).

Executive Summary

## Problem/Needs Statement - Describe and document the problem/need.

Include the most recent data possible. MDT online data resources are available at http://www.mdt.mt.gov/publications/ datastats.shtml#crash. State and local data, not national data, is preferred.

Problem/Needs Statement

# Goal/s

The desired long-range effect of your project. This should tie in with the State's highway traffic safety goals as stated in the CHSP and Highway Safety Plan.

Goal/s

Evaluation & Internal Assessment

# **Project Narrative**

# Executive Summary - A clear summary of what is being proposed

In this section, include a statement of how your project supports some aspect of the CHSP. At a minimum, this statement should indicate which CHSP emphasis area(s) are supported by your project. If relevant, also please indicate how your project could contribute toward or enhance the implementation of specific new strategies within the emphasis area(s).



### Problem/Needs Statement - Describe and document the problem/need.

Include the most recent data possible. MDT online data resources are available at http://www.mdt.mt.gov/publications/ datastats.shtml#crash. State and local data, not national data, is preferred.

Problem/Needs Statement

#### **Project Narrative**

#### Executive Summary - A clear summary of what is being proposed

In this section, include a statement of how your project supports some aspect of the CHSP. At a minimum, this statement should indicate which CHSP emphasis area(s) are supported by your project. If relevant, also please indicate how your project could contribute toward or enhance the implementation of specific new strategies within the emphasis area(s).

Executive Summary Thirty-six (36) County DUI Task Forces (DUITF) submitted plans for SFY 2016 representing forty-two (42) counties. In SFY 2015, MDT received thirty-two 32 DUITF plans representing thirty-six (36) counties.

#### Problem/Needs Statement - Describe and document the problem/need.

Include the most recent data possible. MDT online data resources are available at http://www.mdt.mt.gov/publications/ datastats.shtml#crash. State and local data, not national data, is preferred.

Problem/Needs Statement Thirty-six (36) County DUI Task Forces (DUITF) submitted plans for SFY 2016 representing forty-two (42) counties. In SFY 2015, MDT received thirty-two 32 DUITF plans representing thirty-six (36) counties.

#### Application: 35110 - Reduce fatalities.

Program Area: MDT Test Program Area

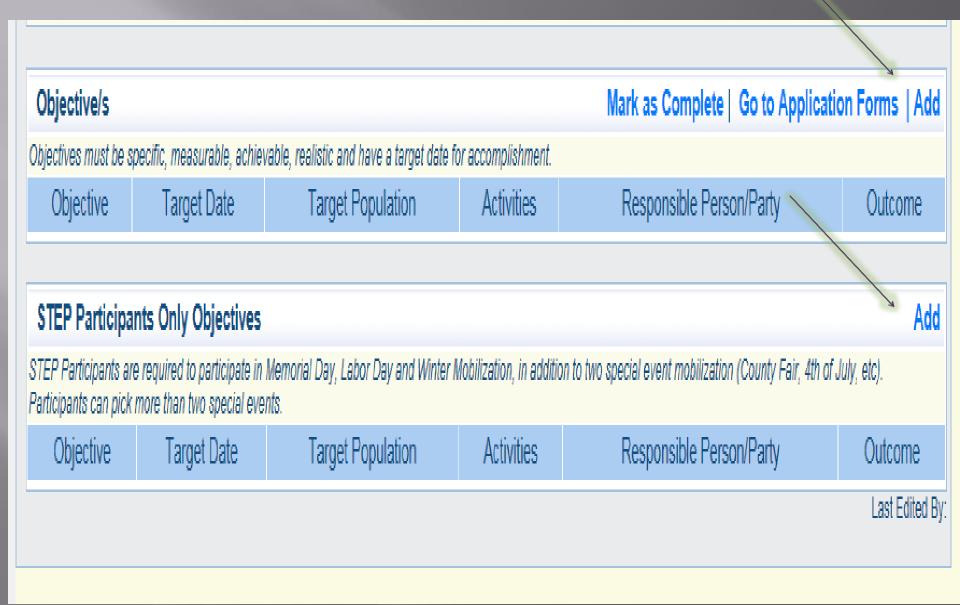
Funding Opportunity: 33675 - Highway Traffic Safety Funding (TEST)

