Instructions for Completion of BIA Indian Highway Safety Program Law Enforcement Grant Applications

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 Country.

Tribes can apply for the full-time and over- time law enforcement grants with this application; use the drop down menu to select the grant the Tribe is applying for. Complete the application in its entirety; do not leave any blank spaces/fields.

The Bureau of Indian Affairs (BIA) Indian Highway Safety Program (IHSP) is performance-based and data driven. A traffic safety problem **must be** identified; all applications must contain measurable targets and performance measures, and be justified by data. **Insufficient data to justify a traffic safety problem 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.

A Tribal Resolution and the Tribe's most current approved Indirect Cost Rate Agreement letter **must** be submitted with the application.

Please contact the Indian Highway Safety Program at (505)563-3780 to inquire about BIA IHSP Grant Writing Training.

Grant applications are due by:

May 1, 2018 for the FY2019 Grant Year
May 1, 2019 for the FY2020 Grant Year
May 1, 2020 for the FY2021 Grant Year

Grant applications and attachments can be mailed to:

Bureau of Indian Affairs
Office of Justice Services
Indian Highway Safety Program
1001 Indian School Road N.W. Ste. 251
Albuquerque, NM 87104

Application and attachments can also be submitted via e-mail at: ojs_indian_highway_safety@bia.gov

OMB Approved Form No. 1076-0190
Expiration Date: 09/2021

Bureau of Indian Affairs
Office of Justice Services - Indian Highway Safety Program
Law Enforcement Grant Application Instructions

APPLICATION CHECK LIST:

Use the check list to gather the necessary documents required for submission of the grant application. Do not leave any fields blank in the application, initial the Terms, Conditions, and Responsibilities, sign and date page 13. Include a Draft/Approved copy of the Tribal Resolution, and Indirect Cost Rate letter. Check if the A-133 is current with the Tribe. Attach the Linear Trend Analysis with the grant application.

Note: *If the grant is awarded signed approved copies are due at the time of award and should be submitted with the signed grant agreement.*

GRANT TYPE APPLYING FOR:

Select the grant type the Tribe is interested in applying for:

Full-time grant or Overtime Grant

Full-time grants provide:

- *Full-time Highway Safety Officer*
- *Salary*
- *Overtime*
- *Fringe benefits*
- *GSA Leases/ Mileage*
- *Training*
- *Travel*
- *Indirect cost rate reimbursement*
- *Equipment*
- *Media & billboard rental*

Overtime grants provide:

- *Overtime for Tribal Officers*
- *Fringe benefits*
- *GSA Leases/ Mileage*
- *Training*
- *Travel*
- *Indirect cost rate reimbursement*
- *Equipment*
- *Media & billboard rental*

FISCAL GRANT YEAR APPLYING FOR:

Indicate the grant year the application is being submitted for: 2019, 2020, 2021

Example: Federal g*rant year cycle for FY19 begins on October 1, 2018 - September 30, 2019)*

SECTION A: General Information

Tribes Information:

Complete all the field information for the federally recognized tribe applying for the grant.

Person Completing the Form:

Provide name, title, Office/Department, Phone and Fax number along with an e-mail address, etc.… of the person completing the application. BIA IHSP will contact this person for questions arising in reference to the application and/or missing documents.

Tribal Grant Coordinator:

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

Grant History:

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

Reservation Information:

Complete all the fields with information regarding reservation size, acres, square miles, population and total road miles.

Tribal Police Department Information:

Provide the requested information for the Chief of Police, number of officers, and the type of officer commissions, etc.

SECTION B: Data.

Traffic Data Information:

Provide information on the type of software system used to collect traffic enforcement & crash statistics. If the Tribe is utilizing software systems identify the software.

Place check in the appropriate box in regards to reporting crashes or other traffic data to the state.

Provide the last fiscal year of traffic data available (Fiscal Year runs from October 1 to September 30).

Place a check in the appropriate box for calendar year or fiscal year.

Tribal Statutes and Enforcement Statistics:

Placing a check in the "no" box to questions in this category does not disqualify the tribe from receiving a grant

Check yes or no if the Tribe:

- has a traffic code.
- an impaired driving law. If yes, identify the B.A.C. level.
  Example: *Is it 0.08, 0.10, or another number*
- has a seat belt law. If yes, check the appropriate box indicating if the law is primary or secondary?
- issues written warnings for traffic violations. Specify the number of traffic warnings issued the previous year.
- prosecutes Driving Under the Influence (DUI's) arrests/cases. If yes, provide the conviction rate.

Traffic Statistics:

ONLY Fiscal Year (October 1 - September 30) data will be accepted. Do not leave blank spaces. Insufficient data will significantly reduce chance of funding. Use most recent

fiscal year data available.

Provide traffic statistics, for the last fiscal year, for traffic, fatalities, and crashes that have occurred within the time frame.

> ***Example:*** *If the tribe is applying for an FY2019 grant Fiscal Year should contain data from October 1, 2016 - September 30, 2017.*

List the types of roads, the day of the week, and time these incidents occurred. This information will assist in determining what days of the week and times most incidents occurred.

SECTION C: Problem Statement, Strategies, Targets (Performance Measures).

Problem Statement:

Providing a problem statement is essential in determining if a Tribe will receive an Indian Highway Safety Grant. Data is necessary to support the statement. Identify the specific traffic related problems the Tribe is experiencing on the reservation. Utilize the traffic data from page 4 to assist in identifying the traffic problem(s). Use 2 to 3 years or prior year data to strengthen the problem statement for a specific traffic problem to show a problem exists.

> ***Example:***
> On page 4 the Tribe has identified speeding as a traffic problem that exists on and within their reservation boundaries. The statement could read:
>
> *"The _____ Tribe has identified speeding as a major traffic problem on the reservation roadways. In FY17 there were 230 speeding citations issued and in FY16 there were 200 citations issued and in FY15 199 citations were issued by the Tribal Police Department."*
>
> By indicating the number of speeding citations and/or warnings the tribal police department issued in the current and previous fiscal years strengthens the problem statement and shows a speeding problem exists..

Targets (Performance Measures):

Targets should fall in line with the traffic problem(s) identified under the problem statement. Select the appropriate targets the Tribe is addressing in the problem statement**.** Targets 1 and 2 are mandatory.

> ***Fatalities & Crashes:***
> *Motor vehicle fatalities and motor vehicle crash data is required for each grant application and grant award. Grant application target must include data to maintain or reduce motor vehicle fatalities and motor vehicle crashes by the end of the grant year the Tribe is applying for.*

Trend Analysis Tool: (Excel Spreadsheet)

Trend Analysis Tool, excel spread sheet, is provided to assist the Tribe in determining projected targets to meet at the end of the grant year. The targets are based off of previous

year's statistics. The Tribe will need to decide if they will use data going back 4-5 years, if available. Once the number of years is determined each projected target selected should also be based on the same number of years chosen. Upon entering 4 years of data into the trend analysis spread sheet a target will be identified on the spread sheet tab labeled "4-Yr. Linear Trend Chart". Tribes can contact the BIA IHSP at (505)563-3780 for assistance in utilizing the tool and interpreting the results.

Example: *If the tribe has traffic data going back 4 years from FY2017, FY2016, FY2015, FY2014, for motor vehicle fatalities then the same number of years of data must be used for the rest of the targets if available. Such as motor vehicle crashes, DUI arrests, speed citations, etc.…*

Strategies:

Check the appropriate strategy boxes which will assist in combating the traffic safety problem(s) identified in the problem statement and targets.

Select the appropriate strategies the Tribe will use to achieve their targets.

Provide the number of check points and/or saturation patrols the tribe will conduct during the grant year.

Provide the total number of traffic enforcement hours tribal officers will work during the 3 mandatory mobilizations scheduled during the grant year.

Survey (B-1)

If the Tribe has conducted an observed seat belt use for passenger vehicles, front seat outboard occupants check Yes. If they would like to conduct one select Yes.

Strategies Statement:

How does the Tribe plan to combat the traffic problem(s) identified in the problem statement?
What will the Tribe do to reach the performance targets?
How will training assist in reaching the performance targets?
How will the equipment requested assist in meeting the performance targets**?**

If the Tribe is requesting equipment the Tribe will need to identify how the equipment will assist in combating the traffic safety problem identified and achieve the targets.

Example:
The tribe has identified **speeding** as a traffic safety problem on the reservation
The tribal police department will increase patrolling by conducting high visible ***speed*** *(traffic) enforcement in the identified problem areas and times. The police department will also send 2 officers to* ***radar/lidar training*** *to get officers certified in the* ***use of the radars/lidars****. Increasing speed enforcement and sending officers*

to radar training will assist in achieving the speeding target of 200 speed citations issued by FY2019.

SECTION D: Budget.

Training

Place a check in the boxes for traffic safety related training the Tribe is interested in sending tribal officers to. Provide the number of officers to be trained along with tuition fees and travel costs.

Please note: *Training requested on this page will not guarantee the budget requested. If the grant is awarded, all travel and training must be approved by the BIA IHSP prior to travel or training attendance.*

Training must be DOT/NHTSA endorsed. Basic Police Academy Training **IS NOT** allowable.

Equipment

Identify the type of equipment the tribe is requesting to assist in achieving the targets and addressing the traffic safety problem identified in the problem statement. All equipment must be essential and justified for meeting the targets and strategies of the proposed project.

Software:

Identify the software the tribe would like to request for the success of the program.

Personnel:

All costs in this section should be reasonable and necessary and related directly to the proposed project. Be as accurate as possible. This page should be completed, by the Finance Officer (include e-mail address, telephone number).

Full-time highway safety personnel are required to spend 100% of their time on highway safety activities. All fields on this page should be completed for the type of personnel requested.

Overtime Grant personnel request will only complete the following fields: Percent of Time, Overtime Rate, Number of Overtime Hours, Total Overtime Salary, Fringe Benefits percentage, and Total Fringe Benefit.

GSA Vehicle Lease/Mileage: (Full-Time Grants ONLY)

Only full-time grant applicants need to complete this page of the application. Tribes under GSA Lease will complete the following fields: Vehicle Type, Monthly Lease Amount, Monthly Lease Fee, and Estimate Monthly Mileage, Rate Per Mile, Monthly Total, Months (Number of Months, usually 12) and yearly total. The GSA Lease indicates the vehicle type and should list a mileage rate on the invoice or within the contract.

