Indian Highway Safety Program Grant Proposal Guidelines

Description:

The Bureau of Indian Affairs(BIA), Office of Justice Services (OJS), Indian Highway Safety Program (IHSP) solicits proposals for implementing traffic safety programs and projects which are designed to reduce the number of traffic crashes, deaths, injuries and property damage within these populations. Indian Highway Safety Grants are reimbursable grants available to federally recognized tribes. Proposals are being solicited for the following program areas:

1. **Impaired Driving**: Programs directed at reducing injuries and death attributed to impaired driving on the reservations such as: selective traffic enforcement programs (STEP) to apprehend impaired drivers, specialized law enforcement training (such as standardized field sobriety testing), public information programs on alcohol/other drug use and driving, education programs for convicted DWI/DUI offenders, youth alcohol education programs promoting traffic safety, DUI/Impaired driving courts, and programs or projects directed toward judicial training. Proposals for projects that enhance the development and implementation of innovative programs to combat impaired driving are also solicited.

2. **Occupant Protection:** Programs directed at decreasing injuries and deaths attributed to the lack of safety belt and child restraint usage such as: surveys to determine usage rates and to identify high-risk non-users, comprehensive programs to promote correct usage of child safety seats and other occupant restraints, enforcement of safety belt ordinances or laws, specialized training (e.g., Operation Kids, traffic occupant protection strategies (TOPS), Standardized Child Passenger Safety Technician Training), and evaluations.

3. **Traffic Records:** Programs to help Tribes develop or update electronic traffic records systems which will assist with analysis of crash information, causational factors, and support joint efforts with other agencies to improve the Tribe's traffic records system.

Proposals received will be reviewed and selected on a competitive basis.

DATES: Proposals for program and/or project funds must be received on or before ***March 16, 2018***. Applications not received by the IHSP by close of business on March 16, 2018, will not be considered and will be returned unopened. This notice informs qualified applicants of the application procedures for Federal Fiscal Year 2018.

ADDRESS: To apply, each Tribe must submit its application packet to the Bureau of Indian Affairs, Office of Justice Services, Attention: Indian Highway Safety Program Director, 1001 Indian School Rd. NE, Suite 251, Albuquerque, NM 87104. Grant applications can also be sent by e-mail to ojs_indian_highway_safety@bia.gov

FOR FURTHER INFORMATION CONTACT: Tribes should direct questions for proposals to: Ms. Kimberly Belone, Indian Highway Safety Program, 1001 Indian School Rd. NE, Suite 251, Albuquerque, NM 87104; telephone (505) 563-3900.

How to Prepare an Application for Indian Highway Safety Funding:

A completed Indian Highway Safety grant proposal must contain each of the following mandatory components (described in detail below):

1. A current tribal resolution authorizing the proposed project.
2. The proposal must identify the tribes traffic problem, and the goal the attendee would like to achieve in attending the Lifesavers Conference.
3. A detailed budget estimate.
4. Indirect Cost Rate Letter.
5. Application for Federal Assistance SF-424.

A funding request that does not contain all these mandatory components will be considered incomplete and returned to the tribe with an explanation. An applicant whose proposal is returned for this reason will be allowed to address the lack of completeness and resubmit its proposal for consideration, provided all issues are resolved and proposals is submitted before the application deadline listed under DATES, above. IHSP grant proposals should also identify and include contact information for a representative to oversee the project work, make authorized decisions during the course of the project, and be responsible for submitting quarterly and final progress reports as discussed later in the announcement.

1) **Mandatory Component 1: Tribal Resolution**
   IHSP Grants
   i. Tribal application: If a tribe is applying a tribal resolution must be current, signed, and on tribal letterhead.
   ii. The tribal resolution must specify the fiscal year for which the IHSP project and grant proposal are intended for.
   iii. A tribal resolution recognizing and approving an existing relationship with the IHSP which has not been rescinded will be acceptable with current tribal acknowledgement.
2) **Mandatory Component 2: IHSP Proposal**
   IHSP grant proposals must be as brief and clear as possible, with traffic problem statement, traffic targets, strategies statement, and identify the type of law enforcement grant the tribe is applying for.
   i. Tribal application: Highway traffic safety problems shall be based upon accurate Tribal data. Data should be complete and accurate and should show problems and/or trends. This data should be available in the Tribal enforcement traffic crash records and /or medical records.
   ii. Tribal application: The goal the attendee would like to achieve by attending the Lifesavers Conference and the attendees position in relation to traffic safety/enforcement, occupant protection.