Application Deadline: 03/01/2016

#### Instructions

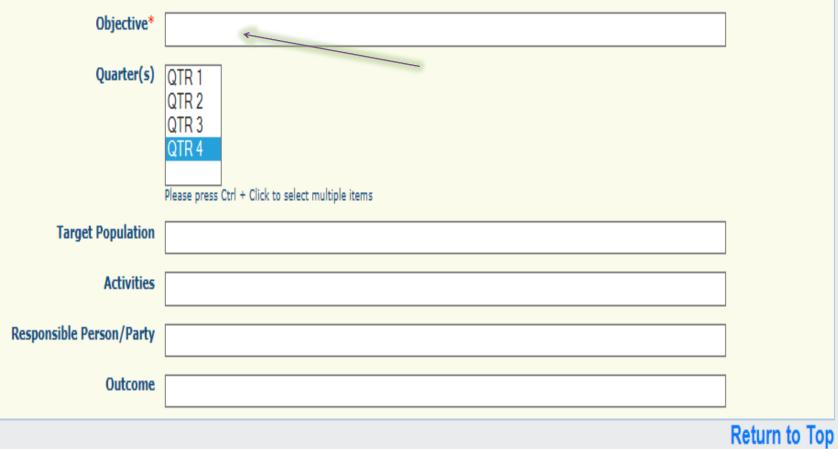
The required application forms appear below. Please note: Clicking "Mark as Complete" does not submit the application component or prevent further editing. The check mark beside the form is only an indicator that the form has been completed. All application components must be marked as complete in order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

Application Forms		Application Details   Submit   Withdraw
Form Name	Complete?	Last Edited
General Information	√	10/14/2015
Applicant Identification	√	10/16/2015
Project Narrative	$\checkmark$	10/16/2015
Project Objectives		
Project Budget		
Attachments		



#### Objective/s

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



Objective/s					Mar	as Complete   Go to	Application Forms	Add
Objectives must be spe	ecific, measurable,	achievable, realist	ic and have a target date	e for accomplishment				
Objec	tive	Quarter(s)	Target Population	Activi	ties	Responsible Person/Party	Outcome	
Coordinate one comr highway safety per q duration of the grant	uarter for the	QTR 1, QTR 2, QTR 3, QTR 4	Lewis and Clark County, neighboring counties	Research Local eve appropriate contact advertise as approp	for registration,	County DUITF Chair and Task Force Volunteers	Successful community eve that offers public education highway safety	
STEP Participan	ts Only Objecti	ves						Add
STEP Participants are Participants can pick n			ay, Labor Day and Winte	r Mobilization, in add	ition to two specia	al event mobilization (Count	y Fair, 4th of July, etc).	
Objective	Period(s)	Targe	t Population	Activities	tivities Responsible Person/Party		Outcom	е
						Last	Edited By: Kevin Tester, 10/2	יחרורנ

Objective/s						Mark as Complete	e   Go to Applicatio	on Forms   Add	
Objectives must be spe	cific, meas	urable, achievable	realistic and have a target date	for accomplishment.					
Objective	Quarte	er(s)	Target Population	Activities		Responsible Pers	son/Party	Outcome	
STEP Participant	ts Only C	)bjectives						Add	
STEP Participants are i Participants can pick m			orial Day, Labor Day and Winte	r Mobilization, in addit	ion to two	special event mobilizati	ion (County Fair, 4th of J	uly, etc).	
Objective	Period (s)	Target Population	Acti	vities		Responsible Person/Party	Outco	me	
Winter High Visibility Mobilization         Period 1         Lewis and Clark County         Staff overtime patrols, provide public advertisement for high visibility, complete overtime event, report as appropriate         Grant Coordinator         Successful media coverage, DUI arrests and general impaired driving deterence					- · · ·				
							Last Edited By: Kevi	in Tester, 10/22/201	

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#### Section 🎸

Application: 35110 - Reduce fatalities.

