

**BUREAU OF INDIAN AFFAIRS
INDIAN HIGHWAY SAFETY PROGRAM
FY2017 LAW ENFORCEMENT (LE) GRANT**

APPLICATION CHECKLIST

Use the checklist below to ensure the application is complete and ready to submit.

- There are no blank fields left in the application
- Terms, Conditions, and Responsibilities initialed (page: 11)
- Application signed (page 11)
- Tribal Resolution Draft Copy Final Copy
- Indirect Cost Rate Draft Copy Provisional Copy Approved Copy
- A-133 (*is it current?*) Yes No

Linear Trend Analysis for mandatory and optional performance measures are attached

*Please attach a digital copy in a PDF format of the application, and excel spreadsheet of the Trend Analysis with the signed copy of the application.

All of the above items have been properly completed and are contained in the grant application.

Signed: _____ Date: _____

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TYPE OF GRANT APPLYING FOR:

SECTION A: GENERAL INFORMATION *(This section must be completed for all applicants.)*

Tribe Name: _____

Tribal Leader Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

FedEx Address: _____

City: _____ State: _____ Zip: _____

PERSON COMPLETING THE APPLICATION:

Name: _____ Title: _____

E-Mail Address: _____ Phone Number: _____

TRIBAL GRANT COORDINATOR INFORMATION:

If grant is awarded, please identify the Project Coordinator. (Person responsible for grant administration)

Name: _____ Title: _____

E-mail Address: _____ Phone Number: _____

GRANT HISTORY:

How many years has the Tribe received funding from BIA IHSP? _____

Has the Tribe applied for and received other traffic safety related grants from other agencies in the last three years?

Yes No

If yes, please list the agencies: _____

Does the tribe have another traffic safety (focused) grant currently in place? (i.e. CDC, Indian Health, State, College, etc.):

Yes No

If yes, please list the agencies: _____

RESERVATION INFORMATION:

Reservation Size: _____ Acres: _____ Square Miles: _____

Population: _____ Total Number of Road Miles: _____

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TRIBAL POLICE DEPARTMENT INFORMATION:

Chief of Police Name: _____ Phone Number: _____

E-mail Address: _____

Total number of Police Officers: _____ Total number of officers who work traffic: _____

Does Tribal Law Enforcement have the authority to conduct checkpoints? Yes No

Is Law Enforcement: Tribal BIA Both

Are cross commission agreements in place with any other law enforcement agencies? Yes No

If yes; identify the agencies: _____

SECTION B: Data. This section must be filled out completely for all project applications.

In order to apply for a grant, utilizing highway safety funds, please provide a data breakdown utilizing the most recent fiscal year data available for the reservation.

TRAFFIC DATA INFORMATION:

Does the Police Department have a software system used to collect traffic enforcement & crash statistics? Yes No

If yes, please identify the software: _____

Does the tribe report crash reports or other data to the state? Yes No

What is the last fiscal year of traffic data available? _____ Is the Data: Calendar Year Fiscal Year

TRIBAL STATUTES AND ENFORCEMENT STATISTICS:

Does the tribe have a traffic code? Yes No

Does the Tribe have a Blood Alcohol Content (BAC) Law? Yes No If yes, what is the BAC Law? _____

Does the Tribe have a Seat Belt Law? Yes No If yes, is it: Primary Secondary

Does the Tribe issue written warnings for traffic violations? Yes No

If yes, number of written warnings in the previous year: _____

Does the Tribe prosecute DUI's? Yes No

If yes, what is the conviction rate for the DUI's in the Tribal Court? _____

TRAFFIC STATISTICS:

<i>Total Number of:</i>			
	DUI/DWI/OWI arrests? (A-2)		
	Traffic citations issued in the data year reported?		How many were Child safety seat citations?
			How many were seat belt citations? (A-1)
			How many were speed citations? (A-3)

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ONLY Fiscal Year (October 1, 2014 - September 30, 2015) data will be accepted

