Q1 (A-H). Please fill in the following information:

Agency/Organization/School Name:	Coconut Creek Police Department
Agency/Organization/School Address (Street, City, State, Zip):	4800 West Copans Rd Coconut Creek FL 33063
Agency/Organization/School Phone Number (With Area Code):	954-956-1541
Federal Tax-Exempt ID Number:	85-8012557738C-1
Primary Contact Name, Title:	Donald Davis
Primary Contact Phone Number (With Area Code):	863-677-1050
Primary Contact E-mail Address:	ddavis@coconutcreek.net
Agency/Organization/School Social Media Handle(s) (i.e. @AAAFlorida):	@coconutcreekPD
3,000	uest (Total Amount Should Not Exceed \$15,000):
Q3. If the full amount of your grant requal partial grant?	uest cannot be awarded, is your program scaleable where you can still use
Yes	
○ No .	
Q4. Has your Organization/School	I received a grant of this type within the last 3 years?
○ Yes	
No	
Q4 (A). If yes, how much?	•
This question was not displayed to the resp	ondent.

Q5. First consideration will be given to programs that impact the following AAA/ACG Traffic Safety priority areas. Please check which of the following focus area(s) your grant request will support:

☐ Drug-Impaired Driving	☐ Virtual Traffic Safety Offerings
Autonomous Vehicles/Technology/Mobility	Pedestrian/Bicycle Safety
✓ Slow Down Move Over	AAA School Safety Patrol®
☐ Drivers Education/How to Drive	□ N/A
Q6. Describe how funds will be used (Please item	nize/provide a list or breakdown of costs if possible):
The Traffic Services Unit would like to create signage and ban with graphics- 2500.00 These signs would be distributed throu effectively. The social media platform would also be utilized to	ners that convey the important message of the move over law. Design- 500.00 Products ghout the city and banners placed strategically to disseminate the message to the public o spread the the information on the banners.

Q7. If additional information needs to be provided, please upload those documents accordingly.