Program Area: MDT Test Program Area

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

Application Deadline: 03/01/2016

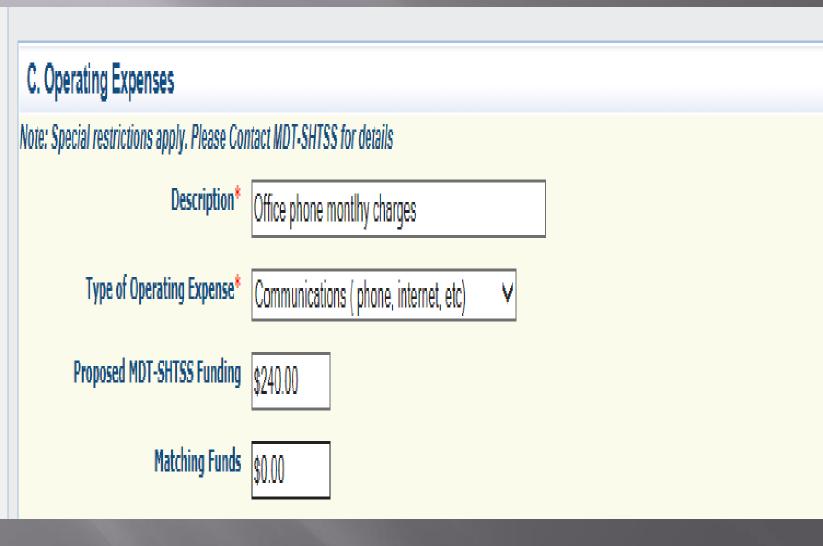
#### Instructions

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	✓	10/14/2015					
Applicant Identification	1	10/16/2015					
Project Narrative	✓	10/16/2015					
Project Objectives		10/16/2015					
Project Budget							
Attachments							

A. Personnel Services		Mark a	as Complete	Go to Application Form	ns   Add
Description	Type of Personnel Service	Proposed MDT-SHTSS Fundi	ing	Matching Funds	Total
			\$0.00	\$0.00	\$0.00
Personnel Services Nar	rative				Add
		Narrative			
		Narrative			
B. Contracted Services					Add
Description	Type of Contract Service	Proposed MDT-SHTSS Fundin	Ig	Matching Funds	Total
			\$0.00	\$0.00	\$0.00
Contracted Services Na	rrative				Add
		Narrative			
C. Operating Expenses	*				Add
	y. Please Contact MDT-SHTSS for detail				
Description	Type of Operating Expense	Proposed MDT-SHTSS Fund	ling \$0.00	Matching Funds \$0.00	Total \$0.00
			\$0.00	\$0.00	\$0.00
Operating Expenses Na	rrative				Add
		Narrative			
D. Travel					Add
Supplies and Materials					
Description	Type of Travel	Proposed MDT-SHTSS Funding	\$0.00	Matching Funds \$0.00	Total \$0.00
			\$0.00	\$0.00	\$0.00
Travel Narrative					Add
		Narrative			
E. Equipment					Add
Description	Proposed MD	T-SHTSS Funding	Mate	hing Funds	Total
		\$0.00		\$0.00	\$0.00
Equipment Narrative					Add
					Add
		Narrative			
F. Indirect Costs					Add
T. mulleot 003t5					rud

					$\land$
C. Operating Ex	penses				Add
Note: Special restrict	ions 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					V





# **Operating Expenses Narrative**

Narrative<sup>\*</sup>

Monthly phone bill for a full time employee is 40.00 per month. Grant is requesting a part time employee so requesting reimbursement for 1/2 of monthly phone bill. \$20 x 12 months = 240.00 per year.

