**Vision Zero in Road Safety Application**

**Contact Information:**

Organization:

Organization type:

☐ Local government

☐ Indigenous community government

☐ Non-government organization (e.g., school districts, Parent Advisory Councils, road safety advocacy groups, etc.)

☐ Other (free text)

Contact Person 1:

Position:

Email Address:

Tel No:

Contact Person 2:

Position:

Email Address:

Tel No:

**Basic Project Information**

Project Name:

Proposed Start Date:

Proposed End Date:

Community(ies) Where Project Will Take Place:

Amount Requested:

Are you applying for Stream #1 or #2?:

Part 1: Which of the following focus areas does your initiative primarily address (check one)?

☐ Safe roads (improving roadway/sidewalk design)

☐ Safe users (changing road user behaviour)

☐ People walking

☐ People cycling (or other rolling)

☐ Safe speeds (reduced vehicle speeds / speed management)

☐ Other: *Click here to enter text.*

Part 2: Which of the following types of road users does this initiative aim to protect (check all that apply)?

☐ Early years (0-5)

☐ Children (6-12)

☐ Youth (13-18)

☐ Adults

☐ Older adults (65+)

☐ Families

☐ Indigenous community members

☐ New immigrants

☐ People with disabilities: mobility challenges

☐ People with disabilities: sensory (visual, auditory) challenges

☐ Other: *Click here to enter text.*

Part 3: What type of initiative is this (check all that apply)?

☐ Temporary Road Infrastructure Improvement

☐ Permanent Road Infrastructure Improvement

☐ Community Engagement

☐ Community Planning / Capacity Building

 ☐ Other: *Click here to enter text*

**Project Description**

1. **Describe your project and the desired outcome.** *What activities do you propose to undertake? What is the justification and evidence supporting your proposed activities?* **Why is this project important to your community at this time?** *How was this issue identified as a problem?*
2. **Describe how your project relates to Vision Zero and the Safe Systems Approach.** *What change do you hope to make in the community, and how does this relate to the goals of reducing traffic-related injuries or fatalities in your targeted population?*
3. **Describe the steps to success for your project.** *What actions will project stakeholders take to successfully initiate and complete this project? What are the project timelines and milestones?*
4. **Describe your partnerships for this project (existing and in development).** *What community stakeholders will you collaborate with, and in what way, to successfully complete this project? Have you secured additional funding from other partners?*
5. **Describe the intended impact of your project on future road safety related action.** *How will your proposed project increase road safety and catalyze conversations about road safety in your community?*
6. **Describe the assessment process(es) or monitoring tool(s) you will use to measure your goals and activity indicators.** *How will you know if your project is achieving the desired impact?*
7. **Describe your plans to maintain the impact of this project beyond the Vision Zero in Road Safety Grant funding?** *If your project requires upkeep or ongoing resources, how do you plan to ensure a sustainable impact?*
8. **Describe who will take the lead and provide support for your project** **to ensure it is a success.**

**Project Budget**

Project expenses must be reasonable in relation to proposed activities, and estimates well supported. Funding is limited. Please only ask for what is needed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Expense Description****including basic details about projected expenses** | **Amount ($)****requested**  | **Amount ($) secured from other sources** | **Notes****(e.g., details, additional breakdown, etc.)** |
| **Project Staffing Costs***(Indicate staff positions, e.g., Project Coordinator, Contracted Services, Facilitator, etc.).*  |
|   |   |   |   |
|   |       |   |   |
|   |       |   |   |
| **Total Labour costs:** |       |   |   |
| **Project Supplies/Services Costs***(Indicate details below and in the notes section).* |
|  |       |   |   |
|   |       |   |   |
|   |       |   |   |
|   |   |   |   |
| **Total Supplies/Services costs:** |       |   |   |
| **Administration Costs***(Cannot exceed 10% of requested funding. Indicate details below and in the notes section.)* |
|  |       |   |   |
|   |       |   |   |
|   |       |   |   |
| **Total Administration Costs** |   |   |   |
| **Total Project Costs***(Total Labour, Project Supplies/Services, Administration Costs)* |  |  |  |

Please feel free to provide additional explanatory notes regarding your budget [text box].