

OHSP Project Proposal

Walkthrough of Project Proposal Submission

Home Page

- To begin a project proposal, click 2024 OHSP Project Proposal from the My Opportunities panel on your dashboard.

The screenshot shows a dashboard with a dark blue header bar containing 'Home', 'Searches', and a user profile section with icons for home, search, notifications, chat, and help, along with the text 'LOGGED IN AS: Project Director'. Below the header is a 'Dashboard' section with 'Instructions:' and two bullet points. The main content area is divided into two panels: 'My Tasks' on the left and 'My Opportunities' on the right. The 'My Tasks' panel has a 'Filter' button and an 'Initiate Related Document' button. The 'My Opportunities' panel has a 'Filters' button and a table titled 'My Opportunities'. A green arrow points from the '2024 OHSP Project Proposal' row in the table to the 'Initiate Related Document' button in the 'My Tasks' panel.

Dashboard

Instructions:

- Click on an Opportunity Name to start applying for the Opportunity.
- The 'My Tasks' panel will show documents that are currently in process or are in need of attention.

My Tasks [Initiate Related Document](#)

[Filter](#)

My Opportunities

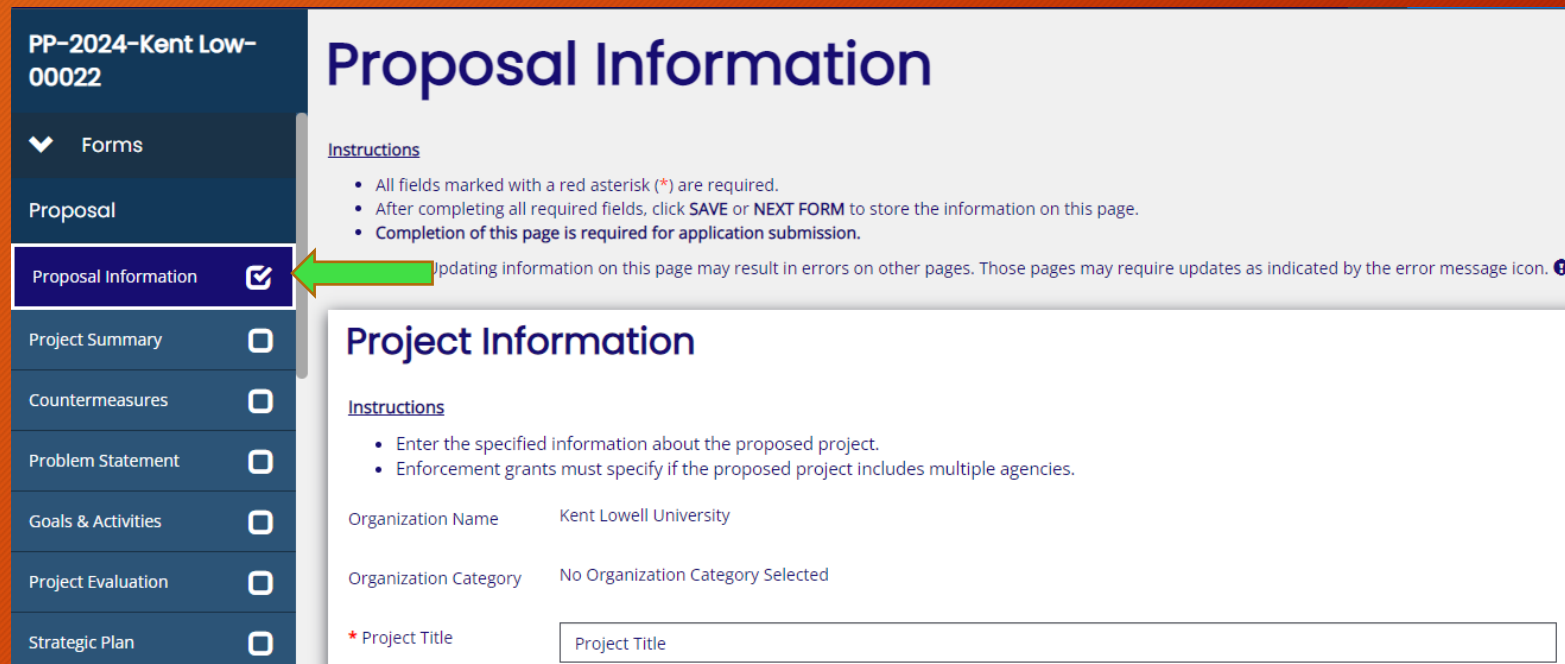
[Filters](#)

My Opportunities

| Name | Provider | Availability | Description |
|--|-------------------------|--|--------------------------------------|
| 2023 Highway Safety Grant | MIMSP_OHSP Provider Org | 6/1/2022 12:00:00 AM - 1/31/2024 10:00:00 AM | |
| 2024 OHSP Project Proposal | MIMSP_OHSP Provider Org | 12/1/2022 12:00:00 AM - Open Ended | |
| Byrne Justice Assistance Grant | MIMSP_GCSO Provider Org | 6/1/2021 12:00:00 AM - 6/1/2023 11:59:00 PM | The Byrne Justice Assistance Program |

Project Proposal

- You will use the left panel to navigate through the project proposal. Once the page has been completed and saved, a check will appear in the box to the right of that page. If there are errors that need to be addressed, an error icon will appear.