Note: Special restrictions apply. Plea	se Contact MDT-SHTSS for details			
Description	Type of Operating Expense	Proposed MDT-SHTSS Funding	Matching Funds	Total
)ffice phone montlhy charges	Communications ( phone, internet, etc)	\$240.00	\$0.00	\$240.0
		\$240.00	\$0.00	\$240.0
Operating Expenses Narrativ				Ad
	Narrati	ive		
			1/2 of monthly phone bi	u 600

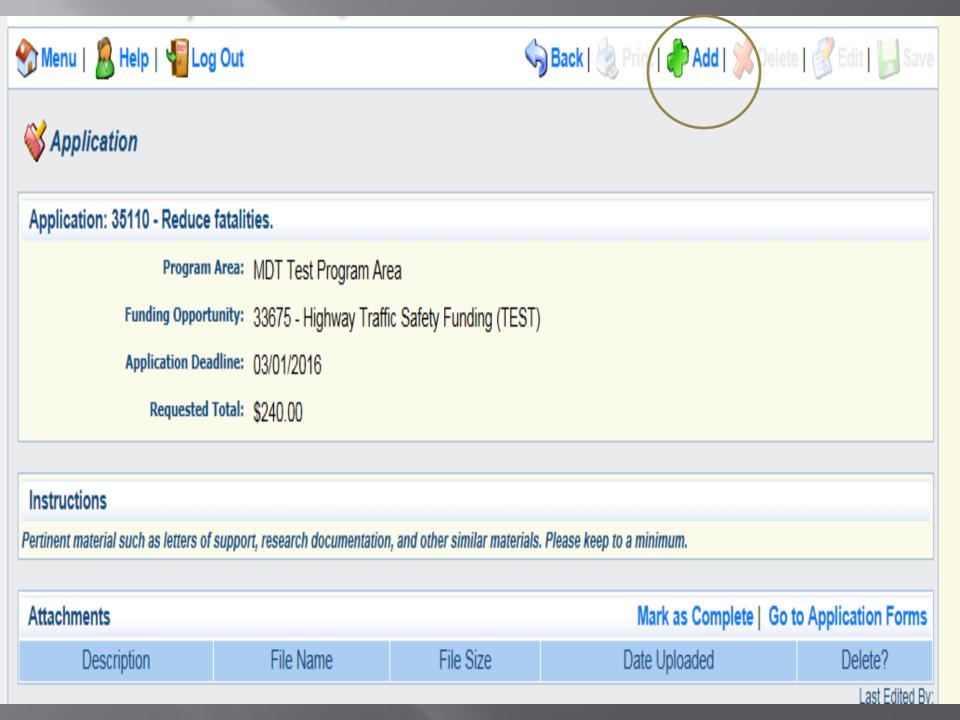
A. Personnel Servic	ces	Mark as	Complete	Go to Application Form	ns   Ad
Description	Type of Personnel Service	Proposed MDT-SHTSS Funding		Matching Funds	Tota
			\$0.00	\$0.00	\$0.0
Personnel Services	Narrative				A
		Narrative			
B. Contracted Servi					A
Description	Type of Contract Service	Proposed MDT-SHTSS Funding	<b>*</b>	Matching Funds	Tota
			\$0.00	\$0.00	\$0
Contracted Service	s Narrative				A
		Narrative			
C. Operating Expen	ises				A
-	s apply. Please Contact MDT-SHTSS for details				_
Description	Type of Operating Expense	Proposed MDT-SHTSS Funding	) \$0.00	Matching Funds \$0.00	Tota
			\$0.00	\$0.00	\$0
Operating Expense	es Narrative				A
		Narrative			
D. Travel					A
upplies and Materials					
Description	Type of Travel	Proposed MDT-SHTSS Funding		Matching Funds	Tota
			\$0.00	\$0.00	\$0
Travel Narrative					A
		Narrative			
E. Equipment					A
Description	Proposed MDT	-SHTSS Funding	Mat	ching Funds	Total
•		\$0.00		\$0.00	\$0
Equipment Narrativ	/e				A
		Narrative			
F. Indirect Costs					A

