



# United States Department of the Interior

## BUREAU OF INDIAN AFFAIRS

### **Instructions for Completion of BIA Indian Highway Safety Program Child Passenger Safety Seat Program Grant**

The Highway Safety Act of 1966, U.S.C. Title 23, Section 402, provides U.S. Department of Transportation funding to assist Indian Tribes in implementing traffic safety projects. These projects are designed to reduce the high number of traffic crashes and their resulting fatalities, injuries and property damage within Indian communities.

Tribes can apply for the Child Passenger Safety Seat Program grant with this application. Complete the application in its entirety; do not leave any blank spaces/fields.

The BIA Indian Highway Safety Program is performance-based and data driven. The problem statement will need to justify the Tribes need for a child passenger safety seat program. All applications must contain measurable targets and performance measures, and be justified by data. **Insufficient data to justify a need for a CPS program will significantly reduce the possibility of funding for the Tribe.**

These 402 funds are intended to **supplement** an existing traffic safety program on the reservation.

Indian Highway Safety Program grants are funded in the form of reimbursements. Tribes must first expend their funds and submit documentation for reimbursement consideration each month. Monthly report and financial reports (requests for reimbursement) are required. 2 CFR 225 Appendix B.12 and 2 CFR Part 200.434 Contributions and Donations do not allow indirect costs to be applied to the reimbursement of car seats and car seat shipping costs.

A Tribal Resolution and approved Indirect Cost Rate letter **must** be submitted with the application.

Please contact the Indian Highway Safety Program at (505) 563-3139 to inquire about BIA IHSP Grant Writing Training.

Grant applications are due by May 1 of the current year for the next fiscal year award. Grant applications and attachments can be e-mailed to [ojs\\_indian\\_highway\\_safety@bia.gov](mailto:ojs_indian_highway_safety@bia.gov) or submitted by mail to:

Bureau of Indian Affairs  
Office of Justice Services  
Indian Highway Safety Program  
1001 Indian School Road NW, Suite 251  
Albuquerque, New Mexico 87104

**Bureau of Indian Affairs**  
**Office of Justice Services - Indian Highway Safety Program**  
**Child Passenger Safety Seat Program Grant Instructions**

**Select Grant Type:**

CPS Grant is 1 year funding and Mobilization Grant is 1 type funding during the grant year.

**FISCAL GRANT YEAR APPLYING FOR:**

Indicate the grant year the application is being submitted for.

**Example:** FY2025 (this grant year cycle begins October 1, 2024 - September 30, 2025)

**SECTION A: General Information**

**Tribes Information:**

Fill in all boxes. Complete information for the federally recognized tribe applying for the grant.

**Person Completing the Form:**

Provide the name, title, Office/Department, Phone and Fax number along with an e-mail address, etc... of the person completing the application. This information is essential if questions arise regarding the application and missing documents.

**Tribal Grant Coordinator:**

Complete the fields for the Tribal Grant Coordinator. Provide the name, title, telephone number, Office/Department, Phone and Fax number, address, along with an e-mail. The Tribal Grant Coordinator is responsible for grant administration and is the main point of contact.

**Grant History:**

In these fields please indicate if the Tribe has received federal funding from the BIA IHSP, other federal agencies, or state(s) focused in traffic safety.

**Reservation Information:**

Provide reservation population and estimated births.

**Problem Identification: (Problem Statement)**

Provide information to justify the tribe's financial need for a child passenger safety seat (CPS) program. Motor-vehicle crash data involving children on tribal lands can also be used to assist in justifying the need for a CPS program.

**Problem Countermeasures:**

Check the boxes to indicate if the tribe has a Child Safety Seat Law; if yes, is it primary or secondary.

Check the appropriate box if a child safety seat survey was conducted to determine a usage rate. If yes, provide the date.

If an assessment was not conducted explain how the usage rates were determined.

CPS grant awards require a certified CPS Technician on staff. Check the appropriate box and provide the name of the Lead CPS Tech, to be available if not on staff, and how training is conducted and how CPS events are publicized.

### **SECTION C: Targets**

Provide an estimated number of car seat clinics to be held, seats to be distributed and inspected, along with hand out to be distributed.

### **SECTION D: Budget**

All costs in this section should be reasonable and necessary and related directly to the proposed project. Estimate the number and total cost of car seats, supplies and equipment needed to execute the grant.

### **SECTION E: Travel & Training**

The grant can cover registration fees for Child Protection Seat training and travel expenses and CPS conferences. Provide an estimated of CPS travel and training cost in this section.

#### **Budget Line Item Grand Totals:**

The grant totals calculated from the previous pages will automatically appear on this page.

### **SECTION F: Terms, Conditions and Responsibilities**

Each condition **MUST** be initialed. Applications received without initials, signature and date **will not** be considered for funding. Do not leave any fields in the form blank.

