OMB Control No. 1076-0190
Expiration Date 11/30/2024

United States Department of the Interior

BUREAU OF INDIAN AFFAIRS

Indian Highway Grant Application Instructions

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 use this application to apply for the Bureau of Indian Affairs (BIA), Office of Justice Services (OJS), Indian Highway Safety Program (IHSP) Grant Writing Training, Lifesavers Conference attendance, or other traffic conferences. This grant application will cover registration fees and travel expenses for tribal employees who work for federally recognized tribes in the realm of traffic enforcement/safety. Complete the application in its entirety; do not leave any blank spaces/fields.

The BIA IHSP offers data driven performance-based grant opportunities. A traffic safety problem **must be** identified; and be justified by data. These 402 funds are intended to supplement an existing traffic safety program on the reservation.

IHSP grants are funded in the form of reimbursements. Tribes must first expend their funds and submit documentation for reimbursement and consideration each month. Trip Report and other 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 IHSP at (505)563-3139 to inquire about BIA IHSP Grant Writing Training.

Lifesavers Conference grant application is due on March 1of the current year. BIA IHSP Grant Writing and other traffic conference grant application deadline dates will be announced by the IHSP on a training announcement provided to all federally recognized tribes.

Grant applications can be e-mailed to:

ojs_indian_highway_safety@bia.gov

or mailed to:

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

Grant application and attachments can also be e-mailed to the following address:
ojs_indian_highway_safety@bia.gov

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Complete all fields and do not leave any blank.

TRIBES INFORMATION:

Provide the Name of the Tribe, Tribal Leaders Name, Title, Mailing and Fedex Address, City State, and Zip Code. Tribes DUNS/Unique Entity Identifier (UEI) and SAM's Cage Code for the federally recognized tribe applying for grant funding.

APPLICANT INFORMATION:

Provide the First and Last Name, Job Title, Department, Phone and Fax Number, and E-Mail and Office Address of the applicant. Place a check next to the applicant's title and the training session they would like to attend.

TRAFFIC DATA INFORMATION:

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

TRIBAL STATUTES AND ENFORCMENT 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 an impaired driving law
- has a seat belt law
- has a child seat belt law

PROBLEM STATEMENT:

Providing a problem statement is essential in determining if a Tribe will receive an Indian Highway Safety Grant. Provide data to support the statement. Identify the specific traffic related problems the Tribe is experiencing on the reservation. Applicant should provide a narrative of what they would like to grain from the training.

TRAVEL EXPENSES & REGISTRATION FEE ASSISTANCE:

Indicate the city and state training will take place along with the dates. Applicant must sign and date the application along with obtaining supervisory approval. Indirect Cost Rate Letter and approved Travel & Training Form is required with submission of this form.

TERMS CONDITIONS AND RESPONSIBILIITES:

Each condition **MUST** be initialed. Applications received without initials, signature, and date **will not** be considered for funding. Do not leave any field blank in the application. Authorizing official must sign and date the form prior to submission.

Questions and grant applications along with attachments can be e-mailed to:
ojs_indian_highway_safety@bia.gov

OMB Control No. 1076-0190
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Bureau of Indian Affairs - Office of Justice Services
Indian Highway Safety Program

Indian Highway Safety Grant Application

TRIBES INFORMATION:

Tribe Name: _____

Tribal Leader Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

FedEx Address: _____

City: _____ State: _____ Zip Code: _____

DUNS/UEI: _____ SAM Cage Code: _____

APPLICANT INFORMATION:

First Name: _____ Last Name: _____

Job Title: _____ Department: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

Office Address: _____

City: _____ State: _____ Zip Code: _____

Tribal Program Representing (check one below):

☐ Traffic Safety Planning ☐ Law Enforcement ☐ Courts ☐ Other: _____

Training Opportunities: ☐ Lifesavers Conference ☐ IHSP Grant Writing Training

☐ Other Traffic Conference: _____

BIA IHSP will provide Training Announcements for session allowable under the IHSP Grants

TRAFFIC DATA INFORMATION:

In order to apply for a grant a data breakdown utilizing the most recent fiscal year data available for the reservation is required.

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

TRIBAL STATUTES AND ENFORCEMENT STATISTICS:

Does the Tribe have a:

impaired driving law? ☐ Yes ☐ No

seat belt law? ☐ Yes ☐ No

child safety seat law? ☐ Yes ☐ No

OMB Control No. 1076-0190
Expiration Date 11/30/2024

PROBLEM STATEMENT:

Provide a narrative on the traffic issues the federally recognized tribe you work for is currently experiencing.

Provide a narrative of the goal which you wish to achieve by attending training listed in this application.

TRAVEL EXPENSES & REGISTRATION FEE ASSISTANCE:

Complete the attached Travel/Training form to reflect the requested budget for registration fees and travel expenses and submit it with this form by the deadline date in the BIA IHSP Training Announcement. Registration and travel expense reimbursements are based on actual travel costs, not to exceed the federal travel regulations rate for:

_____ _____
(City, State of Training) Dates of Training

I understand Travel will be reimbursed at the normal tribal rate not to exceed the federal travel regulations.

_____ _____
Applicant Signature Date

I certify the applicant has received approval, and is available to attend the _____ if the grant is awarded.
(Course Name)

_____ _____ _____
Supervisor Signature Date Supervisor's Name (Print)

Does the Tribe have an approved Indirect Cost Rate letter? ☐ Yes ☐ No

If yes, attach a copy of the Tribes approved Indirect Cost Rate letter.

TERMS CONDITIONS AND RESPONSIBILITIES:

Read and check to acknowledge each of the items listed. Applications received without checked boxes to acknowledge this section will be considered incomplete and will not be eligible for funding.

- ☐ Requests for reimbursements with required supporting travel documents, receipts, and trip report must be submitted to the BIA IHSP.
- ☐ Tribe understands the BIA IHSP is a REIMBURSABLE grant program.
- ☐ The Tribe must expend their funds and seek reimbursement based upon an approved budget and application.
- ☐ All travel must be approved in advance by the BIA IHSP.
- ☐ 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.
- ☐ Approved Indirect Cost Rate Letter is attached. If not attached the application is incomplete.
- ☐ Tribes participating in the federal grant processes must comply with the Single Audit Act of 1984.

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:_____ Title: _____

E-mail completed and signed registration form and attachments to:
ojs_indian_highway_safety@bia.gov

The BIA IHSP staff is available, Monday - Friday from 8:00 AM -5:00 PM MST, to answer questions at (505)563-3764.

Bureau of Indian Affairs - Office of Justice Services
Indian Highway Safety Program

OMB Control No. 1076-0190
Expiration Date 11/30/2024

TRAVEL & TRAINING AUTHORIZATION FORM

REVISED 09/2019

Traveler: _____ Title: _____

Tribe: _____ Project Number: _____

Phone Number: _____ E-Mail Address: _____

TRAINING REQUEST

Course Title: _____

Start Date: _____

End Date: _____

Training Location: _____
(City, State)

Registration Fee: _____

Travel required ☐ Yes ☐ No

Which grant target(s) does this training relate to?

☐#1 ☐#2 ☐#3 ☐#4 ☐#5

Which grant strategies does this training apply to?

TRAVEL REQUEST

Purpose: _____

Start Date: _____

End Date: _____

I certify travel:

☐ Yes ☐No is outside a 50 mile radius of my duty station

☐ Yes ☐No exceeds 12 hours

Travel will be reimbursed at the tribal rate not to exceed the federal travel regulations

	Daily Tribal Rate:	Daily Federal Rate:	Total Request:
Lodging:	$_____	$_____	$_____
Per Diem:	$_____	$_____	$_____

Travel Expenses ***(Enter Estimated Costs Below)***

Airfare: _____

Luggage Fees: _____

Airport Parking: _____

Lodging Taxes: _____

Taxi Fare/Shuttle: _____

POV Mileage: _____ miles @

$_____ cents per mile = _____ $ 0.00

Mileage rates can be found at: http://www.gsa.gov/portal/category/26429

Total Estimated Travel Costs: _____

Quote & comparison must be attached for Rental Car/ POV

Rental Car/ POV: _____

I understand that this information is being submitted to support a claim against a federally funded grant program. False statements on this form may be prosecutable under 18 USC 1001. The information on this form is true, correct, and complete to the best of my knowledge and ability.

_____ _____ _____ _____

Traveler/ Trainee's Signature Date Chief of Police (PTS)/ Supervisor Signature (CPS) Date

_____

Chief of Police/ Supervisor Name (Print)

_____ _____

BIA Indian Highway Safety Program Date ☐Approved ☐Disapproved

Reason for Denial: _____

_____

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, which expires 11/30/2024.

Estimated Burden Statement: We estimate the application will take you 120 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.