HIGHWAY SAFETY CONCEPT PAPER

Agency: _____

Concept Paper Title: _____

Amount Requested: _____

Priority Area for Concept Paper:

☐ Community Traffic Safety   ☐ Police Traffic Services

☐ Impaired Driving   ☐ Roadway Safety

☐ Motorcycle Safety   ☐ Speed/Aggressive Driving

☐ Occupant Protection/Child Passenger Safety   ☐ Traffic Records

☐ Pedestrian/Bicycle Safety

Type of Request:	**Type of Project:**
☐ Initial ☐ Continuation	☐ Local ☐ Statewide

Head of Agency:

Name: _____

Title: _____

Address: _____

_____

_____

Phone: (___) ___-____ Extension: _____

E-Mail: _____

Project Contact:

Name: _____

Title: _____

Address: _____

_____

_____

Phone: (___) ___-____ Extension: _____   Fax Number: (___) ___-____

E-Mail: _____

FDOT USE ONLY:

Concept Paper Number: _____	Assigned Module: _____
Postmark Date: _____	Planner Assigned: _____
Date Received: _____	Date Assigned: _____
Entered Into Database: _____	Planner Received: _____

Statement of the Problem: (Give details about the traffic safety problem that you want to correct. Include at least three years of crash, injury, fatality, and citation data to show the extent of the problem.)

Proposed Solution: (Explain the countermeasures that you plan to implement to correct the problem and how the funding that you have requested will support those countermeasures.)

Project Objectives: (List the short term goals that you have for the project. Some should be quantifiable, such as, "To reduce the number of people killed and injured in crashes by 5% compared to last year's statistics.")

Evaluation: (Explain how you will determine if the project is a success.)

CONCEPT PAPER BUDGET

List each item for which you are requesting funding and the estimated cost of the item(s). Equipment that has a unit cost of $1,000 or more should be listed in the Operating Capital Outlay section.

BUDGET CATEGORY	TOTAL	FEDERAL FUNDING	MATCH	
			STATE	LOCAL
A. Personnel Services				
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
Subtotal	$ 0	$ 0	$ 0	$ 0
B. Contractual Services				
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
Subtotal	$ 0	$ 0	$ 0	$ 0
C. Expenses				
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
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	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
Subtotal	$ 0	$ 0	$ 0	$ 0

CONCEPT PAPER BUDGET

BUDGET CATEGORY	TOTAL	FEDERAL FUNDING	MATCH	
			STATE	LOCAL
D. Operating Capital Outlay				
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
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	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
Subtotal	$ 0	$ 0	$ 0	$ 0
E. Indirect Cost				
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
	$ 0	$0	$0	$0
Subtotal	$ 0	$ 0	$ 0	$ 0
Total Cost of Project	$ 0	$ 0	$ 0	$ 0