MOTOR VEHICLE FATALITIES AND CRASHES			
<u>Total Number of:</u>			
	traffic fatalities (C-1)		How many were males?
			How many were females?
	serious injuries in traffic crashes (C-2)		How many were males?
			How many were females?
	unrestrained passenger vehicle occupant fatalities, all seat positions (C-4)		
	fatalities in crashes involving a driver or motorcycle operator with a BAC of .08 g/dl or higher (C-5)		
	speed related fatalities (C-6)		motorcyclist fatalities (C-7)
	un-helmeted motorcyclist fatalities (C-8)		drivers 20 or younger involved in fatal crashes (C-9)
	pedestrian fatalities (C-10)		crashes involving pedestrians
	bicyclist fatalities (C-11)		crashes involving bicyclists
	single vehicle crashes		crashes involved two or more vehicles
	property damage crashes		crashes involved speed
	crashes involved alcohol		crashes involving motorcyclists
<u>Of the total number of crashes (listed above), how many occurred on:</u>			
	Rural Roads		Paved Streets
	State Highways		Interstates
	Other Types of Roads, describe:		
<u>Of the total number of crashes (listed above), how many occurred on:</u>			
	Mondays		Tuesdays
	Wednesdays		Thursdays
	Fridays		Saturdays
	Sundays		Unknown
<u>Of the number of crashes (listed above), how many occurred between:</u>			
	Midnight to 6:00 AM		6:01 AM to Noon
	12:01 PM to 6:00 PM		6:01 PM to 11:59 PM

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PROBLEM STATEMENT: Provide a written summary which clearly outlines the specific traffic related problems the Tribe has identified, and will address if grant funds are provided.

ATTACH AN ADDITIONAL PAGE IF NECESSARY

SECTION C. TARGETS/PERFORMANCE MEASURES STRATEGIES:

This section must be completed for all project applications.

The Indian Highway Safety Grants are performance-based programs. In order to apply for a grant, please provide information on the targets/performance measures the Tribe is trying to reach. Select those appropriate to the traffic safety problem the Tribe is trying to address. **#1 & #2 are required**

Please use the **trend analysis tool** to determine the FY2017 targets/ performance measure:

1. To reduce the number of MVC fatalities by _____% from the H₁ 2015 number of _____ to _____ by the end of FY2017. **(Required)**
2. To decrease motor vehicle crashes (MVCs) by _____% from the H₁ 2015 number of _____ to _____ by the end of FY2017. **(Required)**

Select a performance measure the Tribe would like to focus on increasing or reducing: **(use drop down menus)**

3. To reduce the number of " " by _____% from the H₁ 2015 number of _____ to _____ by the end of FY2017. **(Optional)**
4. Increase the number of " " by _____% from the H₁ 2015 number of _____ to _____ by the end of FY2017. **(Optional)**
5. To reduce the number of " " by _____% from the H₁ 2015 number of _____ to _____ by the end of FY2017. **(Optional)**

In order to reach the Targets/Performance Measures that have been identified above, select from the following list of strategies that you will conduct during the project year.

Conduct not less than _____ checkpoints in FY2017.

Conduct not less than _____ saturation patrols in FY2017.

Provide not less than _____ hours of traffic enforcement during each mobilization period.

(Dates will be provided by BIA IHSP)

SURVEY (B-1): Has the Tribe or is the Tribe willing to conduct an observed seat belt use for passenger vehicles, front seat outboard occupants: Yes No

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STRATEGIES: Place an "X" in the box of the strategies your program will utilize to achieve the Targets:

- Increase enforcement (traffic and DUI)
- Provide appropriate training (traffic safety related).
- Print and distribute public service announcements and/or press releases.
- Provide traffic safety related presentations to school children and community members.
- Distribute traffic safety related educational materials.

Specify other plans besides the strategies listed above: (Example, Patrolling differently by conducting high visible traffic enforcement in identified problem areas, etc.).

ATTACH AN ADDITIONAL PAGE IF NECESSARY

SECTION D: TRAINING/TRAVEL This section must be completed for any training that is requested or needed in order to properly execute the grant being requested. Please determine the travel budget to attend selected training.

<u>Full-time LE Grant</u>	<u>Over-time Grant</u>	
<input type="checkbox"/>	<input type="checkbox"/>	BIA Program Management Training (Mandatory)
<input type="checkbox"/>	<input type="checkbox"/>	BIA Grant Writing Training (Mandatory)
<input type="checkbox"/>	<input type="checkbox"/>	LifeSavers Conference
<input type="checkbox"/>	<input type="checkbox"/>	SFST Refresher Training
<input type="checkbox"/>	<input type="checkbox"/>	Intoxilyzer Certification
<input type="checkbox"/>	<input type="checkbox"/>	Crash Reconstructionist Training
<input type="checkbox"/>	<input type="checkbox"/>	Advanced Crash Reconstructionist Training
<input type="checkbox"/>	<input type="checkbox"/>	Drug Recognition Expert (DRE) Training
<input type="checkbox"/>	<input type="checkbox"/>	Radar/Lidar Certification
<input type="checkbox"/>	<input type="checkbox"/>	Conducting Checkpoints Training
<input type="checkbox"/>		Standardized Field Sobriety Testing (SFST)
<input type="checkbox"/>		CPS Technician Training

Grand Total for Training: \$ _____ **Grand Total for Travel:** \$ _____

Approval of the grant with training needs identified must still have a specific request and approval by the IHSP before any training costs are incurred.