PP-2024-Kent Low-00022

Forms

Proposal

Proposal Information ☒

Project Summary ☐

Countermeasures ☐

Problem Statement ☐

Goals & Activities ☐

Project Evaluation ☐

Strategic Plan ☐

Proposal Information

Instructions

- All fields marked with a red asterisk (*) are required.
- After completing all required fields, click **SAVE** or **NEXT FORM** to store the information on this page.
- Completion of this page is required for application submission.

Updating information on this page may result in errors on other pages. Those pages may require updates as indicated by the error message icon. ⓘ

Project Information

Instructions

- Enter the specified information about the proposed project.
- Enforcement grants must specify if the proposed project includes multiple agencies.

Organization Name Kent Lowell University

Organization Category No Organization Category Selected

* Project Title

Proposal Scoring Chart

- Before beginning your project proposal, consider looking at the Proposal Scoring Chart, found lower on the left panel.
- This page details the criteria by which proposals will be evaluated, please use this information while completing your proposal.
- All the fields on this page will be filled out by OHSP staff, no action is required by prospective grantees.

PP-2024-Kent Low-00011

Attachments

Supporting Documentation ☐

Review

Proposal Scoring Chart ☒

Tools

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Add/Edit People

Status History

Attachment Repository

Modification Summary

Document Validation

Notes

Print Document

Document Account Transactions

Document Messages

Status Options

Proposal Submitted

Scoring Evaluation

Instructions

- For each criteria, select the point-value option that best describes the applicant agency.
- Upon save, the point value assigned to the selected option will add to the Total Score.
- The total amount of points awarded will determine whether the proposal is approved.

NOTE: THE PROPOSAL MUST RECEIVE A MINIMUM SCORE OF 65 TO BE CONSIDERED FOR APPROVAL.

Scoring Legend

| Point Value | Description |
|-------------|-------------------------------------|
| 0 | Nothing Entered |
| 1 | Unacceptable |
| 2 | Below Average/Need More Information |
| 3 | Average |
| 4 | Above Average |
| 5 | Exceptional |

NOTE: ALL CRITERIA IS WORTH A MAXIMUM OF FIVE (5) POINTS.

| Project Selection Criteria | Description | Points Awarded | Comments |
|----------------------------|---|----------------|---------------------------------|
| Project Purpose | Project summary description improves the traffic safety problem/trend identified | <div></div> | <div></div> <div>0 of 500</div> |
| | Describes and cites the state/local data that supports the problem (includes who, what, where, when, why) | <div></div> | <div></div> <div>0 of 500</div> |
| Project Goals | Supports HSP performance measures | <div></div> | <div></div> <div>0 of 500</div> |

Project Information

- Please read all instructions thoroughly. Fill in the appropriate information.
- Title, grant type, project type, program area and duration of project must be selected.
- You can click **Save** at the top or click **Next Form** for it to auto save this page and move to the next application item.

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Proposal Information

[New Note](#) | [Print](#) | [Save](#) | [Delete](#)

Instructions

- All fields marked with a red asterisk (*) are required.
- After completing all required fields, click **SAVE** or **NEXT FORM** to store the information on this page.
- Completion of this page is required for application submission.

ATTENTION: Updating information on this page may result in errors on other pages. Those pages may require updates as indicated by the error message icon.

Project Information

Instructions

- Enter the specified information about the proposed project.
- Enforcement grants must specify if the proposed project includes multiple agencies.

Organization Name: Kent Lowell University

Organization Category: No Organization Category Selected

* Project Title: Project Title

* Grant Type: ☒ Highway Safety ☐ Truck Safety

* Project Type: ☒ Enforcement ☐ Non-Enforcement

* Multiple Agencies?: ☐ Yes ☒ No

* Program Area: ☐ Select All ☒ Motorcyclist Safety ☐ Occupant Protection ☐ Pedestrian & Bicyclist Safety ☐ Police Traffic Services ☐ Truck/CNV Safety

Duration of Project

Instructions

- Activity Dates must be within the Office of Highway Safety Planning Grant Cycle (October 1st - September 30th).
- The Start Date must be on or after 10/1/2023 and the End Date may not go past 9/30/2026.
- If proposing a multi-year project, only submit budget information for the entirety of the project, not just one (1) year.

* Number of Years: 1

* Activity Dates: Start Date: 10/01/2023 End Date: 09/30/2024

[Next Form >](#)

Project Summary

- Enter the traffic safety problem that your proposal addresses, please be as detailed as possible.
- Click **Save** or **Next Form** to continue.

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Budget

Personnel - Salaries & Wages ☐

Project Summary

Instructions

- All fields marked with a red asterisk (*) are required.
- After completing all required fields, click **SAVE** or **NEXT FORM** to store the information on this page.
- Completion of this page is required for project proposal submission.

Summary of Proposed Project

Instructions

- Describe the traffic safety problem or deficiency that the proposed project is intended to correct or address.

*** Project Summary**

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Countermeasures

- Select Countermeasure(s) that will be used to address the traffic safety problem.
- At least one of the first three questions must be completed.
- Indicate whether your agency has related expertise.
- Click **Save** or **Next Form** to continue.

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Contractual Services ☐

Travel ☐

Supplies & Operating ☐

Equipment ☐

Indirect Costs ☐

Budget Summary ☐

Attachments

Traffic Safety Countermeasures

Instructions

- All fields marked with a red asterisk (*) are required.
- After completing all required fields, click **SAVE** or **NEXT FORM** to store the information on this page.
- Completion of this page is required for project proposal submission.

Countermeasures

Instructions

- Select an effective traffic safety countermeasure for major problem areas within the proposed project and program area.
- A selection from at least one (1) of three (3) the items below is required. *
- In the case where multiple countermeasures are used, please select the most applicable.
- Additional information regarding countermeasures can be found at [Michigan.gov](#).

1. Countermeasures That Work (CTW)

2. National Highway Safety Administration (NHTSA) Assessment Recommendation

3. Innovative Countermeasure

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Prior Experience

Instructions

- Specify whether the applicant agency has expertise in a related area.
- If yes, provide a brief summary of related experience or expertise. *

* Is there agency expertise in a related area of the proposed project and program area? ☒ YES ☐ NO

* If yes, provide a brief summary of related expertise.

0 of 1000

Problem Statement

- Enter your proposal's problem statement, please be as detailed as possible.
- Click **Save** or **Next Form** to continue.

PP-2024-Kent Low-00022

Template: 2024 OHSP Project Proposal
Status: Proposal in Progress
Organization: Kent Lowell University
Your Role(s): Agency Project Director
Period Date: 10/01/2023 - 09/30/2024

Proposal Information ☒

Project Summary ☒

Countermeasures ☒

Problem Statement ☐

Goals & Activities ☐

Project Evaluation ☐

Strategic Plan ☐

Budget

Personnel - Salaries & Wages ☐

Personnel - Overtime ☐

Contractual Services ☐

Problem Statement

Instructions

- All fields marked with a red asterisk (*) are required.
- After completing all required fields, click **SAVE** or **NEXT FORM** to store the information on this page.
- **Completion of this page is required for project proposal submission.**

Statement of the Problem and Background Information

Instructions:

- Describe the traffic safety problem or deficiency that the proposed project is intended to correct.
- Identify the data, statistics or facts relevant to the problem. Cite data.
- Use the most recent information possible. State the purpose of the project and the overall goal.
- Explain how you propose to solve the problem. Your solution should show a logical relationship to the problem.

* Problem Statement:

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Goals & Activities

- Enter one of your proposal's goals. Multiple activities can be listed in the text box of that goal.
- If you have more than one goal, enter the first goal information click **Save** and **Add** at the top right. A folder will appear where your other goals will be listed to edit.
- Click **Save** or **Next Form** to continue.

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Goals & Activities

New Note | Print | Save | Add | Delete

Instructions

- All fields marked with a red asterisk (*) are required.
- After completing all required fields, click **SAVE** or **NEXT FORM** to store the information on this page.
- Only one goal is allowed per page, though multiple activities are allowed for each goal. To enter additional goals:
 - Click the **ADD** button at the top of the page and complete the blank form.
 - Click **SAVE**, a folder icon will appear next to the menu item in the left navigation menu.
 - Clicking the menu item will now display a sub-menu containing the list of the pages that have already been entered.
 - Click one of the links in the sub-menu to access a page.
- Completion of at least one instance of this page is required for application submission.

Anticipated Project Goals & Activities

Instructions

- List an anticipated goal and/or outcome for the proposed project.
- Describe activities to be performed by the applicant agency to reach anticipated goal and/or outcome.
- Provide a date of anticipated activity completion.
- Goals serve as the foundation upon which the project is built. Use the **SMART** model. Goals must be Specific, Measurable, Achievable, Realistic, and Time bound.

Anticipated Goal

* Goal

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Project Activity

* Activities

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* Date of Anticipated Activity Completion MM/DD/YYYY

Project Evaluation

- Enter the way your proposed project will be evaluated, please be as detailed as possible.
- Click **Save** or **Next Form** to continue.

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Budget

Personnel - Salaries & Wages ☐

Project Evaluation

Instructions

- All fields marked with a red asterisk (*) are required.
- After completing all required fields, click **SAVE** or **NEXT FORM** to store the information on this page.
- Completion of this page is required for project proposal submission.

Evaluation

Instructions

- Describe how the project will be evaluated (i.e. what, when, who, how).

*** Project Evaluation**

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Strategic Plan

- The Strategic Plan page will only display for enforcement projects. Non-enforcement projects will not complete this page.
- Enter your strategic plan details including agencies, enforcement type, date of enforcement, and hours of enforcement.
- A strategic plan file may be attached
- Click **Save** or **Next Form** to continue.

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Strategic Plan

Instructions

- All fields marked with a red asterisk (*) are required.
- After completing all required fields, click **SAVE** or **NEXT FORM** to store the information on this page.
- Only one strategic plan report is allowed per page. To enter additional goals:
 - Click the **ADD** button at the top of the page and complete the blank form.
 - Click **SAVE**, a folder icon will appear next to the menu item in the left navigation menu.
 - Clicking the menu item will now display a sub-menu containing the list of the pages that have already been entered.
 - Click one of the links in the sub-menu to access a page.
- Completion of at least one instance of this page is required for application submission.

Strategic Plan

Strategic Plan Information

Instructions

- Strategic plans can be entered manually and/or attached below.
- A unique name is required for each report, which is required in the **Document Name** textbox.
- Use the add/delete (+/-) buttons at the end of each row to enter information for additional agencies involved.
- If several agencies are involved with this grant with different enforcement periods, a separate report for each agency may be appropriate for easier retrieval. To add a new report:
 - Complete one page and click **Save**, then click **Add**. The first page will be saved and a new, blank page will appear.
 - Enter information for the second report on the page, **saving the page** and clicking **Add** as necessary until all reports have been added.
- To navigate through the report, select the name of the person from the left navigation menu.
- List the agency name(s) participating in the enforcement type on the date being entered. Please refrain from using abbreviations other than PD, CSO, etc. (i.e. Battle Creek PD not BCPD.)

* Document Name

| * Agencies Involved | * Date | * Enforcement Type | * Hours |
|----------------------|---|----------------------|----------------------|
| <input type="text"/> | <input type="text" value="MM/DD/YYYY"/> | <input type="text"/> | <input type="text"/> |

Strategic Plan Report Documentation

Instructions

- Use the space provided below to attach a **copy of a strategic plan report** for a participating agency.
- To attach files:
 - Click the **Select** button to open File Explorer.
 - Search for the file to upload, and click **Open** in File Explorer.
 - Once the file is selected, the path to the file will appear in the **Document Source** field.
 - Acceptable file type extensions are: .bmp, .gif, .jpg, .png, .tif, .rtf, .wpd, .txt, .pdf, .doc, .docx, .ppt, .pptx, .xls, .xlsx, .vsd, .xml, .mp3, .mp4

NOTE: When the file is named to be uploaded, **DO NOT** leave any spaces, place a period between the words OR use any special characters, e.g. "!", in the file name. The descriptive title entered does not have to be the same as the file name, and it can include spaces.

- Use the add/delete (+/-) buttons at the end of each row to attach/detach additional files.
- Click the **SAVE** button to store the uploaded file(s) into the system.
- The **combined total** of attached documents cannot exceed 10MB **per Save** (large files should be attached one at a time). However, the total size of all uploads at page completion may exceed 10MB.
- Attachments larger than 10MB will not be accepted.

| Title | Document Source |
|----------------------|--|
| <input type="text"/> | <div><div>Select</div><div>Drag Files Here</div></div> |

Budget

- The following pages detail your proposed project's budget for all grant dollars awarded.
- It is not necessary to complete sections that are not applicable to your project, these sections should be skipped.
 - If a budget section is started in error, use the delete button on that page to clear the information, then move to the next applicable page.
- Once each applicable section is completed, the Budget Summary page must be reviewed.
- Note: If proposing a multi-year project, all budget pages should reflect the total project budget, not the budget for a single year.

| Budget | |
|------------------------------|--------------------------|
| Personnel - Salaries & Wages | <input type="checkbox"/> |
| Personnel - Overtime | <input type="checkbox"/> |
| Contractual Services | <input type="checkbox"/> |
| Travel | <input type="checkbox"/> |
| Supplies & Operating | <input type="checkbox"/> |
| Equipment | <input type="checkbox"/> |
| Indirect Costs | <input type="checkbox"/> |
| Budget Summary | <input type="checkbox"/> |

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Budget

Personnel - Salaries & Wages

Personnel - Overtime

Contractual Services

Travel

Supplies & Operating

Budget Category: Personnel – Salaries & Wages

[New Note](#) | [Print](#) | [Save](#) | [Add](#) | [Delete](#)

Instructions

 - For all funded project personnel of positions, enter the salary information as described below.
 - Include each employee classification separately, and identify the employee's function in relationship to the grant.
 - Enter the hourly rate of pay and total number of hours worked and/or percentage of time to calculate the total Federal/State amount to be charged to the grant.

Personnel Salaries & Wages

| * Position Title and/or Description | * Hours | * Hourly Rate | |
|-------------------------------------|---------------|---------------|--------|
| <div>0 of 250</div> | | \$ | |
| | Federal/State | Local Match | Total |
| Salaries & Wages Expenses | \$0.00 | \$ | \$0.00 |

* Are there Fringe Benefits expenses associated with this position? ☒ YES ☐ NO

* Select all fringe benefits that apply to this position to be included in the requested grant funds amount.

| Benefit Type | Rate (%) | Federal/State |
|---|----------------------|---------------|
| <input type="checkbox"/> FICA | <input type="text"/> | \$0.00 |
| <input type="checkbox"/> Workers Compensation | <input type="text"/> | \$0.00 |
| <input type="checkbox"/> Retirement | <input type="text"/> | \$0.00 |
| <input type="checkbox"/> Unemployment Insurance | <input type="text"/> | \$0.00 |
| <input type="checkbox"/> Insurances | <input type="text"/> | \$0.00 |
| <input type="checkbox"/> Other | <input type="text"/> | \$0.00 |
| Overall Totals | 0.00 % | \$0.00 |

| | <u>Federal/State</u> | <u>Local Match</u> | <u>Total</u> |
|---------------------------------|----------------------|-------------------------|--------------|
| Fringe Benefits Expenses | \$0.00 | \$ <input type="text"/> | \$0.00 |

Personnel - Overtime

- Salaries & Wages are for employees whose overtime is being funded by the proposed project.
- Be sure to indicate whether fringe benefits associated with this position are to be project funded.
- If multiple personnel need to be added, click **Save** and **Add** at the top right. A folder will appear where additional personnel will be listed to edit.
- Click **Save** or **Next Form** to continue.

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Budget

- Personnel - Salaries & Wages ☐
- Personnel - Overtime ☒**
- Contractual Services ☐
- Travel ☐
- Supplies & Operating ☐

Budget Category: Personnel - Overtime Salaries & Wages

New Note | Print | Save | Add | Delete

Instructions

- For all funded project personnel of positions, enter the overtime information as described below.
- Include each employee classification separately, and identify the employee's function in relationship to the grant.
- Enter the hourly rate of pay and total number of hours worked and/or percentage of time to calculate the total Federal/State amount to be charged to the grant.

Personnel Overtime Salaries & Wages

| * Position Title and/or Description | * Hours | * Hourly Rate | | |
|-------------------------------------|----------------------|-------------------------|----------------------|--------------------|
| <input type="text"/> | <input type="text"/> | \$ <input type="text"/> | | |
| 0 of 250 | | | | |
| | | | Federal/State | Local Match |
| Overtime Salaries & Wages Expenses | \$0.00 | \$ <input type="text"/> | | Total |
| | | | | \$0.00 |

* Are there Fringe Benefits expenses associated with this position? ☒ YES ☐ NO

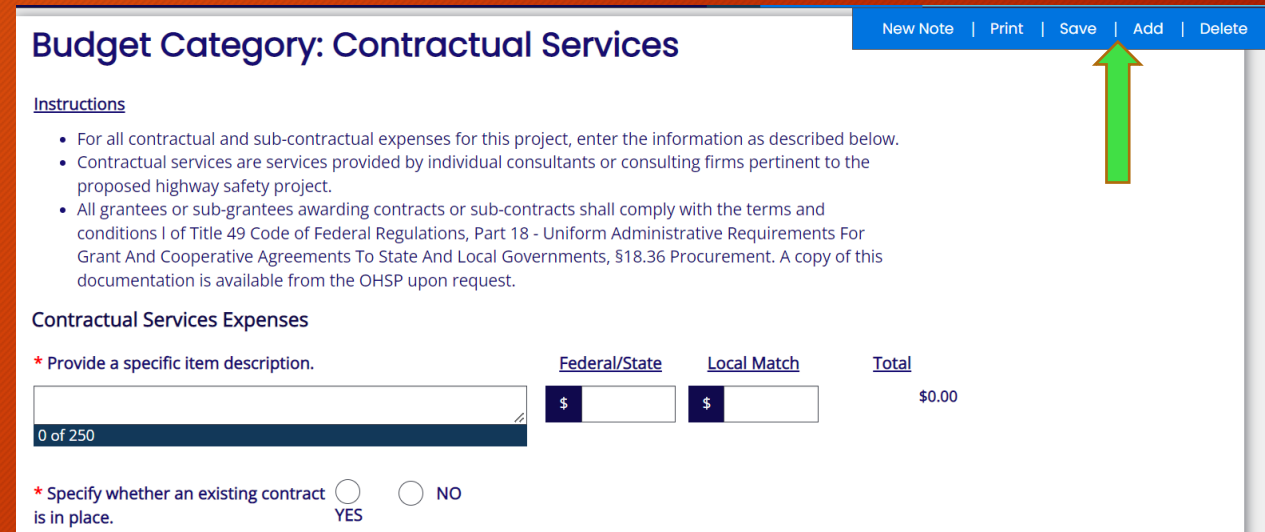
* Select all fringe benefits that apply to this position to be included in the requested grant funds amount.

