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

Instructions for Completion of Bureau of Indian Affairs Indian Highway Safety Program Law Enforcement Grant Application

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, motor vehicle crash fatalities, injuries and property damage within Indian Country. These 402 funds are intended to supplement an existing traffic safety program on the reservation.

The Bureau of Indian Affairs (BIA) Office of Justice Services (OJS) Indian Highway Safety Program (IHSP) offers data driven performance based grant opportunities. Tribes can apply for straight time or overtime hour law enforcement grants with this application; use the drop down menu to select the grant the Tribe is interested in applying for. A traffic safety problem **must be** identified; all applications must contain measurable targets/performance measures, and be justified by confirm-able data**.** Insufficient data to justify a traffic safety problem will significantly reduce the possibility of funding for the tribe. Complete the application in its entirety; do not leave any blank spaces/fields.

IHSP grants are funded in the form of reimbursements. Tribes must first expend their funds and submit documentation for reconciliation and reimbursement 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 IHSP 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 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

Indian Highway Safety Law Enforcement
Grant Application Instructions

APPLICATION CHECKLIST

Use the checklist to gather documents required for submission of the grant application. Initial the Terms, Conditions, Responsibilities, sign and date page 13. Attach Tribal Resolution (Draft or Final), and the Tribe's most recent approved Indirect Cost Rate Letter. Check the box if the Tribes A-133 Audit is current. Attach a Linear Trend Analysis for **each** target/performance measure with the grant application. Sign the Application Check List and save all attachments as a PDF file.

GRANT TYPE:

Place a check next to the type of grant the Tribe is interested in applying for: Straight Time Hours Grant, Overtime Hours Grant, or Highway Safety Specialist Grant.

Straight-time Hours:

- Highway Safety Officer Hours
- Overtime Hours
- Fringe Benefits
- GSA Lease/Mileage
- Training
- Travel
- Indirect Cost Rate
- Equipment
- Media & Bill Board Rental

Overtime Hours:

- Overtime Hours
- Fringe Benefits
- Mileage
- Training
- Travel
- Indirect Cost Rate
- Equipment
- Media & Bill Board Rental

Highway Safety Specialist Grant

- Salary
- Overtime Hours
- Fringe Benefits
- GSA Lease/Mileage
- Training
- Travel
- Indirect Cost Rate
- Equipment
- Media & Bill Board Rental

FISCAL GRANT YEAR:

Indicate the grant year the application is being submitted for.

Example: Federal grant year cycle for FY22 begins on October 1, 2021 - September 30, 2022

SECTION A: General Information

Tribes Information:

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

Person completing the form:

Provide the Name, Title, Office/Department, Phone and Fax Number along with an E-Mail Address of the person completing the application. If any questions arise on the application the BIA IHSP will contact the person listed.

Tribal Grant Coordinator:

Provide the Name, Title, E-Mail Address, Office/Department, Address, Phone and Fax Number of the person completing the application. The Tribal Grant Coordinator is the person responsible for grant administration and the main point of contact for the grant.

Grant History:

Indicate if the Tribe has received federal funding from the BIA IHSP, other federal agencies, and/or state(s) focused in traffic safety.

Reservation Information:

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

Tribal Police Department Information:

Provide the Name of the Chief of Police, Phone and Fax Number, E-Mail Address, Address. Enter the number of police officers in the department, and how many work traffic. Place a check in the box if officers have the authority to conduct checkpoints. Place a check in the box if officers have cross commissions with law enforcement agencies and list them.

SECTION B: Data.

Traffic Data Information:

Check the appropriate box indicating if the Tribe utilizes a software system to collect traffic enforcement & crash statistics. If so, identify the type of software.

Place a check in the appropriate box in regards to reporting crashes or other traffic data to the states. 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.
- has an impaired driving law. If yes identify the B.A.C. level (0.08 or 0.10).
- has a seat belt law. If yes, check the box indicating if it is a primary or secondary law.
- issues written warning for traffic violations. If yes, provide the total number 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. Insufficient data will significantly reduce chance of funding. Use most recent fiscal year data available for traffic statistics in the table provided. Statistics must come from a confirm-able source. Tribal, State and local sources can be utilized and should be subjective to the reservation not general overall to the area if possible.

Example: If the tribe is applying or an FY2023 grant the use data from FY2021 (October 1, 2020 - September 30, 2021).

List the type of roads, the day of the week, and time crashes occurred. This information will assist in determining what day and time the most crashes occurred.