Full-time grant applicants who do not have a GSA Lease in place but would like to be

reimbursed for mileage will complete the following fields: Vehicle Type, Estimated Monthly Mileage, Rate Per Mile, Monthly Total, Months (12) and yearly total. Rate Per Mile is based off GSA Rates determined by make and model of the police unit.

Do not enter overtime mileage estimates in this area. Overtime mileage budgets will need to be entered under the Overtime Mileage so the line item can be awarded.

Overtime Mileage:

Full-time grant and overtime grant applicants will complete the following fields for overtime mileage budget: Vehicle Type, Estimated Monthly Mileage, and Rate Per Mile, Monthly Total, Months (12), and Yearly Total. Rate Per Mile is based off GSA Rates determined by make and model of the police unit.

Office Supplies:

Identify the Office Supply, Item Cost, Quantity, Total needed to carry out and achieve the grant targets.

Media:

Enter a budget for newspaper, and radio ads, along with bill board rental costs to advertise the national and Indian Country mobilizations if needed.

Indirect Costs:

Tribes can be reimbursed Indirect Cost (IDC) Rate in accordance with their most current approved Indirect Cost Rate letter. Check the appropriate boxes IDC can be applied to in accordance with the most recent signed approved Indirect Cost Rate letter. Attach the most recent signed approved IDC Rate Letter with the grant application.

Budget Line Item Totals:

Enter the grand totals from the previous pages here and provide a total budget.

SECTION E. Additional Information

Space for additional narrative information the Tribe would like to include. Provide information on the countermeasures the tribe intends to implement while working the grant.

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 or call (505)563-3780

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Bureau of Indian Affairs
Office of Justice Services