Questions regarding the grant application can be e-mailed to the BIA Indian Highway Safety Program at: [ojs\\_indian\\_highway\\_safety@bia.gov](mailto:ojs_indian_highway_safety@bia.gov) or call (505)563-3139.

*All Sections of the grant application should be completed; do not leave any blank fields. Blank fields could result in dis-qualification.*

Select a grant type: CPS Grant Mobilization Grant Only

**SECTION A: GENERAL INFORMATION**

**FISCIAL GRANT YEAR APPLYING FOR:** \_\_\_\_\_

Tribe Name: \_\_\_\_\_

Tribal Leader Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

FedEx Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

DUNS: \_\_\_\_\_ SAM UEI: \_\_\_\_\_ SAM CAGE CODE: \_\_\_\_\_

**PERSON COMPLETING THE APPLICATION:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Office/Department: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**TRIBAL GRANT COORDINATOR INFORMATION**

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Office/Department: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**GRANT HISTORY:**

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

☐ Yes ☐ No

If yes, please list the agencies: \_\_\_\_\_

**RESERVATION INFORMATION:**

Population: \_\_\_\_\_

\_\_\_\_\_ Enter an estimate of the number of Native American children born in your service unit.

**PROBLEM IDENTIFICATION:** **Problem Statement:** Provide information to justify the tribe's financial need for a child passenger safety seat program.

**PROBLEM COUNTERMEASURES:**

Does the Tribe have a child safety seat law? ☐ Yes ☐ No If yes, is it: Primary Secondary

Has the Tribe conducted a survey to determine child safety seat use rate? ☐ Yes ☐ No

If yes, when was survey conducted? \_\_\_\_\_

If an assessment was not conducted, how will the usage rate be determined?

Does the tribe have a certified child protection seat technician? Yes No

If yes, provide Name of Lead CPS Technician and Agency: \_\_\_\_\_

**SECTION C: TARGETS**

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The following information represents the targets which **must** be reported for child passenger safety seat grant award. Indicate the number of Tribal events to be held. Please estimate the number at this time.

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Number of car seat:

\_\_\_\_\_ clinics to be held

\_\_\_\_\_ to be distributed & inspected

\_\_\_\_\_ training events to be conducted

\_\_\_\_\_ brochures to be distributed

## **SECTION D: BUDGET**

Budgets must support the project being proposed. Federal guidelines requires costs to be reasonable and necessary to carry out/or operate the grant. 2 CFR 225 Appendix B.12 and 2 CRF Part 200.434 Contributions and Donations do not allow indirect costs to be applied to the reimbursement of car seats and car seat shipping costs. Indirect Cost can be applied to other items if allowable in the negotiated rate.

### **Car Seats:**

\_\_\_\_\_ Estimate the total number of car seats needed. \_\_\_\_\_ Estimate the total cost of car seats needed.

### **Car Seat Equipment and Supplies:**

Latch manuals, pool noodles, traffic cones, sandwich boards, portable canopies, car seat clinic signs and brochures.

\_\_\_\_\_ Estimate the total cost of car seat equipment and supplies needed.

## **SECTION E: TRAVEL & TRAINING**

The grant can cover CPS training and conference registration. Travel is a reimbursable expense under this grant program. Provide an estimated budget to cover travel expenses if needed.

\_\_\_\_\_ Estimate the amount of CPS training and travel expenses needed.

### **BUDGET LINE ITEM GRAND TOTALS:**

Total Car Seats: \_\_\_\_\_

Total Equipment & Supply: \_\_\_\_\_

Total Training & Travel: \_\_\_\_\_

Indirect Cost Rate \_\_\_\_%

**Grand Total Budget:** \_\_\_\_\_

## **SECTION F: CERTIFICATIONS AND ACKNOWLEDGEMENTS**

Read and initial to acknowledge each condition in this section.

\_\_\_\_\_ 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 current draft/approved Tribal Resolution is attached.

\_\_\_\_\_ Approved Indirect Cost Rate letter is attached.

\_\_\_\_\_ Tribes A-133 is current

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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Print): \_\_\_\_\_ Title: \_\_\_\_\_

**Paperwork Reduction Act Statement:** We are collecting this information subject to the Paperwork Reduction Act (44 U.S.C. 3501) for the BIA Indian Highway Safety Program (IHSP) to fulfill the data obligations of 23 CFR 1300.11. Your response is voluntary and we will not share the results publicly. We may not conduct or sponsor and you are not required to respond to a collection of information unless it displays a currently valid OMB Control Number. OMB has reviewed and approved this survey and assigned OMB Control Number 1076-0190.

**Estimated Burden Statement:** We estimate the application will take you 240 minutes to complete, including time to read instructions, gather information, and complete and submit the application. You may submit comments on any aspect of this information collection to the Information Collection Clearance Officer, Office of Regulatory Affairs & Collaborative Action—Indian Affairs (RACA), U.S. Department of the Interior, 1001 Indian School Road NW, Suite 229, Albuquerque, New Mexico 87104..