SECTION C: Targets, Performance Measures and Strategies

Problem Statement:

Providing a problem statement is essential in determining if a Tribe will receive an Indian Highway Safety Grant. Confirmable data is required to support the statement. Identify the specific traffic related problems the Tribe is experiencing on the reservation. Use traffic data from page 4 along with data from the Linear Trend Analysis to assist in identifying the traffic problem(s). Three years of data can be used to strengthen the problem statement for a specific traffic problem to show it exists.

Example:

"The _____ Tribe has identified ***speeding*** as a major traffic problem on the reservation roadways. In FY19 there were 230 speeding citations issued and in FY20 there were 200 citations issued and in FY21 199 citations were issued by the Tribal Police Department.

By indicating the number of speeding citations, warnings, speed related motor vehicle crash fatalities and crashes tribal police officers responded to in the 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. Use the **Linear Trend Analysis** tool to assist in completing this section. The mandatory targets listed below should be addressed in the tribes problem statement.

Motor Vehicle Crash Fatalities (MVCF) & Motor Vehicle Crashes (MVC):

MVCF & MVC previous FY data and projected data is required. Targets can be maintained or reduced from the previous years number.

DUI Arrests, Speeding, and Traffic Citations:

DUI Arrests, Speeding, and Traffic Citations FY data and projected data is required. Targets can be maintained or increased from the previous years number.

Linear Trend Analysis Tool: (EXCEL Spreadsheet)

Linear Trend Analysis Tool, excel spreadsheet, is provided to assist the Tribe in determining projected targets to meet at the end of the grant year. The targets are based off 4-5 years of prior statistics for each target, if available. Once the number of years has been determined each projected target/performance measure should also be based on the same number of years chosen.

Example: If the tribe has traffic data going back 5 years from FY2017 - FY2021 for motor vehicle fatalities then the same number of years of data muse be used for the rest of the targets available. Such as MVCF, MVC, DUI Arrests, Speeding, and Traffic Citations.

Strategies:

Check 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 checkpoints 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 check "Yes".

Strategies Statement:

Question to help develop the Strategies Statement:

Explain how does the Tribal Police Department plans to combat the traffic problem(s) identified in the problem statement and accomplish target/performance measure goals. Use the strategies boxes checked to accomplish this.

SECTION D: Budget

Training:

Training requested in this section must be traffic safety/enforcement related and needed to properly execute the grant requested. All training requested must relate to a traffic problem identified in the problem ID statement and assist in resolving a target/performance measure. Provide the number of officers to be trained along with tuition fees and travel costs.

***Example:** In the **previous Problem Statement** (PG I-4)the tribe has **identified speeding** as the traffic safety problem on the reservation. Speeding is also a mandatory target.*

Training Course:	# To Be Trained:	Total Tuition:	Estimated Travel Cost:
Radar/Lidar Certification	2	$600.00	$1,500.00

How will this training assist with the traffic problem identified in the problem ID?
Radar/Lidar Certification relates to the speeding problem identified in the problem ID. This training will assist getting officer certified in monitoring speed.

Applies to target # 3 How will this training assist in achieving this target?
Training will assist in increasing the number of speed citations issued along with reducing speed related crashes and fatalities

Training requested in this section does 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. Basic Police Academy Training and non-traffic related training IS NOT allowable for reimbursement under this grant.

Equipment:

Federal guidelines require equipment requests to be necessary for the project and not for general purpose use. Equipment must be essential for meeting and achieving the targets/ performance measures and outlined in the problem ID of the proposed project. In this section, identify equipment, quantity, and costs along with a justification request.

***Example:** In the **previous Problem Statement** (PG I-4)the tribe has **identified speeding** as the traffic safety problem on the reservation. Speeding is also a mandatory target.*

Equipment: Radar/Lidar Cost Per Item 2 Quantity: $1,184.00 Total: $2,368.00

How will this equipment assist with the traffic problem identified in the problem ID?
The purchase of 2 Radar/Lidars will assist in monitoring the speed problem within the reservation boundaries.

Applies to target #: 4 How will this equipment be used to assist in achieving a target?
Radar/Lidars will assist in issuing speed citations to exceed the FY22 targets.

Software:

Identify the software the tribe would like to request for the success of the program. State how the software will assist in achieving the targets/performance measures identified in the problem ID statement.