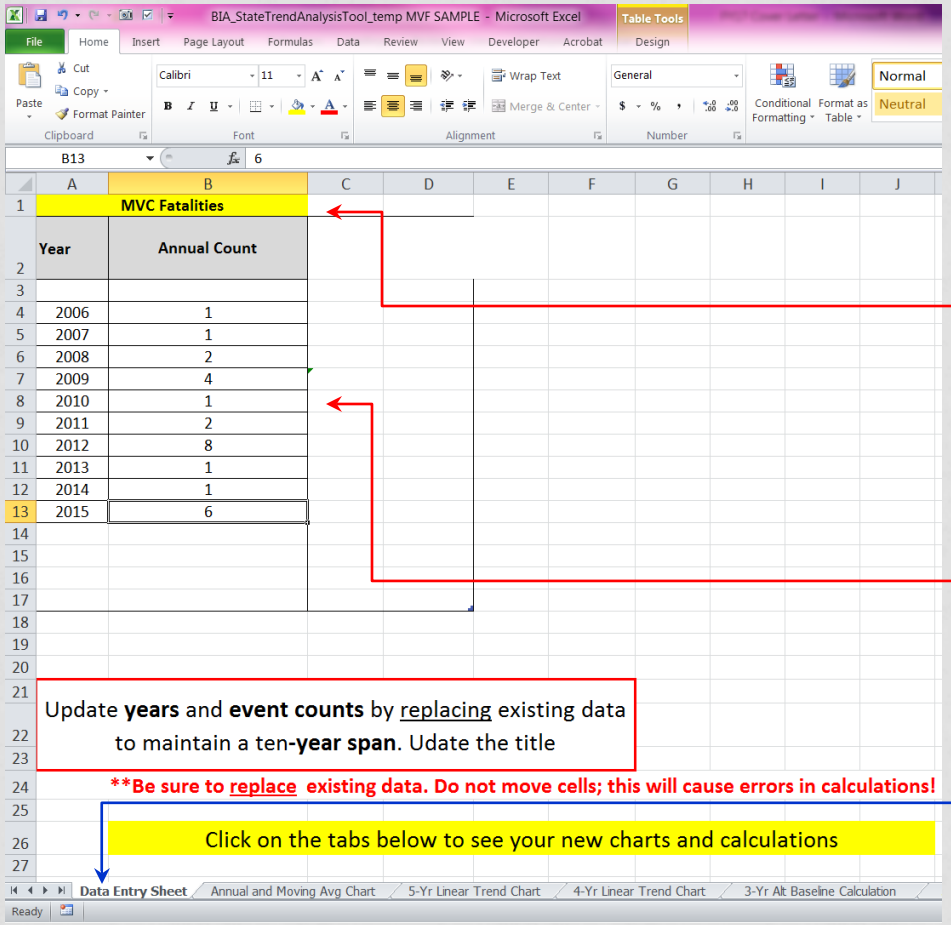
Indian Highway Safety Program

LINEAR TREND ANALYSIS



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LINEAR TREND ANALYSIS



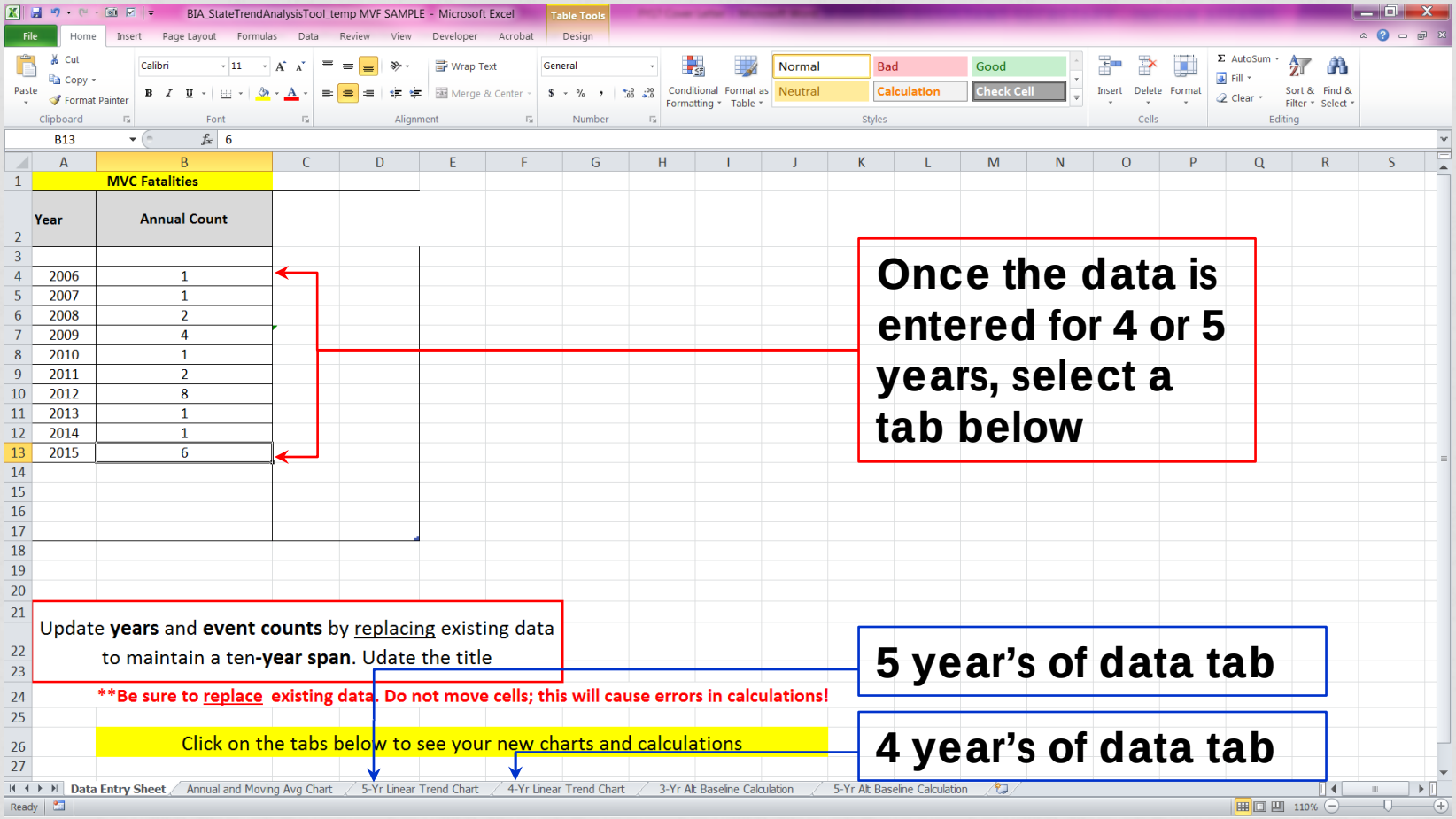
Type the title of the performance measure selected from Section C in this box

