

# MEMO

Date: January 12, 2017

Proposal ID. 2017 01-17 DCH-1

To: Board of County Commissioners

From: Meghan DeBolt, MPH, MBA  
Public Health Administrator

**Intent** – Approval to apply for funds from the Washington Traffic Safety Commission (WTSC) to help provide plaques and certificates for the recipients of the annual Walla Walla County Traffic Safety Awards and Recognition Program.

**Topic** – Walla Walla County Traffic Safety Awards and Recognition Program

## **Summary**

The Washington Traffic Safety Commission provides an annual \$1,000 grant for Task Forces to use on specific projects, one of which is awards and recognition.

## **Cost**

The expenses of less than \$1,000 will be paid by the Department of Community Health Traffic Safety budget and will be reimbursed by the WTSC once the required documentation is submitted.

## **Funding**

The expenses of less than \$1000 will be reimbursed by the Washington Traffic Safety Commission

## **Alternatives Considered**

None

## **Acquisition Method**

Reimbursement

## **Security**

N/A

## **Access**

## **Risk**

N/A


**Benefits**

This grant serves to recognize and award traffic safety champions including top DUI Enforcement Officers, Tipsy Taxi Sponsors and volunteers, every 15 minute program volunteers, Child Passenger Safety Team and Victim Impact Panel speakers.

**Conclusion/Recommendation**

Request and recommend approval to apply for grant and authorize Meghan DeBolt, Director, Department of Community Health to execute an agreement between Walla Walla County Department of Community Health and Washington Traffic Safety Commission.

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Submitted By	Disposition
Meghan DeBolt, Dept. of Community Health 01-12-2017	<input checked="" type="checkbox"/> Approved
<hr/>	<input type="checkbox"/> Approved with modifications
Name      Department      Date	<input type="checkbox"/> Needs follow up information
<hr/>	<input type="checkbox"/> Denied
Signature	 1-17-2017
	BOCC Chairman      Date

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**Additional Requirements to Proposal**

- Modification
- Follow Up

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Walla Walla County  
GRANT QUESTIONNAIRE

Date: January 3, 2017 Office/Department: WW County Dept. of Community Health  
Contact Person: Nancy McClenny-Walters

- 1) Name of Grant/Program: Traffic Safety Awards & Recognition
- 2) New Grant                       Renewing Grant                       Term (# of years) 7 months
- 3) Is the grant unchanged, and does not require Current Expense funding? Y N  
*(If Y, please skip to number 24)*
- 4) How will this grant benefit the county's citizens?  
This grant will help provide plaques and certificates for the recipients of the annual Walla Walla County Traffic Safety Awards and Recognition Program
- 5) Is this a program grant or an equipment grant?  
Program grant
- 6) Is this a "one-time only grant" or is it renewable? If renewable, how long is grant anticipated to last?  
one time
- 7) If this is a new grant how will the grant support a current program OR how will the program change?  
The Washington Traffic Safety Commission provides and annual \$1,000 grant for Task Forces to use on specific projects, one of which is awards and recognition.
- 8) Does this grant require up front funds? Y N  
If so, what is the source of the up-front funds needed to cover costs prior to initial and continuing reimbursements being received?  
Expenses will be paid by the Department of Community Health-Traffic Safety budget and will be reimbursed by the Washington Traffic Safety Commission once the required documentation is submitted.
- 9) How many employees (new or current) will be paid by the grant? New  Current 
  - a. If this grant requires new hire(s) and grant ends, how will unemployment costs be funded? \_\_\_\_\_
- 10) Will the grant require matching funds; i.e., in-kind, cash, Employment Security, Social Security, FICA, PERS, etc? Y N  
If so, what? \_\_\_\_\_

- 11) Would the grant allow for an annual COLA in salary, increase in medical insurance premiums or increases in any personnel benefits? Y  N
- 12) What fund would support a cash match (if required)? n/a
- 13) If required what is the TOTAL cost of the match over the life of the grant? n/a
- 14) What fund would support the administration of the grant? Traffic Safety Task Force
- 15) Will the grant allow for the County cost allocation plan to be funded? Y  N
- 16) Would the grant require the county to provide office space and/or additional equipment to administer the program? If so, what are the requirements?  
n/a
- 17) Would the program require use of a county vehicle or personal vehicle? Y  N
- 18) If so, would the grant provide for the cost of the automobile and/or liability insurance?  
Y  N
- 19) Would the grant require activities by other county offices/departments? (i.e. legal review, technology services assistance, new BARS numbers.) Y  N   
If so, what activities? \_\_\_\_\_
- 20) Would acceptance and completion of the grant project in any way OBLIGATE the County to create/enact new ordinance or policies? Y  N   
If so, what obligations? \_\_\_\_\_
- 21) Does this grant project include any activities that may fall outside the county's standard policies (personnel policies on travel, hours of work, training required, reimbursement for meeting refreshments, paying for meeting space, etc.?) Y  N
- 22) Will outside consultants be solicited to work on the grant and if so, is a process in place for appropriate selection and oversight of consultant activities? Y  N   
If so, what is the funding source for consultant fees? \_\_\_\_\_
- 23) For a program grant, how would the program be funded after the grant expires? (It should be understood that once grant funding ends, either the program ceases OR the funding for the program needs to be absorbed within the department's or office's existing budget) **OR** justification must be provided that the program has been and will continue to save or benefit taxpayers.  
If the grant was no longer available, award costs would need to be raised through donations. In all likelihood, the event would either no longer be held or the type of award would be changed to a paper certificate.
- 24) Please provide (attached to questionnaire) a synopsis of the grant or a copy of the fact sheet.

**Please feel free to submit additional information as needed.**

Official signature of requesting office/department:

N/A see approved proposal  
Elected Official/Department Head

December 19, 2016 1/17/17  
Date

**FOR COMMISSIONERS' OFFICE USE ONLY**

Approved by: \_\_\_\_\_ Date \_\_\_\_\_  
Chair, Board of County Commissioners

- Copies to: 1) Requesting Office/Department  
2) Susan Dombrosky, Auditor's office  
3) Commissioners' File