

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
**HIGHWAY SAFETY CONCEPT PAPER**

500-065-17  
SAFETY  
12/14

**Applicant Agency:** Orlando Police Department

**Implementing Agency:** City of Orlando

**Concept Paper Title:** Orlando Police Department DUI Enforcement Team

**Amount Requested:** \$100,000

**Priority Area for Concept Paper (Select Only One):**

- |   |  |
|---|--|
| <input type="checkbox"/> Aging Road Users                               | <input type="checkbox"/> Pedestrian and Bicycle Safety                 |
| <input type="checkbox"/> Community Traffic Safety Outreach              | <input type="checkbox"/> Planning and Administration (FDOT Only)       |
| <input type="checkbox"/> Distracted Driving                             | <input type="checkbox"/> Police Traffic Services                       |
| <input checked="" type="checkbox"/> Impaired Driving                    | <input type="checkbox"/> Public Traffic Safety Professionals Training  |
| <input type="checkbox"/> Motorcycle Safety                              | <input type="checkbox"/> Speed/Aggressive Driving                      |
| <input type="checkbox"/> Occupant Protection and Child Passenger Safety | <input type="checkbox"/> Teen Driver Safety                            |
| <input type="checkbox"/> Paid Media (FDOT Only)                         | <input type="checkbox"/> Traffic Records                               |
|   | <input type="checkbox"/> Traffic Records Coordinating Committee (TRCC) |

**Type of Project (Select Only One):**

☒ Local      ☐ Statewide

**Type of Request (Select Only One):**

☒ Initial      ☐ Continuation – Year \_\_\_\_\_  
Previous Year's Project Number (if Continuation):  
\_\_\_\_\_

**Ranking (if Local Project):**

☒ City - 8 of 31      ☒ County - 18 of 24  
OR ☐ Identified Need (Data outside of Fatalities and Injuries)

**Head of Agency:**

Name: John W. Mina

Title: Chief of Police

Address: 100 South Hughey Avenue  
Orlando, FL 32801

Phone: (407) 246-2401 Extension: \_\_\_\_\_ E-Mail: john.mina@cityorlando.net

**Project Contact:**

Name: Angela Knowlton

Title: Grants & Management Analyst

Address: 100 South Hughey Avenue  
Orlando, FL 32801

Phone: (407) 246-2480 Extension: \_\_\_\_\_ E-Mail: angela.knowlton@cityoforlando.net

**FDOT USE ONLY:**

Concept Paper Number: \_\_\_\_\_

Postmark Date: \_\_\_\_\_

Date Received: \_\_\_\_\_

Entered Into Database: \_\_\_\_\_

Assigned Priority Area: \_\_\_\_\_

Planner Assigned: \_\_\_\_\_

Date Assigned: \_\_\_\_\_

Planner Received: \_\_\_\_\_

**Statement of the Problem:** (Provide details about the traffic safety problem that you want to address.)

**Supporting Data:** (Include at least three years of crash, injury, fatality, and citation data, to show the extent of the problem. If outside the top 25% for your city or county, provide further details to support your identified need.)

**Proposed Solution:** (Provide the specific countermeasure(s), chapter, and section you plan on implementing from the NHTSA Countermeasures That Work guide, found at: <http://www.ghsa.org/html/publications/countermeasures.html>. Explain how the countermeasure(s) that you plan to implement will address the problem and how the funding that you have requested will support those countermeasure(s). If no NHTSA countermeasure(s) exist, explain the basis of your selected strategy and how it will be effective.)

**Sustainability:** (If local project, provide details about how you plan to continue the safety efforts after the initial funding period has ended. If you cannot continue the safety efforts, provide details about what will prevent you from continuing. Does not apply to statewide projects.)

**Project Objectives:** (List the short term objectives that you have for the project. All objectives must be quantifiable, such as, "To reduce the number of crashes by 5% compared to the 3 year average of the most recent data by conducting 12 sobriety checkpoints during the sub-grant period; Providing 12 public education outreach events in the community during the sub-grant period.")

**Evaluation:** (Explain how you will determine each project objective has been met by using one or more of the following methods: Formative, Process/Administrative, Impact, and Outcome. Details about the four methods of evaluation can be found at <http://www.dot.state.fl.us/safety/3-Grants/Grants-Home.shtm>)

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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
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	\$ 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
Subtotal	\$ 0	\$ 0	\$ 0	\$ 0
C. Expenses				
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	\$ 0	\$0		\$0
Subtotal	\$ 0	\$ 0	\$ 0	\$ 0

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BUDGET CATEGORY	TOTAL	FEDERAL FUNDING	MATCH			
			STATE	LOCAL		
D. Operating Capital Outlay	\$ 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	
	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		