Enter data information for the last 4 to 5 years in these boxes

Select Data Entry Sheet Tab

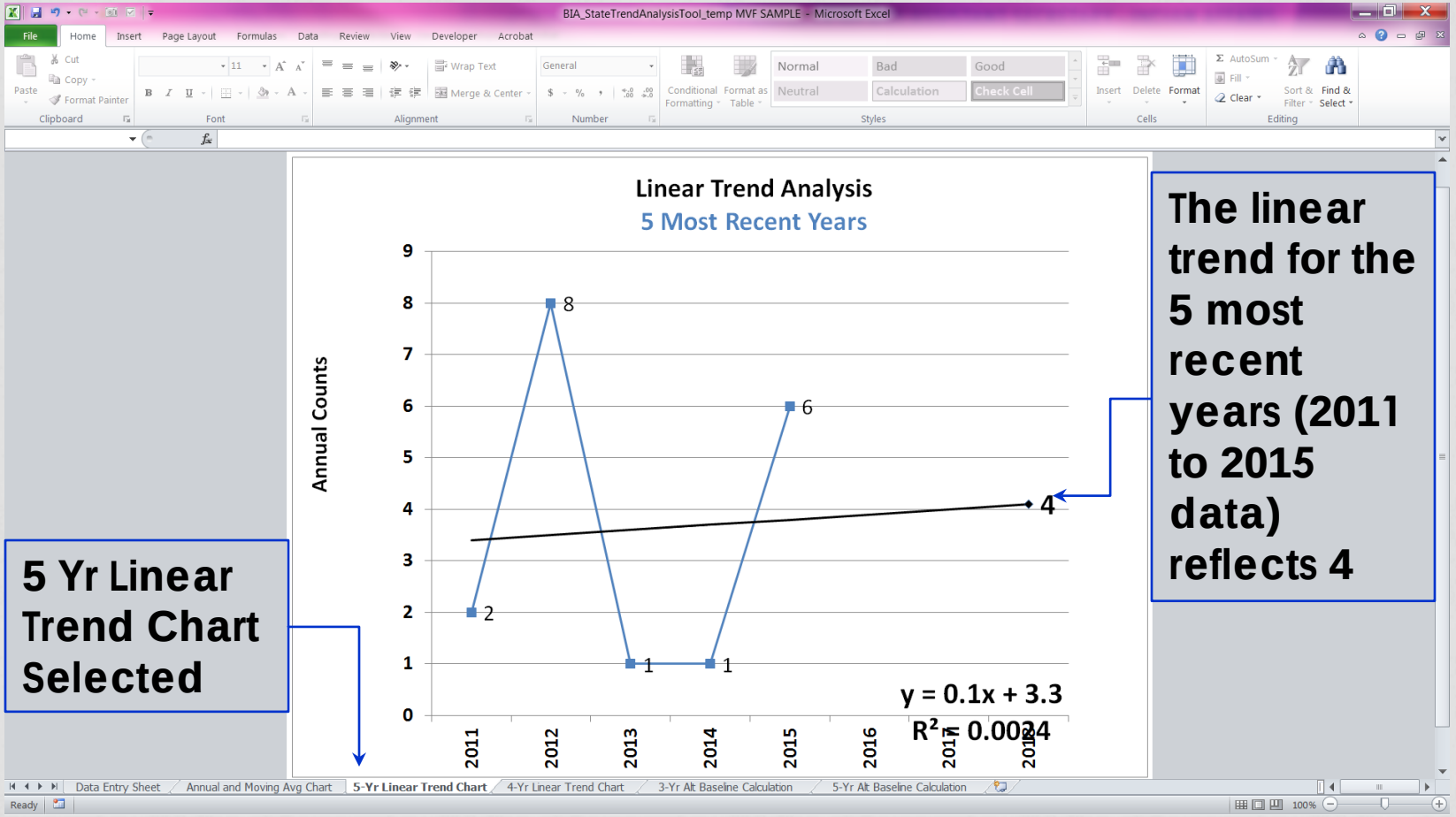
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LINEAR TREND ANALYSIS



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LINEAR TREND ANALYSIS



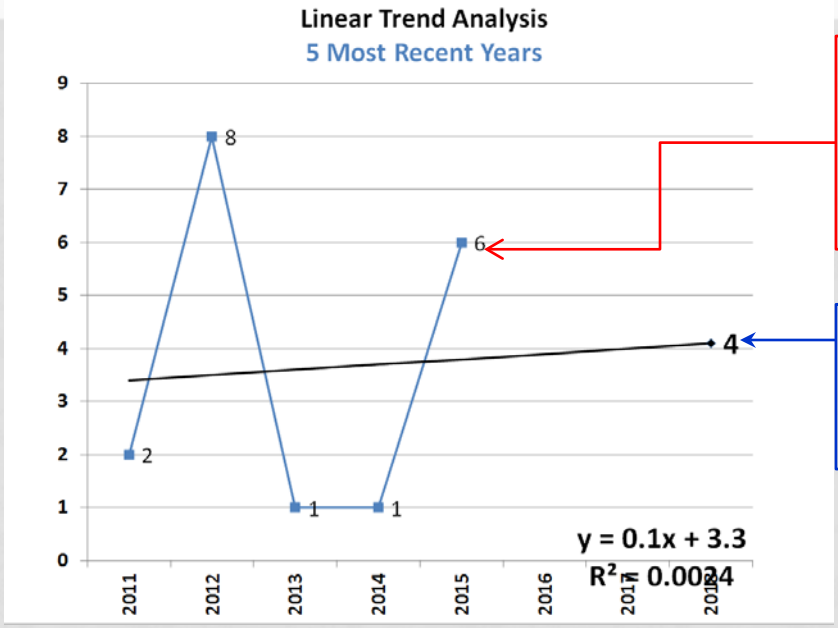
5 Yr Linear Trend Chart Selected

The linear trend for the 5 most recent years (2011 to 2015 data) reflects 4

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LINEAR TREND ANALYSIS

Website used to decrease percentages: http://www.basic-mathematics.com/percent-of-decrease-calculator.html



The chart reflects 6 fatalities in 2015; from the data entered on the Data Entry Sheet Tab

Based on the data entered the target goal for FY17 is 4

- Section C. Targets/Performance Measures Strategies
- 1. To reduce the number of MVC fatalities by **33%** from the FY2015 number of **6** to **4** by the end of FY2017

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ASSISTANCE WITH TREND ANALYSIS

- If the trend analysis tool does not reflect a decrease or increase for the data entered please contact the BIA Indian Highway Safety Program at (505)563-3900.
- The BIA IHSP highly encourages a representative from the tribe to attend Grant Writing Training for more hands on technical assistance.

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

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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: 13)
- ☐ Application signed (page 13)
- ☐ Tribal Resolution ☐ Draft Copy ☐ Final Copy
- ☐ Indirect Cost Rate ☐ Approved Copy
- ☐ A-133 *(is it current?)* ☐ Yes ☐ No
- ☐ Linear Trend Analysis for targets 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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BUREAU OF INDIAN AFFAIRS
INDIAN HIGHWAY SAFETY PROGRAM
LAW ENFORCEMENT (LE) GRANT APPLICATION

TYPE OF GRANT APPLYING FOR: Choose Grant Type **FISCAL YEAR:** 2020

Each section of this grant application must be completed, do not leave any fields blank.

SECTION A: GENERAL INFORMATION

Tribe Name:_____

Tribal Leader Name:_____ Title: _____

Phone Number:_____ Fax Number:_____

Mailing Address:_____

City:_____ State:_____ Zip:_____

FedEx Address:_____

City:_____ State:_____ Zip:_____

DUNS Number:_____ SAMs Cage Code:_____

PERSON COMPLETING THE APPLICATION:

Name:_____ Title:_____

Phone Number:_____ Fax Number: _____

E-Mail Address:_____

TRIBAL GRANT COORDINATOR INFORMATION:

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

Name:_____ Title:_____

Phone Number:_____ Fax Number: _____

E-mail Address:_____

Office/ Department: _____

Address: _____

City:_____ State:_____ Zip:_____

GRANT HISTORY:

Has the Tribe ever received Indian Highway Safety grant funding from the BIA IHSP? ☐ Yes ☐ No

If yes, what years? _____

In the last 3 years, has the Tribe applied for and received other traffic safety related grants from other agencies?

☐ Yes ☐ No

If yes, list the agencies:_____

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Does the tribe have a traffic safety (focused) grant currently in place with another agency? ☐ Yes ☐ No
(i.e. CDC, Indian Health, State, FHWA, etc.):

If yes, list the agencies:_____

RESERVATION SIZE INFORMATION:

Population:_____ Acres:_____ Square Miles:_____

Total Number of Road Miles:_____

TRIBAL POLICE DEPARTMENT INFORMATION:

Chief of Police Name:_____

Phone Number:_____ Fax Number: _____

E-mail Address: _____

Address: _____

City:_____ State:_____ Zip:_____

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

Is Law Enforcement: ☐ Tribal ☐ BIA ☐ Both

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

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

If yes, identify the agencies:_____

SECTION B: DATA.

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 to collect traffic enforcement & crash statistics? ☐ Yes ☐ No

If yes, please identify the software:_____

Does the tribe report crashes or other data to the state? ☐ Yes ☐ No

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

TRIBAL STATUTES AND ENFORCEMENT STATISTICS:

Does the Tribe have a traffic code? ☐ Yes ☐ No

Does the Tribe have an Impaired Driving Law? ☐ Yes ☐ No If yes, what is the B.A.C.?_____

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

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

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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 in Tribal Court? _____

TRAFFIC STATISTICS: ONLY Fiscal Year (October 1, 20 ____ - September 30, 20____) data will be accepted

DUI ARRESTS & TRAFFIC CITATIONS			
Total number of:			
	DUI/DWI/OWI arrests? *(A-2)*		
	Traffic citations issued		How many were child safety seat citations
			How many were seat belt citations? *(A-1)*
			How many were speed citations? *(A-3)*
MOTOR VEHICLE FATALITIES AND CRASHES			
Total number of:			
	traffic fatalities *(C-1)*		How many were males?
			How many were females?
	unrestrained passenger vehicle occupant fatalities, all seat positions *(C-4)*		motor vehicle fatalities involving a driver 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)*		bicyclist fatalities *(C-11)*
	motor vehicle crashes		How many were males?
			How many were females?
	serious injuries in traffic crashes *(C-2)*		crashes involving alcohol?
	crashes involving two or more vehicles		crashes involving speed
	crashes involving motorcyclists		single vehicle crashes
	crashes involving bicyclists		property damage crashes
	crashes involving pedestrians		
Of the total number of crashes (listed above), how many occurred on:			
	Rural Roads		Paved Streets
	State Highways		Interstates
	Other types of roads; describe:		
Of the total number of crashes (listed above), how many occurred on:			
	Mondays		Tuesdays
	Wednesdays		Thursdays
	Fridays		Saturdays
	Sundays		Unknown
Of the number of crashes (listed above), how many occurred between:			
	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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SECTION C. PROBLEM STATEMENT, STRATEGIES, & TARGETS (PERFORMANCE MEASURES).

The Indian Highway Safety Grants are performance-based programs. In this section the Tribe will identify the traffic problem, strategies, and targets.

PROBLEM STATEMENT:

Provide a written summary clearly outlining the **specific traffic related problems** the Tribe has identified, and will address if grant funds are provided

ATTACH AN ADDITIONAL PAGE IF NECESSARY

TARGETS (PERFORMANCE MEASURES):

Select the appropriate traffic safety targets the tribe is going to reach by the end of the year. Targets should fall in line with the traffic problem identified in the problem statement. 4-5 years of traffic data will be needed to assist in determining the target to be reached at the end of the grant year. Use the Linear Trend Analysis to complete this section.
Targets #1 & #2 are mandatory for all Law Enforcement Grant Programs

Please use the **trend analysis tool** to determine the FY 0 targets/ performance measure:

1. To reduce the number of **motor vehicle crash (MVC) fatalities** by _____% from the FY_____ number of _____ to _____ by the end of FY_____. **(Mandatory)**

2. To decrease **motor vehicle crashes (MVCs)** by _____% from the FY_____ number of _____ to _____ by the end of FY_____. **(Mandatory)**

3. To increase the number of DUI/OWI arrests by _____% from the FY_____number of _____ to _____ by the end of FY_____.

4. To increase the number of speeding citations issued by _____% from the FY_____number of _____ to _____ by the end of FY_____.

