

**BIA INDIAN HIGHWAY SAFETY PROGRAM
FY2017 IMPAIRED DRIVING ADJUDICATION COURT APPLICATION**

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: 10)
- Application signed (page 10)
- 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 spread sheet 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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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: _____

Are the other agencies able to arrest and appear in Tribal court on DUI/DWI/OWI arrests? Yes No

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 have a formal traffic code? Yes No

If yes, what is the total number of traffic citations issued 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:

<u>Total Number of:</u>			
	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: Problem Statement: Provide information identifying your Tribe as a high risk population:

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.

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

1. Increase the number of _____ by _____% from the FY2015 number of _____ to _____ by the end of FY2017. **(Required)**

2. To decrease the number of _____ _____% from the FY2015 number of _____ to _____ by the end of FY2017. **(Required)**

3. Decrease _____% from the FY2015 number of _____ days to _____ day the end of FY2017. **(Required)**

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Provide information on the development or how you will maintain the following guiding principles of the DWI court program:

1. Will the court system be addressing repeat, first time offenders or both?

Please discuss eligibility criteria to be used for the development of the targeted offenders?

2. How will the Tribe conduct the clinical assessment of the court participants?
3. When will the clinical assessments be conducted?
4. Provide information on the selection and implementation of the treatment practices?
5. How will supervision and monitoring of the DWI participants be conducted?
6. List the different people and positions of those involved with the DWI Court?
7. Provide information on the selection criteria of the Judge who will oversee the DWI court and activities?
8. How does the Tribe plan for DWI court to conduct case management of participants?
9. Will the DWI court address transportation issues for participants?
10. How will DWI court evaluate the program, implementation, client's served and outcomes?
11. How will the DWI court ensure the program is sustainable?

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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.

Training is a vital part to any project/program. In order to qualify for funding, training must be applicable to the project or enhance the project being proposed. If the application for funding is approved, training will be listed in the project grant agreement.

Course: _____
Number to be Trained: _____ Cost Per Person: _____ Total: _____
Training Location: _____ City: _____ State: _____

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Number to be Trained: _____ Cost Per Person: _____ Total: _____
Training Location: _____ City: _____ State: _____

Course: _____
Number to be Trained: _____ Cost Per Person: _____ Total: _____
Training Location: _____ City: _____ State: _____

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

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.

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

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

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

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: _____

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

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

Personnel: _____ **Project Role:** _____
 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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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

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: \$ _____

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 additional information here that may not be covered in the application above.

SECTION H: TERMS, CONDITIONS AND RESPONSIBILITIES. 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, 100% of the employee's time must be spent on the project.

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: _____