Personnel:

Tribal Finance Officer should assist in completing this page by providing their e-mail address, and telephone number. IHSP grant funds are for performing highway traffic enforcement/

safety activities, not for hiring full-time tribal law enforcement. Therefore, grant application must specify hours of eligible activity required to perform the project. The Law Enforcement grants will reimburse hours of eligible activity which includes compensation for time spent on the activity and a corresponding proportional share of fringe benefits (i.e. those fringe benefits earned during the hours performing activity under a BIA IHSP funded grant). Benefits Percentage, and Total Fringe Benefits. This guidance applies to straight time and overtime hours grants.

GSA Vehicle Lease/Mileage and Overtime Mileage:

Tribes applying for a straight time hours grant who will have a GSA Lease in place will complete the following fields: Vehicle Type, Monthly Lease Amount, Monthly Lease Fee, and Estimated Monthly Mileage, Rate Per Mile, Monthly Total, Months (12) and yearly total. The GSA Lease indicates the vehicle type and should list a mileage rate on the invoice or within the contract. Straight time and overtime hour 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.

Office Supplies:

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

Media:

Enter a budget for newspaper, and radio ads, along with bill board rentals 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 IDC Letter if submitted with the application. Check the appropriate boxes IDC can be applied to in accordance with the most recent signed approved IDC Letter.

Budget Line Item Tools:

Enter the grand totals from the previous for line item total budget.

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.)

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 field blank in the application.

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

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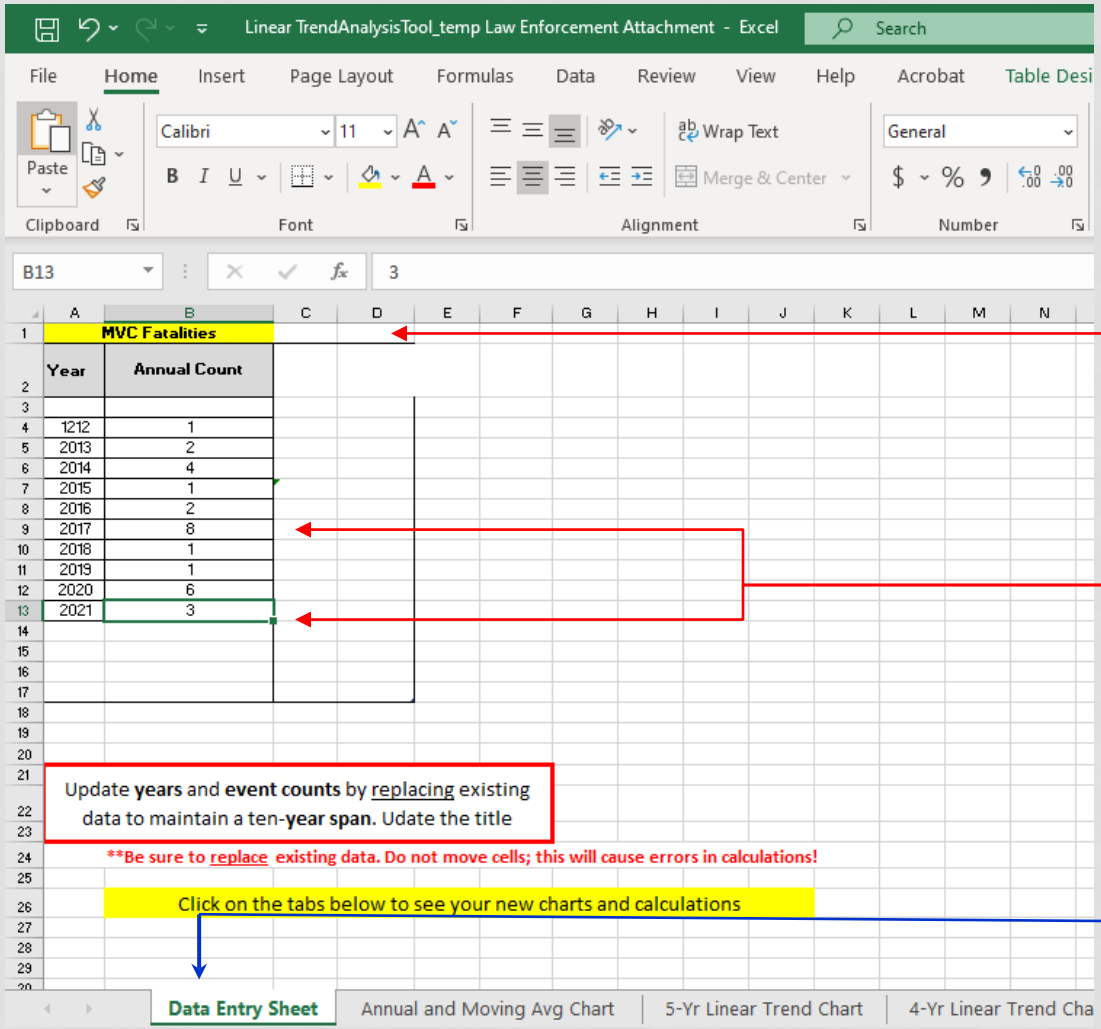
Bureau of Indian Affairs
Office of Justice Services
Indian Highway Safety Program

LINEAR TREND ANALYSIS



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LINEAR TREND ANALYSIS



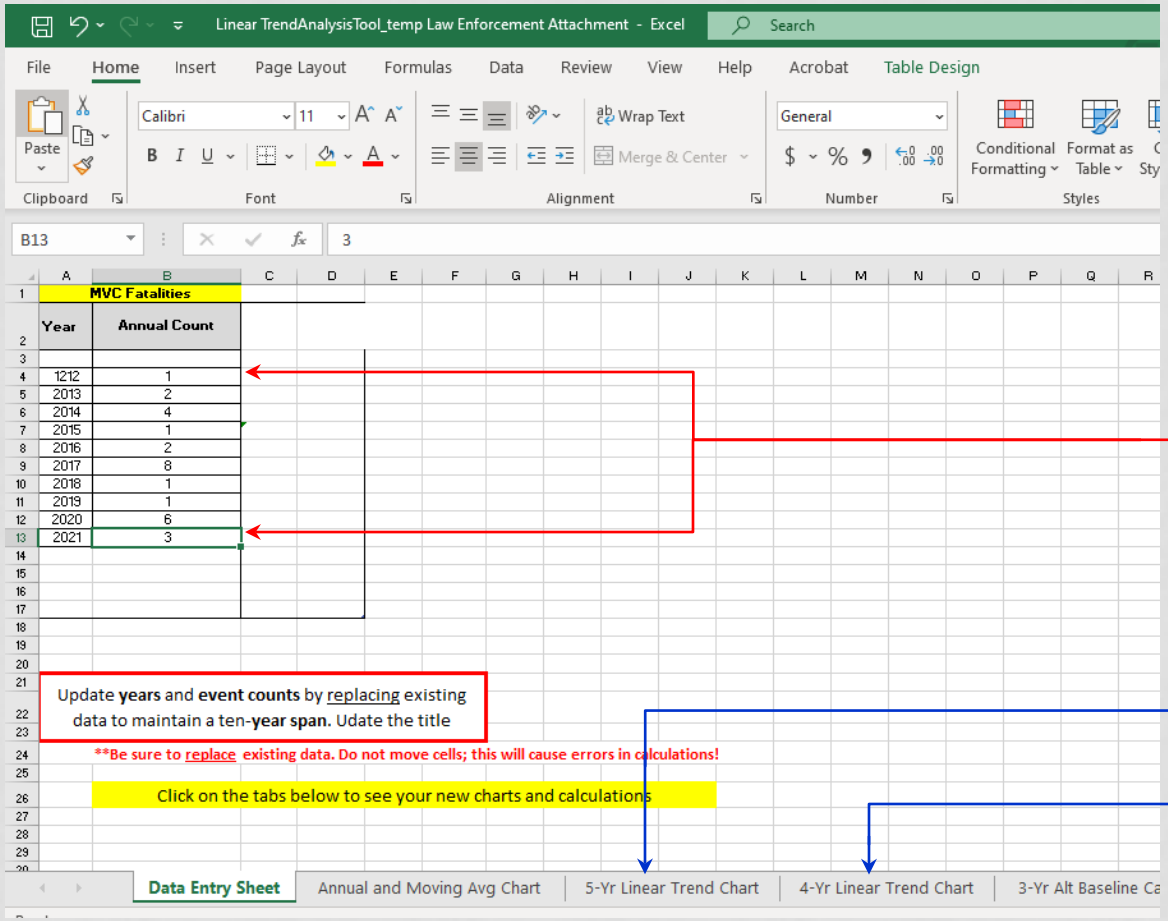
Type the title of the performance measure selected from Section C in this box

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



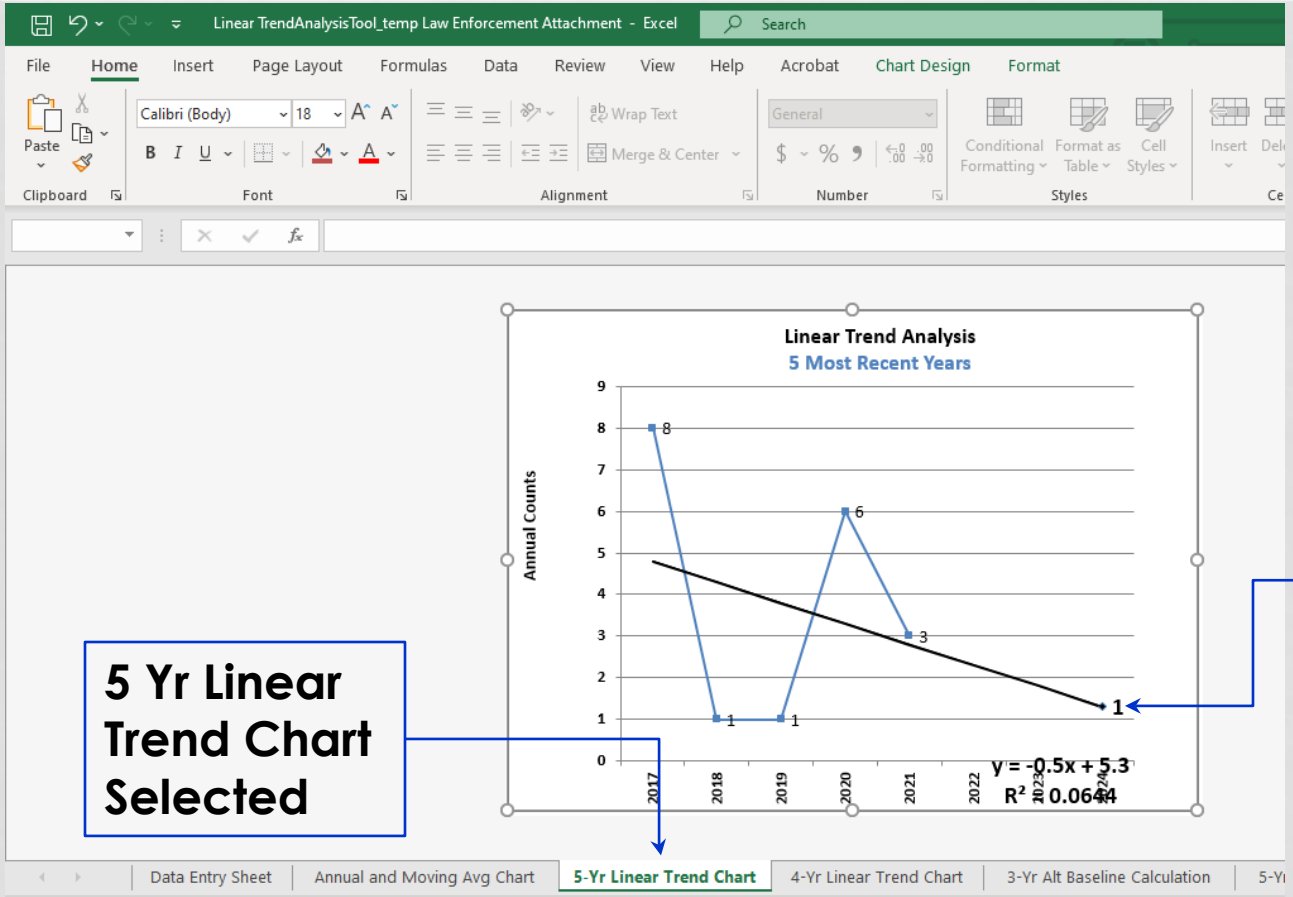
Once the data is entered for 4 or 5 years, select a tab below