5. To increase the number of traffic citations (excluding speed & DUI) by _____% from the FY 18 number of _____ to _____ by the end of FY 20.

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STRATEGIES:

Select from the following list of strategies the Police Department will conduct during the grant year.

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.).

Conduct not less than _____ checkpoints in FY_____.

Conduct not less than _____ saturation patrols in FY_____.

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

STRATEGIES STATEMENT:

How does the tribe plan to combat the traffic problem(s) identified in the problem statement? What will the tribe do to reach the performance targets? How will training assist in reaching the performance targets? How will equipment purchases assist in meeting the performance targets?

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

SECTION D. BUDGET

This section must be completed for all grant applications. 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.

TRAINING/TRAVEL

Training requested should be needed in order to properly execute the grant requested. If awarded all training and travel requests must be approved by the BIA IHSP prior to the start date.

Full-time LE Grant	Over-time Grant		# To Be Trained	Total Tuition Fee	Total Travel Cost
☐	☐	BIA Program Management Training **(Mandatory)**	_____	$_____	$_____
☐	☐	BIA Grant Writing Training	_____	$_____	$_____
☐	☐	LifeSavers Conference	_____	$_____	$_____
☐	☐	SFST Refresher Training	_____	$_____	$_____
☐	☐	Intoxilyzer Certification	_____	$_____	$_____
☐	☐	Crash Reconstructionist Training	_____	$_____	$_____
☐	☐	Advanced Crash Reconstructionist Training	_____	$_____	$_____
☐	☐	Drug Recognition Expert (DRE) Training	_____	$_____	$_____
☐	☐	Radar/Lidar Certification	_____	$_____	$_____
☐	☐	Conducting Checkpoints Training	_____	$_____	$_____
☐		Standardized Field Sobriety Testing (SFST)	_____	$_____	$_____
☐		CPS Technician Training	_____	$_____	$_____
☐	☐	_____	_____	$_____	$_____
☐	☐	_____	_____	$_____	$_____
☐	☐	_____	_____	$_____	$_____
☐	☐	_____	_____	$_____	$_____

Grand Total Training/ Travel: $_____

EQUIPMENT

Complete this section is for equipment needed carry out/accomplish the targets, and strategies of the grant. ***NOTE:*** *Federal guidelines require equipment to be necessary for the project and not for general purpose use. All equipment requested must be essential to the success of the grant program.*

Identify equipment, quantity, cost *(*Provide justification for request.)

Equipment:_____ Justification:

Cost per item: $_____

Quantity: _____

Total: $_____

Equipment:_____ Justification:

Cost per item: $_____

Quantity: _____

Total: $_____

Equipment:_____ Justification:

Cost per item: $_____

Quantity: _____

Total: $_____

Equipment:_____ Justification:

Cost per item: $_____

Quantity: _____

Total: $_____

Grand Total Equipment: $ _____

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

Software: _____ Justification:

Coster item: $ _____

Quantity: _____

Total: $ _____

Software: _____ Justification:

Cost per item: $_____

Quantity: _____

Total: $_____

Grand Total Cost of Software: $ _____

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

OMB Approved Form No. 1076-0190
Expiration Date: 09/2021

PERSONNEL: Complete ONLY those sections pertinent to the grant requested.

Federal guidelines require costs to be reasonable and necessary in order to carry out and/or operate the grant. Budgets must support the grant proposed; be as reasonable as possible. ***Budgets should be completed by the Budget/Finance Officer for the Tribe.***

Finance Officer Name:_____ Phone Number:_____

E-mail Address: _____ Grant Type: Select One

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

Personnel: Choose an Item

Percent of Time: _____
Hourly Rate: _____
Overtime Rate: _____
Number of Hours: _____
Number of Overtime Hours: _____
Total Salary: _____
Total Overtime Salary: _____
Fringe Benefit %: _____
Total Fringe Benefit: _____

Personnel: Choose an Item

Percent of Time: _____
Hourly Rate: _____
Overtime Rate: _____
Number of Hours: _____
Number of Overtime Hours: _____
Total Salary: _____
Total Overtime Salary: _____
Fringe Benefit %: _____
Total Fringe Benefit: _____

Personnel: Choose an Item

Percent of Time: _____
Hourly Rate: _____
Overtime Rate: _____
Number of Hours: _____
Number of Overtime Hours: _____
Total Salary: _____
Total Overtime Salary: _____
Fringe Benefit %: _____
Total Fringe Benefit: _____

Personnel: Choose an Item

Percent of Time: _____
Hourly Rate: _____
Overtime Rate: _____
Number of Hours: _____
Number of Overtime Hours: _____
Total Salary: _____
Total Overtime Salary: _____
Fringe Benefit %: _____
Total Fringe Benefit: _____

Personnel: Choose an Item

Percent of Time: _____
Hourly Rate: _____
Overtime Rate: _____
Number of Hours: _____
Number of Overtime Hours: _____
Total Salary: _____
Total Overtime Salary: _____
Fringe Benefit %: _____
Total Fringe Benefit: _____