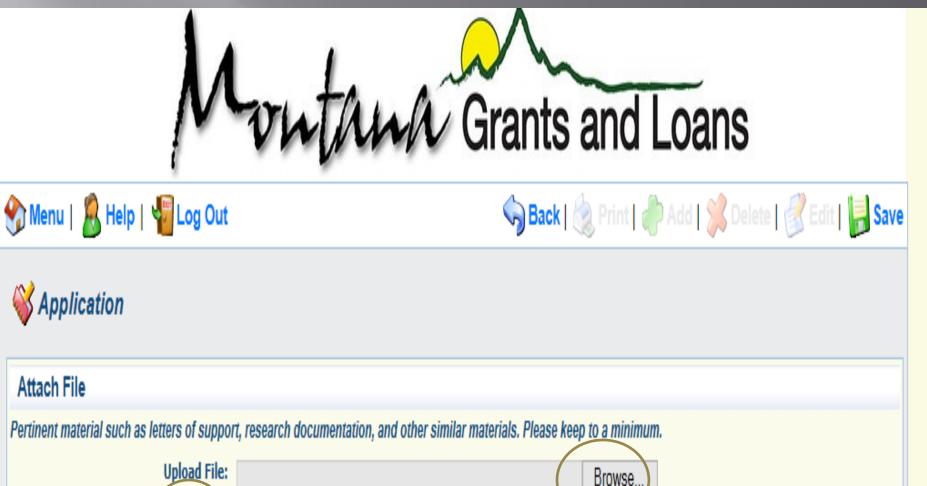
← →  @ https://fundingmt.org/appCon	nponents.do?documentPk=1445526503267
👓 Montana Department of Trans <i> (</i> WebGr	rants - State of Monta ×
M	vutana Grants and Loans
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<b>W</b> Application	
Application: 35299 - Highway Traff	fic Safety Funding (TEST)
Program Area:	MDT Test Program Area
Funding Opportunity:	33675 - Highway Traffic Safety Funding (TEST)
Application Deadline:	03/01/2016
Requested Total:	\$240.00

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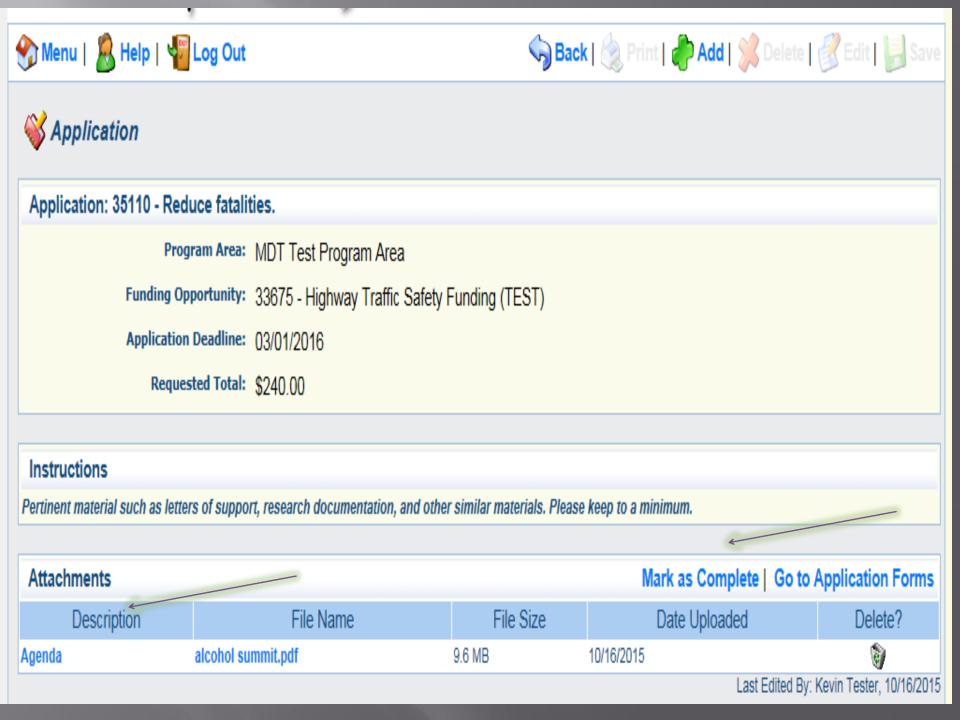
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Application Forms		Application Details   Submit   Withdraw
Form Name	Complete?	Last Edited
General Information	×	10/22/2015
Applicant Identification	1	10/22/2015
Project Narrative	1	10/23/2015
Project Objectives		10/23/2015
Project Budget		10/23/2015
Attachments		10/23/2015

