**VIRGIN ISLANDS OFFICE OF HIGHWAY SAFETY**

**NHTSA SUB-RECIPIENT APPLICATION**

** **

**Submitted by:**

**Project Name:**

**Project #:**

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| **VIRGIN ISLANDS OFFICE OF HIGHWAY SAFETY****SUB-RECIPIENT APPLICATION** |
| 1. **Name and contact of the Federal awarding agency.**
 |
| 1. **Applicant** – Provide the following information:
2. Organization Name:
3. Mailing Address:
4. Physical Address:
5. Data Universal Numbering System (DUNS) Number:
6. Unique Entity Identifier (if applicable):
7. Tax I.D. Number:
8. Organization Type:

( ) Government ( ) Non-Profit ( ) Other |
| 1. **Primary Point of Contact** – Provide the name, title, telephone number and e-mail address of the primary point of contact.
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| 1. **Organization Financial Officer** – Provide the name, title, telephone number and email address of the organization financial officer.
 |
| 1. **Projects Location** – Provide the locations to be served.
2. U.S. Virgin Islands ( )
3. St. Croix ( )
4. St. Thomas ( )
5. St. John ( )
 |
| 1. **Project Period/Approval Date** – Provide the beginning and end date of the proposed project.

From: **Approval Date** To:  |
| 1. **Project Description -** Provide a brief description of the problem, proposed solution, and targeted groups, including supporting data such as studies or evaluations.

**Problem Identification:****Proposed Solution:****Targeted Groups:** |
| 1. **Goals**– Provide a brief outline of proposed goals that are specific, measurable, achievable, relevant, and timely in addressing a current problem.

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| 1. **Action Plan/ Timeframe –** Provide a complete description of the proposed action plan, including timeframe, to meet the goals outlined above.
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| 1. **Performance Measurements and VIOHS Monitoring –** Provide a brief description detailing how success will be evaluated and monitored throughout the duration of the proposed program.

**Performance Measurements** **VIOHS Monitoring** |
| 1. **Budget Justification –** Provide a detailed budget for the proposed project.

**Justification of Personnel:** **Justification of Fringe Benefits****Justification of Professional Services****Justification of Equipment** Note: Equipment charges are not included in the calculation of Indirect Cost**Justification of Supplies****Justification for Travel** **Justification for Indirect Cost**Indirect Cost: Using the total of Personnel, Fringe, Professional Services, and Travel, it is calculated using the approved rate of 16.20%. Example: 70,000.00 + $21,034.06 + $15,059.00 = $106,093.06 x 16.20% = $17,187.07

|  |  |
| --- | --- |
| **Cost Category** | **Total for Project Period** |
| Personnel | $ |
| Professional Services | $ |
| Equipment | $ |
| Supplies | $ |
| Travel | $ |
| Indirect Cost | $ |
|  |  |
| **TOTAL ESTIMATED COST:** | **$** |
|  |  |
| **Funding Source** |  |
| Federal: | $ |
| State/Territory: | $0.00 |
| Other (Explain below.): | $0.00 |
|  |  |
| **TOTAL:** | **$** |

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In signing this application, the sub-recipient will allow the Virgin Island Office of Highway Safety access to all relevant project records and financial documents for auditing purpose upon request as well as appropriate terms and conditions concerning closeout of the sub-award.

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Applicant Primary Contact Print Name Applicant Primary Contact Signature/Date

The following section is to be completed by the Virgin Islands Office of Highway Safety.

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| --- | --- |
| 1. VIOHS Project I.D./Unique Entity Identifier: |  |
| 2. Federal Award Identification Number (FAIN): |  |
| 3. Catalogue of Federal Domestic Assistance (CFDA) Number and Name (VIOHS must identify the dollar amount made available under each Federal award and the CFDA number at time of disbursement): | **20.600 – State and community Highway Safety** |
| 5. Indirect cost rate for the Federal award including if the de minimis rate is charged per Section 200.414 Indirect (F&A) costs. | **VI Police Department Rate – 16.20%** |
| 6. Total amount of funds obligated to sub-recipient by VIOHS:  | **$** |
| 7. Federal award date: |  |

**SIGNATURE PAGE**

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VIOHS Coordinator Print Name VIOHS Coordinator Signature/Date

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VIOHS Fiscal Officer Print Name VIOHS Fiscal Officer Signature/Date

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VIOHS Director Print Name VIOHS Director Signature/Date

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Governor’s Representative Print Name Governor’s Representative Signature/Date