Personnel: Choose an Item

Percent of Time: _____
Hourly Rate: _____
Overtime Rate: _____
Number of Hours: _____
Number of Overtime Hours: _____
Total Salary: _____
Total Overtime Salary: _____
Fringe Benefit %: _____
Total Fringe Benefit: _____

Grand Total: Salary:_____ **Overtime Salary:**_____ **Fringe Benefits:**_____

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GSA VEHICLE LEASE: Rental/lease costs through GSA are allowable, if needed, for officers designated as **full- time** (grant) to traffic enforcement/safety. Vehicle types will be determine at the GSA rate allowed. **PLEASE NOTE:** Costs associated with, vehicle maintenance, 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

Vehicle Type: _____

Monthly Costs

Lease Amount: $ _____
Lease Fee: **$** _____
Estimated Mileage: _____
Rate Per Mile: **$** _____
Monthly Total: **$** _____
Months: _____
Yearly Total: **$** _____

Vehicle Type: _____

Monthly Costs

Lease Amount: $ _____
Lease Fee: **$** _____
Estimated Mileage: _____
Rate Per Mile: **$** _____
Monthly Total: **$** _____
Months: _____
Yearly Total: **$** _____

Vehicle Type: _____

Monthly Costs

Lease Amount: $ _____
Lease Fee: **$** _____
Estimated Mileage: _____
Rate Per Mile: **$** _____
Monthly Total: **$** _____
Months: _____
Yearly Total: **$** _____

Vehicle Type: _____

Monthly Costs

Lease Amount: $ _____
Lease Fee: **$** _____
Estimated Mileage: _____
Rate Per Mile: **$** _____
Monthly Total: **$** _____
Months: _____
Yearly Total: **$** _____

Vehicle Type: _____

Monthly Costs

Lease Amount: $ _____
Lease Fee: **$** _____
Estimated Mileage: _____
Rate Per Mile: **$** _____
Monthly Total: **$** _____
Months: _____
Yearly Total: **$** _____

Vehicle Type: _____

Monthly Costs

Lease Amount: $ _____
Lease Fee: **$** _____
Estimated Mileage: _____
Rate Per Mile: **$** _____
Monthly Total: **$** _____
Months: _____
Yearly Total: **$** _____

Grand Total GSA Lease/Mileage: _____

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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 Costs

Estimated Mileage: _____
Rate Per Mile: **$** _____
Monthly Total: **$** _____
Months: _____
Yearly Total: $ _____

Vehicle Type: _____

Monthly Costs

Estimated Mileage: _____
Rate Per Mile: **$** _____
Monthly Total: **$** _____
Months: _____
Yearly Total: $ _____

Vehicle Type: _____

Monthly Costs

Estimated Mileage: _____
Rate Per Mile: **$** _____
Monthly Total: **$** _____
Months: _____
Yearly Total: $ _____

Vehicle Type: _____

Monthly Costs

Estimated Mileage: _____
Rate Per Mile: **$** _____
Monthly Total: **$** _____
Months: _____
Yearly Total: $ _____

Vehicle Type: _____

Monthly Costs

Estimated Mileage: _____
Rate Per Mile: **$** _____
Monthly Total: **$** _____
Months: _____
Yearly Total: $ _____

Vehicle Type: _____

Monthly Costs

Estimated Mileage: _____
Rate Per Mile: **$** _____
Monthly Total: **$** _____
Months: _____
Yearly Total: $ _____

Grand Total for Over-Time Mileage: _____

OFFICE SUPPLIES: **List all supplies needed in order to successfully carry out the grant:**

Office Supply: _____
Item Cost: $ _____
QTY: _____
Total: $ _____

Office Supply: _____
Item Cost: $ _____
QTY: _____
Total: $ _____

Office Supply: _____
Item Cost: $ _____
QTY: _____
Total: $ _____

Office Supply: _____
Item Cost: $ _____
QTY: _____
Total: $ _____

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: News Paper Total: $_____
Media Type: Radio Total: $_____
Media Type: Bill Board Rental Total: $_____

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/ Mileage
- ☐ Overtime Mileage
- ☐ Office Supplies Equipment

BUDGET LINE ITEM GRAND TOTALS:

Training/ Travel: _____
Equipment: _____
Software: _____
Salary:_____
Overtime Salary: _____
Fringe Benefits: _____
GSA Lease/Mileage:_____
Overtime Mileage:_____
Supplies:_____
Media Costs:_____
Indirect Cost:_____
TOTAL BUDGET:_____

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SECTION E. ADDITIONAL INFORMATION:

Add any additional information which is not covered in the application's previous pages. 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.

_____Tribe must expend their funds and seek reimbursement based upon an approved budget and application.

_____Copy of the Tribe's most recent Indirect Cost (IDC) Letter must be submitted with the grant application.

_____Tribe understands IDC is not reimbursable for equipment purchases.

_____Tribe must participate in the national enforcement mobilizations and the "Indian State" mobilization.

_____A Purchase Request form must be submitted and approved before items can be ordered.

_____All travel must be approved in advance by the BIA IHSP.

_____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 may allocate funds on behalf of the tribe to meet certain conditions and comply with all applicable rules and regulations for administering a traffic national safety program.

_____Tribes participating in the federal grant processes must comply with the Single Audit Act of 1984.

_____If requesting full-time personnel, 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.

Signature:_____ Date:_____

Name (Print):_____ Title: _____