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SECTION E: EQUIPMENT

This section must be completed for any equipment requested to carry out/accomplish the performance measures, and strategies. **PLEASE NOTE:** *The federal guidelines require equipment to be necessary for the project. All equipment requested must be approved by the BIA IHSP prior to purchase and must be used specifically for grant activities.*

Equipment, if requested, must be essential to the success of the grant program and not for general purposes/use. Identify equipment, quantity, and cost. *(Use drop down menus)*

Qty: _____ Cost per item: \$ _____ = \$ _____

Qty: _____ Cost per item: \$ _____ = \$ _____

Qty: _____ Cost per item: \$ _____ = \$ _____

Item: _____

Qty: _____ Cost per item: \$ _____ = \$ _____

Checkpoint equipment:

Item: _____

Qty: _____ Cost per item: \$ _____ = \$ _____

Item: _____

Qty: _____ Cost per item: \$ _____ = \$ _____

Item: _____

Qty: _____ Cost per item: \$ _____ = \$ _____

Grand Total Equipment: \$ _____

SOFTWARE: If the Tribe is requesting the purchase of specialty software, identify the software along with its purpose and anticipated use.

Name of Software: _____

Qty: _____ Cost per item: \$ _____ = \$ _____

Justification:

Grand Total Cost of Software: \$ _____

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SECTION F. BUDGET This section must be completed for all grant applications. Complete ONLY those sections pertinent to the grant requested.

Budgets must support the grant proposed. Be as accurate and reasonable as possible when filling out the budget section. Federal guidelines require costs to be reasonable and necessary in order to carry out and/or operate the grant.

Budgets should be completed by the Budget/Finance Officer for the Tribe.

Finance Officer Name: _____ Phone Number: _____

E-mail Address: _____

(Use drop down menus to select grant and personnel type)

Grant Type Applying for:

Personnel:

Percent of Time: _____ %
 Hourly Rate: \$ _____ x Number of Hours _____ = \$ _____
 Total Salary: \$ _____ x Fringe Benefits _____

Personnel:

Percent of Time: _____ %
 Hourly Rate: \$ _____ x Number of Hours _____ = \$ _____
 Total Salary: \$ _____ x Fringe Benefits _____

Personnel:

Percent of Time: _____ %
 Hourly Rate: \$ _____ x Number of Hours _____ = \$ _____
 Total Salary: \$ _____ x Fringe Benefits _____

Personnel:

Percent of Time: _____ %
 Hourly Rate: \$ _____ x Number of Hours _____ = \$ _____
 Total Salary: \$ _____ x Fringe Benefits _____

Other Personnel: _____

Percent of Time: _____ %
 Hourly Rate: \$ _____ x Number of Hours _____ = \$ _____
 Total Salary: \$ _____ x Fringe Benefits _____

Other Personnel: _____

Percent of Time: _____ %
 Hourly Rate: \$ _____ x Number of Hours _____ = \$ _____
 Total Salary: \$ _____ x Fringe Benefits _____

Grand Total for Personnel Salary: \$ _____ **Grand Total for Fringe Benefits:** \$ _____

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GSA VEHICLE LEASE: Rental/lease costs through GSA are allowable, if needed, for officers that are designated **full-time** (grant) to traffic enforcement/safety. Vehicle types will be determine at the GSA rate allowed. **PLEASE NOTE:** Costs associated with lightings, sirens and communication equipment will not be covered. These must be in-kind contributions by the Tribe or other agencies.

For Full-time Grants Only

GSA Vehicle Type: _____

Monthly Mileage Est: _____ x Rate Per Mile \$ _____ = \$ _____

GSA Vehicle Type: _____

Monthly Mileage Est: _____ x Rate Per Mile \$ _____ = \$ _____

GSA Vehicle Type: _____

Monthly Mileage Est: _____ x Rate Per Mile \$ _____ = \$ _____

Grand Total for GSA: \$ _____

OVER-TIME MILEAGE: Estimate of total monthly overtime (OT) mileage for patrol officers utilizing patrol vehicles only. Vehicle mileage reimbursements will be determined on the type of vehicle(s) utilizing the latest GSA rates.

