**Text

Description automatically generated**

**Local Programs**

**2024 Civilian Intervention Program  
Application for Funding**

**Part 1 - Agency Information**

**List the contact information for questions about the project(s) in this application:**

**Organization Name:** Click or tap here to enter organization.

**Type of Organization:** Choose an item.

**Name of Applicant:** Click or tap here to enter name.

**Applicant’s Working Title:** Click or tap here to enter working title.

**Email:** Click or tap here to enter email address.

**Does the Organization have experience or an understanding of delivering projects or programs through WSDOT Local Programs?  Yes  No**

**Part 2 – Project Information**

**Type of solution-oriented response for non-moving violations.** Check all that apply.

Helmet Voucher

Fee Offsets

Fix-it Tickets

Repair Vouchers

Other Civilian Intervention

**Detailed description of proposed solution-oriented program:**

(Please attach additional relevant information on a separate sheet for consideration).

Click or tap here to enter description.

**Does the proposed project incorporate equity-specific data or related safety risk factors (please explain):** Click or tap here to enter text.

**Part 3 – Financial Information**

Amount requested from Civilian Intervention Program: Click or tap here to enter amount requested.

Detailed Cost estimate (list items seeking reimbursement for):

Click or tap here to enter detailed costs.

Proposed spending schedule:

|  |  |
| --- | --- |
| April – June 2024 | $ Click or tap here to enter estimated amount. |
| July – September 2024 | $ Click or tap here to enter estimated amount. |
| October – December 2024 | $ Click or tap here to enter estimated amount. |
| January – March 2025 | $ Click or tap here to enter estimated amount. |
| April – June 2025 | $ Click or tap here to enter estimated amount. |

|  |  |  |
| --- | --- | --- |
|  |  | Click or tap to enter a date. |
| **Signature of Applicant:** |  | **Date:** |
| Click or tap here to enter name. |  | Click or tap here to enter title. |
| **Print:** |  | **Title:** |

**Americans with Disabilities Act (ADA) Information**

This material can be made available in an alternate format by emailing the Office of Equity and Civil Rights at wsdotada@wsdot.wa.gov or by calling toll free, 855-362-4ADA(4232). Persons who are deaf or hard of hearing may make a request by calling the Washington State Relay at 711.

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