

ARKANSAS COMMERCIAL TRUCK SAFETY AND EDUCATION PROGRAM (ACTSEP)

*** STATE FISCAL YEAR 2024 ***

Eligible Safety and Education Activities

General Project Guidelines

Project Application -- SFY 2024

DEADLINE for this application is Wednesday, April 3, 2024 at 4:00pm (CDT).

Applications must be submitted via email. Please remit to:

LPA@ardot.gov

Please attach the application and all additional attachments when submitting the email. Your email Subject should include "2024 ACTSEP Application" along with your Agency Name and the Project Name.



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PROJECT APPLICATION -- SFY 2024

Background

Act 1176 of 2013 authorized the Arkansas Commercial Truck Safety and Education Program (ACTSEP) to advance State interests in roadway safety by improving the safety of the commercial truck industry through cooperative public-private programs that focus on increased safety, enforcement, regulatory compliance, industry training, and educational programs. The ACTSEP is funded with the first \$2 million collected annually from a 15 percent registration fee increase for certain trucks operating in Arkansas under the International Registration Plan.

General Information

Project Name:	<input type="text"/>
Organization:	<input type="text"/>
Applicant Type:	<input type="text"/>
If "Other":	<input type="text"/>

Primary Contact

Prefix:	<input type="text"/>	Name:	<input type="text"/>
Title:	<input type="text"/>		
Organization:	<input type="text"/>		
Mailing Address:	<input type="text"/>		
	Street Address and/or P.O. Box		
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	City	State	Zip Code
Phone:	<input type="text"/>		
Email:	<input type="text"/>		

Project Priority

If submitting more than one application, what priority is this project?:	<input type="text"/>
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PROJECT APPLICATION -- SFY 2024

Organization: _____

Project Name: _____

Project Category

Check all boxes that apply to best depict your project.

<input type="checkbox"/> Industry Training/Education
<input type="checkbox"/> Research
<input type="checkbox"/> Capital Improvements
<input type="checkbox"/> Safety Enhancements
<input type="checkbox"/> Operational Improvements
<input type="checkbox"/> Increased Enforcement
<input type="checkbox"/> Regulatory Compliance
<input type="checkbox"/> Other. Please explain:
<div style="border: 1px solid black; height: 50px; width: 100%;"></div>

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Organization: _____

Project Name: _____

Project Description

In a brief narrative, describe the proposed project in detail and how the project will meet the desired objectives. The narrative should not be lengthy; it should contain short, concise statements. (3000 character limit)

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Organization: _____

Project Name: _____

Project Information

Describe how this project will impact the industry's top five concerns as published in the latest Critical Issues in the Trucking Industry report by American Transportation Research Institute. A copy of the most recent publication can be found at: <https://truckingresearch.org/atri-research/top-industry-issues/> (1000 character limit)

If this project requires construction of some kind, who will develop plans, specifications, and cost estimates for implementation of the project? (200 character limit)

Please identify who will be responsible for the long-term maintenance or operation of the project or improvement? (200 character limit)

If the entire requested amount of funding is not available and only partial funding is received, will the organization still be able to move forward with this project by either providing the additional funding or reducing the scope of the project?

☐ Yes

☐ No

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Organization: _____

Project Name: _____

Estimated Project Budget

This form is limited to 20 items. If you will have more than 20 items, please utilize the provided Excel Sheet to submit the Estimated Project Budget.

	Item of Work	Quantity	Units	Unit Cost	Item Cost
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Total Estimated Project Cost

Requested ACTSEP Funds

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Organization: _____

Project Name: _____

Authorization and Certification

(To be completed by the chief executive officer)

By checking the box below, I attest that the information contained in this application is truthful and correct to the best of my knowledge and that the provision of false or misleading information can lead to the withdrawal of Arkansas Commercial Truck Safety and Education Program funding. I do hereby certify that I will comply with ARDOT's deadline for submittal of plans and specifications at an estimated cost within the amount requested.

☐ I AGREE Date: _____

Authorized Signatory:

Prefix:	<input type="text"/>	Name:	<input type="text"/>		
Title:	<input type="text"/>				
Mailing Address:	<input type="text"/>				
	Street Address and/or P.O. Box				
	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	City	State	Zip Code		
Phone:	<input type="text"/>				
Email:	<input type="text"/>				

ARKANSAS DEPARTMENT OF TRANSPORTATION NOTICE OF NONDISCRIMINATION

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Free language assistance for Limited English Proficient individuals is available upon request.

This notice is available from the ADA/504/Title VI Coordinator in large print, on audiotape and in Braille.