| Benefit Type | Rate (%) | Federal/State |
|---|----------------------|---------------|
| <input type="checkbox"/> FICA | <input type="text"/> | \$0.00 |
| <input type="checkbox"/> Workers Compensation | <input type="text"/> | \$0.00 |
| <input type="checkbox"/> Retirement | <input type="text"/> | \$0.00 |
| <input type="checkbox"/> Unemployment Insurance | <input type="text"/> | \$0.00 |
| <input type="checkbox"/> Insurances | <input type="text"/> | \$0.00 |
| <input type="checkbox"/> Other | <input type="text"/> | \$0.00 |
| Overall Totals | 0.00 % | \$0.00 |

| | Federal/State | Local Match | Total |
|--------------------------|----------------------|-------------------------|--------------|
| Fringe Benefits Expenses | \$0.00 | \$ <input type="text"/> | \$0.00 |

Contractual Services

- Enter any contractual service costs.
- You must attach existing contract documentation or an explanation as to why you do not have one yet.
- If no contract is in place, please include anticipated timeframe in the explanation box.
- If additional Contractual Services need to be added, click **Save** and **Add** at the top right. A folder will appear where additional contractual services will be listed to edit.
- Click **Save** or **Next Form** to continue.



Budget Category: Contractual Services

New Note | Print | Save | **Add** | Delete

Instructions

- For all contractual and sub-contractual expenses for this project, enter the information as described below.
- Contractual services are services provided by individual consultants or consulting firms pertinent to the proposed highway safety project.
- All grantees or sub-grantees awarding contracts or sub-contracts shall comply with the terms and conditions I of Title 49 Code of Federal Regulations, Part 18 - Uniform Administrative Requirements For Grant And Cooperative Agreements To State And Local Governments, §18.36 Procurement. A copy of this documentation is available from the OHSP upon request.

Contractual Services Expenses

* Provide a specific item description.

| | <u>Federal/State</u> | <u>Local Match</u> | <u>Total</u> |
|----------------------|-------------------------|-------------------------|--------------|
| <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> | \$0.00 |

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* Specify whether an existing contract is in place. ☐ YES ☐ NO

Travel

- Estimated travel costs should be entered as accurately as possible based on proposed project activity.
- For out of state travel, you are required to complete an additional form, which is available at the bottom of this page.
- If additional travel costs need to be added, click **Save** and **Add** at the top right. A folder will appear where additional travel costs will be listed to edit.
- Click **Save** or **Next Form** to continue.

⚠ ATTENTION: Information entered or updated on this page may require additional review of other associated budget pages within this grant application. Resaving each associated page as indicated by the error message icon ⓘ will be required to confirm all information.

New Note | Print | **Save** | Add | Delete

Budget Category: Travel

Instructions

- For all travel expenses for this project, enter the information as described below.
- The nature or purpose of travel is only required for out-of-state travel; otherwise, completion of this field is optional.

Travel

* Provide a specific item description.

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* Specify whether the costs entered below for this budget item include Out-of-State travel. ☐ YES ☐ NO

Describe the nature or purpose of travel. (Required for out-of-state travel.)

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| Travel Cost Type | Unit Price | Quantity | Total |
|-------------------|------------|----------|--------|
| Lodging per night | \$ | | \$0.00 |
| Meals per day | \$ | | \$0.00 |
| Transportation | \$ | | |

| | Federal/State | Local Match | Total |
|-----------------|---------------|-------------|--------|
| Travel Expenses | \$0.00 | \$ | \$0.00 |

Supplies & Operating

- Enter any supply or operating costs.
- If additional supply & operating costs need to be added, click **Save** and **Add** at the top right. A folder will appear where additional supply and operating costs will be listed to edit.
- Click **Save** or **Next Form** to continue.

Budget Category: Supplies & Operating

New Note | Print | Save | Add | Delete

Instructions

- For all supplies to be purchased and operating expenses for this project, enter the information as described below.
- Supplies and operating costs are costs such as traveling supplies, office supplies, postage, printing, and fuel.
- Use the space provided to include any additional comments.

Supplies & Operating

* Provide a specific item description.

| | * <u>Unit Price</u> | * <u>Quantity</u> | |
|-------------------------------|-------------------------|-------------------------|--------------|
| <input type="text"/> | \$ <input type="text"/> | <input type="text"/> | |
| 0 of 250 | | | |
| | <u>Federal/State</u> | <u>Local Match</u> | <u>Total</u> |
| Supplies & Operating Expenses | \$0.00 | \$ <input type="text"/> | \$0.00 |

Comments

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Equipment

- Enter any equipment costs. Supporting documentation is required for all equipment costs over \$5,000.
- If additional equipment costs need to be added, click **Save** and **Add** at the top right. A folder will appear where additional equipment costs will be listed to edit.
- Click **Save** or **Next Form** to continue.

Budget Category: Equipment

New Note | Print | Save | Add | Delete

Instructions

- For all equipment to be purchased for this project, enter the information as described below.
- Each equipment item may require a cash match in the Local Match field.
- Only items specifically detailed in the budget will be eligible for federal reimbursement.
- Any equipment purchased through this grant must be used for highway safety purposes during its useful life.
- Equipment purchased through a grant to a state agency must also adhere to all state equipment control procedures.

Equipment

* Provide a specific item description.

| | * Unit Price | * Quantity | |
|----------------------------------|-------------------------|-------------------------|--------|
| <input type="text"/> 0 of 250 | \$ <input type="text"/> | <input type="text"/> | |
| | Federal/State | Local Match | Total |
| Equipment Expenses | \$0.00 | \$ <input type="text"/> | \$0.00 |

Comments

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Indirect Costs

- Enter applicable indirect cost rates.
- If other or multiple indirect cost rates apply to this grant budget request, select the override checkbox and enter the total indirect cost amount.
- A copy of the approved indirect cost rate from your cognizant agency must be attached.
- If applicable, documentation of calculations used to derive the override total indirect cost amount must be attached.
- Click **Save** or **Next Form** to continue.

Indirect Costs

Instructions

- Enter applicable indirect cost rates.
- If other or multiple indirect cost rates apply to this grant budget request, select the override checkbox and enter the total indirect cost amount.
- Click **SAVE** to store the calculated totals.

NOTE ⚠ The following documentation will be required before final grant approval:

- A copy of the approved indirect cost rate from your cognizant agency.
- If applicable, documentation of calculations used to derive the **override** total indirect cost amount.

Override Indirect Cost Rates

☐ Select this checkbox to override the indirect cost rates section and to enter the total indirect cost amount.
NOTE: Only applicable if multiple rates other than the categories listed below apply to this request.

Indirect Cost Rates

| Indirect Cost Category | Rate | Federal/State | Indirect Cost |
|------------------------------|--------------------------------|---------------|---------------|
| Personnel - Salaries & Wages | <input type="text" value="0"/> | \$3,560.00 | \$0.00 |
| Personnel | <input type="text" value="0"/> | \$4,984.00 | \$0.00 |
| Total Direct Costs | <input type="text" value="0"/> | \$10,183.00 | \$0.00 |
| Total Indirect Costs | | | \$0.00 |

Approved Indirect Cost Rate Documentation

Instructions

- Use the space provided below to attach a copy of the approved indirect cost rate documentation.
- To attach files:
 - Click the **Select** button to open File Explorer.
 - Search for the file to upload, and click **Open** in File Explorer.
 - Once the file is selected, the path to the file will appear in the upload field.
 - Acceptable file type extensions are: .bmp, .gif, .jpg, .png, .tif, .rtf, .wpd, .txt, .pdf, .doc, .docx, .ppt, .pptx, .xls, .xlsx, .vsd, .xml, .mp3, .mp4

NOTE: When the file is named to be uploaded, **DO NOT** leave any spaces, place a period between the words OR use any special characters, e.g. "!", in the file name. The descriptive title entered does not have to be the same as the file name, and it can include spaces.

- Click the **SAVE** button to store the uploaded file(s) into the system.
- Attachments larger than 10MB will not be accepted.

⚠ **Approved Indirect Cost Rate**

Budget Summary

- This is a view-only page that displays an overview of values entered on each individual budget page.
- If any changes are made to the budget pages after the initial first load of this page, this page must be revisited before document submission.
- This page automatically saves upon each page load to store updated budget values; no Save button is needed.

| Budget Request Summary | | | |
|---|-----------------------------|---------------------------|---------------------|
| <u>Instructions</u> <ul style="list-style-type: none">• Review all of the information in the summary table below.• If data looks incorrect, return to the necessary budget page(s) and adjust values as needed.• The total State Grant Funds amount requested must be greater than \$0. | | | |
| FEIN 11-2233445 | STARTING DATE 10/01/2023 | ENDING DATE 09/30/2024 | FISCAL YEAR 2024 |
| Line Item Summary | | | |
| Line Items | Federal/State | Local Match | Total |
| Personnel - Salaries & Wages | \$3,560.00 | \$0.00 | \$3,560.00 |
| Personnel - Fringe Benefits | \$704.00 | \$ | \$704.00 |
| Personnel - Overtime | \$720.00 | \$ | \$720.00 |
| Personnel - Overtime Fringe Benefits | \$0.00 | \$ | \$0.00 |
| Contractual Services | \$ | \$ | \$ |
| Travel | \$ | \$ | \$ |
| Supplies & Operating | \$299.00 | \$ | \$299.00 |
| Equipment | \$4,900.00 | \$ | \$4,900.00 |
| Indirect | \$ | | \$ |
| Total | \$10,183.00 | \$0.00 | \$10,183.00 |
| Cost Category Summary | | | |
| Cost Category Function Title | Federal/State | Local Match | Total |
| Personnel Costs | \$4,984.00 | \$0.00 | \$4,984.00 |
| Contractual Service Costs | \$0.00 | \$0.00 | \$0.00 |
| Operating Costs | \$299.00 | \$0.00 | \$299.00 |
| Equipment Costs | \$4,900.00 | \$0.00 | \$4,900.00 |
| Indirect Costs | \$0.00 | | \$0.00 |
| Total | \$10,183.00 | \$0.00 | \$10,183.00 |

Supporting Documentation

- If any additional documentation or attachments are needed for the project proposal, they can be uploaded here.
- Click **Save** or **Next Form** to continue.

PP-2024-Kent Low-00022

Supplies & Operating

Equipment

Indirect Costs

Budget Summary

Attachments

Supporting Documentation

Review

Proposal Scoring Chart

Status Options

Proposal Submitted

Proposal Cancelled

Tools

Landing Page

Add/Edit People

Supporting Documentation

Instructions

- After completing all required fields, click **SAVE** to store the information on this page.
- Completion of this page is optional and not required for submission.

Supporting Documentation

Instructions

- Use the space provided below to enter a descriptive title for each supporting documentation file to be uploaded that will be supplemental to this application.
- To attach files:
 - Click the **Select** button to open File Explorer.
 - Search for the file to upload, and click **Open** in File Explorer.
 - Once the file is selected, the path to the file will appear in the **Document Source** field.
 - Acceptable file type extensions are: **.bmp, .gif, .jpg, .png, .tif, .rtf, .wpd, .txt, .pdf, .doc, .docx, .ppt, .pptx, .xls, .xlsx, .vsd, .xml, .mp3, .mp4**

NOTE: When the file is named to be uploaded, **DO NOT** leave any spaces, place a period between the words OR use any special characters, e.g. **"/"**, in the file name. The descriptive title entered does not have to be the same as the file name, and it can include spaces.

- Use the add/delete **[+]/[-]** buttons at the end of each row to attach/detach additional files.
- Click the **SAVE** button to store the uploaded file(s) into the system.
- The **combined total** of attached documents cannot exceed 10MB **per Save** (large files should be attached one at a time). However, the total size of all uploads at page completion may exceed 10MB.
- Attachments larger than 10MB will not be accepted.

| Title | Document Source |
|-------|--|
| | <div><div>Select</div><div>Drag Files Here</div></div> |

Proposal Submitted

- At this point, no further steps are required.
- After a final review of your proposal, scroll to the bottom of the left side panel and click **Proposal Submitted**.

| | |
|--------------------------|-------------------------------------|
| PP-2024-Kent Low-00022 | |
| Supplies & Operating | <input type="checkbox"/> |
| Equipment | <input type="checkbox"/> |
| Indirect Costs | <input type="checkbox"/> |
| Budget Summary | <input type="checkbox"/> |
| Attachments | |
| Supporting Documentation | <input type="checkbox"/> |
| Review | |
| Proposal Scoring Chart | <input type="checkbox"/> |
| ▼ Status Options | |
| Proposal Submitted | <input checked="" type="checkbox"/> |
| Proposal Cancelled | |
| ▼ Tools | |

Are you sure that you want to change the status from Proposal in Progress to Proposal Submitted?

Please enter any notes in regards to this status change

Proposal Submitted

- To confirm that your proposal was submitted successfully, click **Status History** under Tools on the left side panel.
- If you see Proposal Submitted and Proposal Assignment Required, then your proposal is complete.

PP-2024-Kent Low-00022

Review

Proposal Scoring Chart ☐

▼ Status Options

▼ Tools

Landing Page

Add/Edit People

Status History

Attachment Repository

Modification Summary

Document Validation

Notes

Print Document

Document Status History

New Note

Instructions:

- View or export document status history.

| | | |
|--|--|--|
| Template 2024 OHSP Project Proposal | Instance 2024 OHSP Project Proposal | Process OHSP Project Proposal |
| Document Name PP-2024-Kent Low-00022 | Document Status Proposal Assignment Required | |
| Organization Kent Lowell University | Your Role Agency Project Director | Period Date 10/1/2023 12:00:00 AM 9/30/2024 11:59:00 PM |

▼ Document Status History

| Status | Date/Time | Person | Notes |
|------------------------------|----------------------|------------------|-------|
| Proposal in Progress | 1/31/2023 2:22:37 PM | Project Director | |
| Proposal Submitted | 1/31/2023 2:48:37 PM | Project Director | |
| Proposal Assignment Required | 1/31/2023 2:48:37 PM | Project Director | |

< 1 >