For Full-time and Over-time Grants

Vehicle Type: _____

Monthly Mileage Est: _____ X Rate Per Mile \$ _____ = \$ _____

Vehicle Type: _____

Monthly Mileage Est: _____ X Rate Per Mile \$ _____ = \$ _____

Vehicle Type: _____

Monthly Mileage Est: _____ X Rate Per Mile \$ _____ = \$ _____

Grand Total for Over-time Mileage: \$ _____

SUPPLIES: Please list all supplies that will be needed in order to successfully carry out the grant:

Item: _____

Qty: _____ Cost per item: \$ _____ = \$ _____

Item: _____

Qty: _____ Cost per item: \$ _____ = \$ _____

Item: _____

Qty: _____ Cost per item: \$ _____ = \$ _____

Item: _____

Qty: _____ Cost per item: \$ _____ = \$ _____

Grand Total for Supplies: \$ _____

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MEDIA COSTS: These costs are allowable as long as they are directly related to the project and/or support the national mobilizations and Indian Holiday mobilization.

Media Type: _____ Total: \$ _____

Media Type: _____ Total: \$ _____

Media Type: _____ Total: \$ _____

Grand Total Cost of Media: \$ _____

INDIRECT COST RATE (IDC): Attach a copy of the tribe's most recent Indirect Cost Rate letter and necessary paper work to support reimbursement for the line items below.

Indirect Cost Rate: _____ % **Year IDC was for approved:** _____

Check the boxes the indirect cost rate percentage applies to:

- Salary
- Overtime Salary
- Fringe Benefits
- Training & Travel Expenses
- GSA Lease
- Overtime Mileage
- Supplies

BUDGET LINE ITEM GRAND TOTALS:

Training/ Travel: _____

Equipment/Software: _____

Salary: _____

Fringe Benefits: _____

GSA Lease/Mileage: _____

Overtime Mileage: _____

Supplies: _____

Media Costs: _____

Indirect Cost: _____

TOTAL BUDGET: _____

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SECTION G: ADDITIONAL INFORMATION. Add any additional information here that may not be covered in the application above. Provide a description of how the Tribe will use funds to counter measure the traffic problems identified. (These can include working on updating or making stronger traffic laws, identifying and increasing traffic enforcement in certain areas, increasing traffic fines, monitoring the DWI offender, prevention or intervention, etc.)

ATTACH AN ADDITIONAL PAGE IF NECESSARY

SECTION H: TERMS, CONDITIONS AND RESPONSIBILITIES. Please read and initial to acknowledge each of the items listed. Applications received without initials to acknowledge this section will be considered incomplete and will not be considered for funding.

- _____ Requests for reimbursements and Monthly Report must be submitted to the by the 15th of the following month.
- _____ Tribe understands the BIA Indian Highway Safety Program is a REIMBURSABLE grant program.
- _____ The Tribe must expend their funds and seek reimbursement based upon an approved budget and application.
- _____ A copy of the Tribe's most recent Indirect Cost Letter must be sent to the BIA IHSP in order to claim ID Costs.
- _____ Tribe must participate in the national enforcement mobilizations and the "Indian State" mobilization.
- _____ A distribution plan must be submitted and approved before items can be ordered.
- _____ All travel must be approved in advance by the BIA IHSP.
- _____ Law enforcement radars & breath testing equipment purchased must be on the NHTSA Conforming Products list.
- _____ A current draft/approved Tribal Resolution must be attached. If not attached, the application is incomplete.
- _____ In order to comply with the provisions of FAST ACT, and the required State Certifications and Assurances, the BIA IHSP will allocate funds on behalf of the Tribes to meet certain conditions and comply with all applicable rules and regulations for administering a traffic safety program
- _____ Tribes participating in the federal grant processes must comply with the Single Audit Act of 1984.
- _____ If requesting full-time personnel, the following types of non-traffic related activities WILL NOT be reimbursed:
Dispatch for domestic violence calls, gun calls, funeral escort, security escort, house parties, civil issue process service, welfare checks, noise complaints, fights, suicides, drug interdiction, and other non-traffic safety related calls.

I, _____, do hereby state and affirm: I have authority to submit this application on behalf of the Tribal government named herein. I further understand and affirm: I have obtained all necessary approvals, and have discussed this application with the necessary and appropriate people. I understand by submitting this application.

Signature: _____ Date: _____
Name (Print): _____ Title: _____