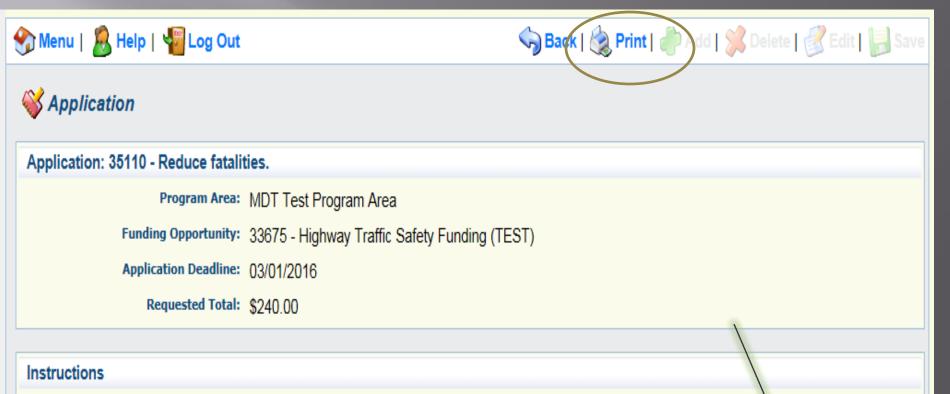




Description:

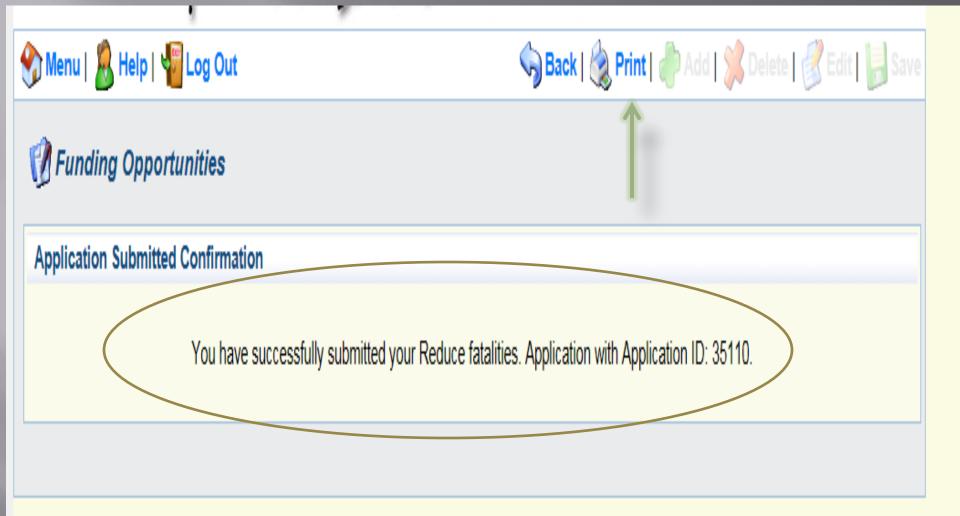
108_DONT_BLOW_IT	10/12/2006 9:42 AM	Adobe Acrobat D	285 KB
🔁 2012-TEEN-TRAFFIC-SAFETY-DAY_PLAN	8/8/2013 8:15 AM	Adobe Acrobat D	425 KB
ALERT_CAB	8/17/2010 5:09 PM	Windows Media A	599 KB
ALERT_CABV2	8/17/2010 5:09 PM	Windows Media A	490 KB
AUSTRALIAN DD	11/23/2003 8:18 AM	Movie Clip	14,999 KB
autorun	5/10/2007 1:04 PM	Setup Information	1 KB
🔁 BEERGLASS	2/3/2014 2:19 PM	Adobe Acrobat D	2,320 KB
🔁 BEERGLASS-W-BACKGROUND	2/3/2014 2:20 PM	Adobe Acrobat D	2,818 KB
BEERPARTY	11/2/2004 10:39 PM	Windows Media A	1,930 KB
🔁 BE-THE-JAWS-OF-LIFE_BANNERS	11/14/2013 7:04 AM	Adobe Acrobat D	2,122 KB
CHEETAH	1/15/2005 8:23 AM	Movie Clip	1,604 KB
COASTER-I'M-YOUR-BARTENDER-NOT	7/26/2007 9:34 AM	Microsoft Word 9	20 KB
CONTRACT_FOR_SAFE_DRIVING	10/18/2007 4:37 PM	Adobe Acrobat D	93 KB
🕙 DENISE WAGONER'S STORY	12/14/2006 12:09	Microsoft PowerP	951 KB
Section 2015 DRIVERS	12/13/2012 11:04	JPEG image	19 KB
🔁 DRINKING & DRIVING_HANDWRITING-S	12/20/2006 7:34 AM	Adobe Acrobat D	225 KB
DRIVE_SAFELY_112X48	8/17/2010 5:10 PM	Video Clip	2,369 KB
DRUNKDRIVINGCOMMERCIAL_XVID_NE	2/2/2007 1:05 PM	Windows Media A	2,637 KB
DUI CAR THROUGH FENCE	12/8/2004 2:44 AM	Movie Clip	8,641 KB
I DUI INFO	1/25/2005 7:58 AM	Windows Media A	902 KB
🔊 DUI VIDEO	6/20/2005 4:49 AM	Windows Media A	1 KB





