

**MARTIN COUNTY BOARD OF COUNTY COMMISSIONERS  
DORI SLOSBERG EDUCATION SAFETY ACT  
GRANT PROGRAM  
FY25**

**Section A. APPLICANT INFORMATION**

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Federal Identification Number: \_\_\_\_\_

Official Authorized to Execute Grant Contract: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Section B. PROGRAM INFORMATION**

Brief Program Description (1000 Character Count):

Total Program Budget (attach copy of proposed program budget): \_\_\_\_\_

Amount of Grant Funds Requested: \_\_\_\_\_

Estimated Number of Students to be Served: \_\_\_\_\_

**SECTION C. NARRATIVE INFORMATION**

1. When will the program be offered and what age group of students will be served? (1000 character count):

2. Explain how you will expand/enhance your existing Driver's Safety Education Safety Program: (1000 character count)

3. List all direct educational program and associated expenses in which the grant funds shall be used: (2000 character count)

4. What methods are used to promote safe driving, and to develop safe drivers: (1000 character count)

5. What specific outcomes do you seek to achieve and how will those outcomes be measured for success: (1000 character count)

6. What certification(s) or relevant licensure is required of teachers? (1000 character count)

#### **SECTION D. CERTIFICATION**

I do hereby certify that all the facts, figures, and representation made in this application are true and correct. Furthermore, all applicable statutes, regulations and procedures for program compliance and fiscal control shall be implemented to insure proper accountability of any grant funds awarded. I further certify that the Driver Education Safety grant funds will be used for direct educational expenses, and shall not be used for administration. The filing of this application has been authorized by the Grant Applicant and I have been duly authorized to act as the representative of the Grant Applicant in connection with this application.

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Authorized Official's Signature      Date

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Typed Authorized Official's Name

**MAIL OR DELIVER ONE COPY TO:**

Martin County Board of County Commissioners  
Attn: County Administration  
Administration Department  
2401 SE Monterey Rd.  
Stuart, FL 34996