

## *Attachment B*

This attachment contains copies of the following two forms referenced in Attachment A:

- Problem Statement and Objective
- Commercial Driver License Program form (CDL-1)

# Problem Statement & Objective

<b>Problem Statement/Justification:</b>		<b>Year Initiated:</b>
<b>Objective:</b>		
<b>Performance Measures:</b>		
<b>Strategy (1):</b>	<b>Strategy (2):</b>	<b>Strategy (3):</b>
<b>Activity (1.1):</b>  <b>Performance measures:</b>	<b>Activity (2.1):</b>  <b>Performance measures:</b>	<b>Activity (3.1):</b>  <b>Performance measures:</b>
<b>Activity (1.2):</b>  <b>Performance measures:</b>	<b>Activity (2.2):</b>  <b>Performance measures:</b>	<b>Activity (3.2):</b>  <b>Performance measures:</b>
<b>Activity (1.3):</b>  <b>Performance measures:</b>	<b>Activity (2.3):</b>  <b>Performance measures:</b>	<b>Activity (3.3):</b>  <b>Performance measures:</b>
<b>Monitoring:</b>		



U.S. Department  
of Transportation  
**Federal Motor Carrier  
Safety Administration**

## Commercial Drivers License Program

The

\_\_\_\_\_ *(State Lead Agency)*

hereby applies to the Federal Motor Carrier Safety Administration for a Federal grant authorized in Title XII of the Commercial Motor Vehicle Safety Act of 1986 (P. L. 99-570) and subsequent amendments thereto to enhance a Commercial Drivers License Program as described in this application.

- The State Agency plans to carry out the implementation of a Commercial Drivers License Program during Federal fiscal year (FY) \_\_\_\_\_ as described in the attached plan.
- The State Agency plans to carry out special projects of the Commercial Drivers License Program as described in the attached plan.

The Federal share will not exceed 80 percent of the total participating costs, unless otherwise indicated herein, incurred in performing the effort described in the attached State Plan. The State agrees to submit vouchers for the reimbursement of funds expended.

\_\_\_\_\_ *(Typed Name)*

\_\_\_\_\_ *(Organizational Unit)*

\_\_\_\_\_ *(Signature)*

\_\_\_\_\_ *(Address or P.O. Box)*

\_\_\_\_\_ *(Title)*

\_\_\_\_\_ *(City, State & Zip Code)*

\_\_\_\_\_ *(Date)*

\_\_\_\_\_ *(Phone Number)*