iii. Tribal application: Identify the type of grant the tribe is applying for.
Lifesavers Conference Grants offer the following:

Lifesavers grants provide:

- Training Registration Fee
- Travel expenses
- Indirect cost rate reimbursement

Applicant may use appendices for supplemental material such as:

- An overview of the tribe's location, population, acres, square miles, and total road miles.
- Indicate if the tribe received a traffic safety grant prior to FY19; indicate if there is a current a traffic safety grant in place funded by another agency, and if the tribe reports motor vehicle fatalities and crashes to the state.
- Indicate if the tribe has a traffic code, impaired driving and seat belt laws date with dates they became effective.

3) **Mandatory Component 3: Detailed Budget Estimate**
The IHSP budget must be sufficiently detailed to afford IHSP staff a reasonable understanding of all elements of the project proposal, plus the relative emphasis placed on each element. Budget details should reflect all reasonably anticipated costs and contingencies, be internally consistent with the rest of the proposal, and allow the review panel to analyze the benefits of all project components. The budget breakdown and organization must indicate the IHSP project proposal has been closely considered, and would neither waste funds nor fail to support important project elements.
   a) Travel and Training Estimates: Provide estimates for airfare, lodging, and per diem based on the current federal government per diem schedule for the applicable region of the country and time of travel. Provide estimates for training, by course name, registration fee and number of employees to be trained. All travel and training must be needed in order to properly execute and carry out the grant.
   b) Indirect Costs Rate: Provide a budget for indirect cost rate based on allowable costs associated with the rate. The tribes most recent approved Indirect Cost Rate Letter must be attached to the proposal.
   c) Budget Line Items totals: Identify each line item requested on a separate sheet and provide a grand total for each line item along with a grant total budget request.
4) **Mandatory Component 4: Indirect Cost Rate**
The tribes most recent approved Indirect Cost Rate Letter must be attached to be reimbursed indirect cost.
5) **Mandatory Component 5: Application for Federal Assistance (SF-424)**
Application for Federal Assistance SF-424 must be completed and attached to the application packet.

Application Evaluation and Administrative Information

1) Administrative Review: Upon receiving an IHSP grant proposal, IHSP will perform a preliminary review to determine if it contains the four mandatory components and appears to have enough technical information to permit an evaluation.
2) Selection Criteria: IHSP Director will review the Lifesavers grant proposal to determine award.

3) Notification of the Selection: Once the selection committee concludes its evaluation, IHSP will notify those tribes it recommends for participation and funding by letter. Upon notification, each selected tribe must provide a duly authorized tribal resolution. The resolution must be on file before grant funds can be expended by or reimbursed to the tribe.

4) Notification of Non-Selection: The Program Director will notify each tribe of non-selection.

Submission of Application in Digital Format

If preferred, the entire IHSP grant proposal with budget and appendices can be submitted in digital form (Adobe Acrobat PDF or Microsoft Word). Unless specifically approved in advanced by IHSP, applicants should break down application submission in to three separate files: 1) IHSP Proposal; 2) Tribal Resolution; 3) Budget and Appendices. Please include "FY18 Grant Proposal: (Tribal Name)" in subject area in all electronic submission (e-mail).

An applicant who is unable to submit their proposal electronically may send by U.S. Mail. See DATES and ADDRESS sections.

When to Submit:

IHSP will accept proposals any time before the deadline stated in the DATES section of this notice, and will send a notification of receipt to the return address on the application package, along with a determination of whether or not the application is complete. IHSP grant proposals submitted electronically will receive prompt reply indicating if the application was received and readable.

Where to submit:

IHSP will accept the application at the locations stated in the ADDRESS section of this notice.

OMB Number: 4040-0004
Expiration Date: 10/31/2019

Application for Federal Assistance SF-424

* 1. Type of Submission:
- [ ] Preapplication
- [ ] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [ ] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

* b. Employer/Taxpayer Identification Number (EIN/TIN):

* c. Organizational DUNS:

d. Address:

* Street1:

Street2:

* City:

County/Parish:

* State:

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code:

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

Title:

Organizational Affiliation:

* Telephone Number:

Fax Number:

* Email:

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment | Delete Attachment | View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant * b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: * b. End Date:

18. Estimated Funding ($):

* a. Federal	
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☐ a. This application was made available to the State under the Executive Order 12372 Process for review on .

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

☐ Yes ☐ No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

☐ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed: