Safe Streets and Roads for All (SS4A) Rescind Grant Award Recommendation Form

***Instructions**: FHWA Division Office or the Office of Tribal Transportation (OTT) completes sections 1-3 and submits the form to the FHWA Program Manager assigned to the grant. Use N/A for sections that do not apply. When completed, FHWA SS4A Team Leader submits the form to the OST-Policy Team.*

1. Rescind Grant Award Type (*FHWA Division Office/OTT completes*)

☒ **Recipient Initiated**

☐ **DOT Initiated**

2. Grant Recipient Information (*FHWA Division Office/OTT completes*)

Recipient Organization Legal Name: Pinal County

State: Arizona

Grant Cycle/Fiscal Year of NOFO: FY23
(*FY22, FY23, FY24, FY25 or FY26*)

Type of Grant: Planning
(*Planning or Implementation*)

Amount of Federal Award: $260,000

UEI Number: GX4FM9VQD7W3

For awards that have a fully executed grant agreement:

Obligation Amount: $325,000

Expenditure Amount: $0

Period of Performance: 36 months from effective date of award

Grant Agreement Number: 693JJ32440204

3. Communications Log (*FHWA Division Office/OTT completes a. and b.)*

a. Name and contact information of person(s) contacted regarding grant:
(*Describe the communications or attempted communications with recipient including types of communication (i.e.: email, phone, U.S. mail, in-person). Use additional space as needed.*)

Name(s):Dedrick Denton	Description:
Title(s): Planning Manager	Communications through email
Email(s)/Phone: 520-866-6902	
Date(s): 03/25/2025	

b. **Describe reasons to recommend rescinding the grant award:**

The Sun Corridor MPO is in the process of completing the Pinal County Strategic Transportation Safety Plan. The projects within the safety plan meets the intent of a safety action plan. We do not want to have redundant document that addresses the same projects.

Form Submitted By: Dedrick Denton
Submission Date: 03/25/2025

FHWA SS4A Program Manager Review and Recommendation:

Form Submitted By:
Submission Date:

FHWA SS4A Team Leader Transmission to OST

Form Submitted By: Submission Date:	[*digital signature block*]