

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
HIGHWAY SAFETY CONCEPT PAPER

500-065-17
SAFETY
12/08

Agency: _____

Concept Paper Title: _____

Amount Requested: _____

Priority Area for Concept Paper:

- | | |
|---|---|
| <input type="checkbox"/> Community Traffic Safety | <input type="checkbox"/> Police Traffic Services |
| <input type="checkbox"/> Impaired Driving | <input type="checkbox"/> Roadway Safety |
| <input type="checkbox"/> Motorcycle Safety | <input type="checkbox"/> Speed/Aggressive Driving |
| <input type="checkbox"/> Occupant Protection/Child Passenger Safety | <input type="checkbox"/> Traffic Records |
| <input type="checkbox"/> Pedestrian/Bicycle Safety | |

Type of Request:

- Initial Continuation

Type of Project:

- 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: _____

Postmark Date: _____

Date Received: _____

Entered Into Database: _____

Assigned Module: _____

Planner Assigned: _____

Date Assigned: _____

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.)