The required application forms appear below. Please note: Clicking "Mark as Complete" does not submit the application component or prevent further edving. 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.

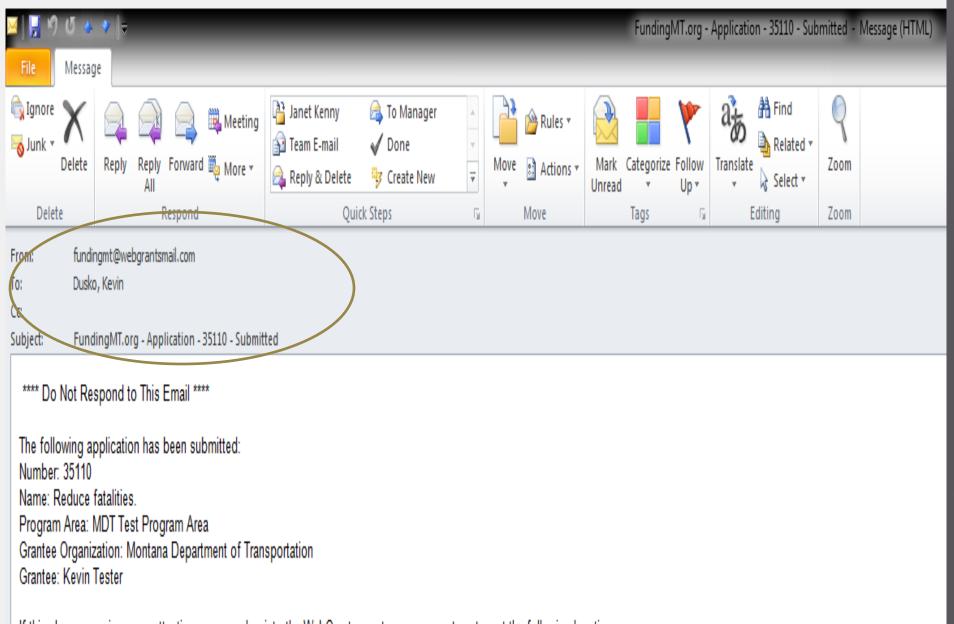
Application Forms		Application Details   Submit   Withdraw
Form Name	Complete?	Last Edited
General Information	× \	10/14/2015
Applicant Identification	1	10/16/2015
Project Narrative	1	10/16/2015
Project Objectives	×	10/16/2015
Project Budget		10/16/2015
Attachments	Image: A start of the start	10/16/2015





Contact Us

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If this change requires your attention, you may log into the WebGrants grants management system at the following location: <a href="http://www.fundingmt.org">www.fundingmt.org</a>









#### Main Menu

Click Help above to view instructions. Go to "My Profile" to reset password.





y Web	Grants - Sta	ate of Mont				
			Montana G	rants and L	oans	
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#### MONTANA GOV

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## https://fundingmt.org/index.do

# Type in Webgrants, Montana into the search engine.



#### Questions?

### Thank you for your time.

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