5 year's of data tab

4 year's of data tab

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LINEAR TREND ANALYSIS

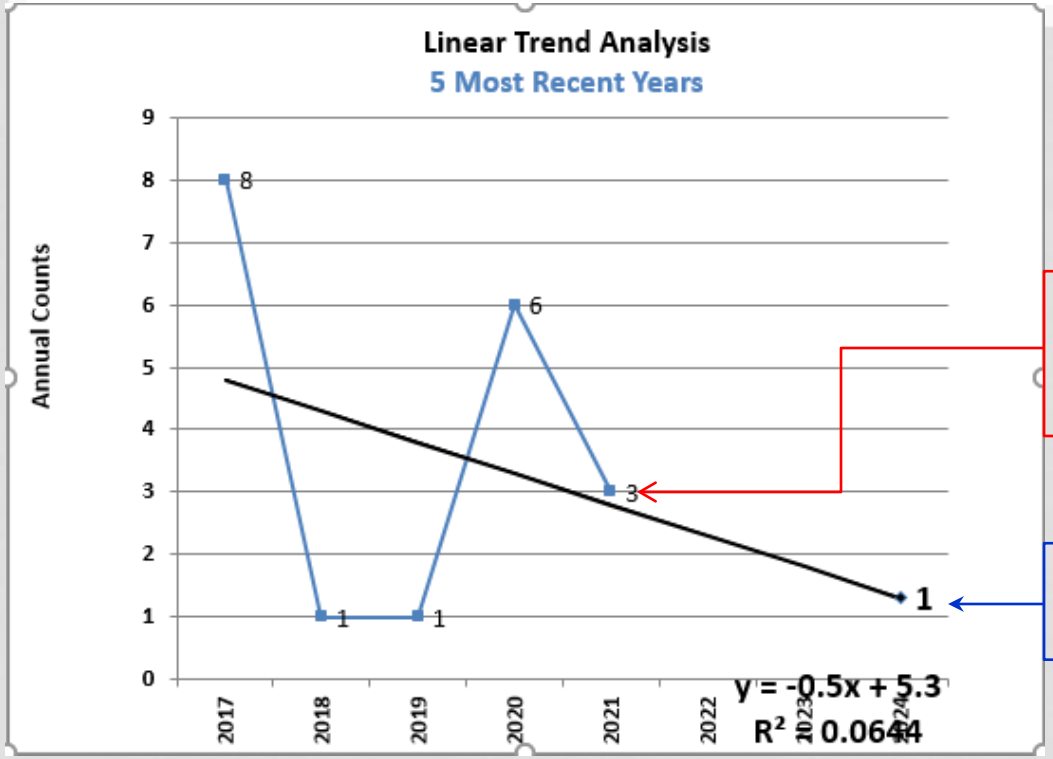


5 Yr Linear Trend Chart Selected

The linear trend for the 5 most recent years (2017 to 2023 data) reflects 1

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LINEAR TREND ANALYSIS



The chart reflects 3 fatalities in 2021; from the data entered on the Data Entry Sheet Tab

Based on the data entered the target goal for FY23 is 1

- Section C. Targets/Performance Measures Strategies

  1. To reduce the number of MVC fatalities by **66%** from the FY2021 number of **3** to **1** by the end of FY2023.

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

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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)563-3139.
- The BIA IHSP highly encourages a representative from the tribe to attend Grant Writing Training for more hands-on technical assistance.

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

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 each target is 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: ☐ Straight Time Hours Grant ☐ Overtime Hours Grant ☐ Highway Safety Specialist Grant

Each section of this grant application must be completed, do not leave any fields blank. **Fiscal Year Applying For:**_____

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/ UEI: _____ 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:_____

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

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:			
	seat belt citations *(A-1)*		DUI/DWI/OWI arrests? *(A-2)*
	child safety seat citations		speed citations *(A-3)*
	traffic citations issued (excluding speed & DUI)		
MOTOR VEHICLE FATALITIES AND CRASHES			
Total number of:			
	traffic fatalities *(C-1)*		motor vehicle crashes
	unrestrained passenger vehicle occupant fatalities, all seat positions *(C-4)*		serious injuries in traffic crashes *(C-2)*
	motor vehicle fatalities involving a driver with a BAC of .08 g/dl or higher *(C-5)*		crashes involving alcohol?
			crashes involving speed
	speed related fatalities *(C-6)*		single vehicle crashes
	motorcyclist fatalities *(C-7)*		property damage crashes
	un-helmeted motorcyclist fatalities *(C-8)*		crashes involving two or more vehicles
	drivers 20 or < involved in fatal crashes (C-9)		crashes involving motorcyclists
	pedestrian fatalities *(C-10)*		crashes involving bicyclists
	bicyclist fatalities *(C-11)*		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

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 awarded.

ATTACH AN ADDITIONAL PAGE IF NECESSARY

TARGETS (PERFORMANCE MEASURES):

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 1-5 are mandatory for all Law Enforcement Grant Programs**

Please use the **trend analysis tool** to determine the FY_____ 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 reduce **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_____number of _____ to _____ by the end of FY_____.

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?

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 to carry out and/or operate the grant.

TRAINING/TRAVEL

Use the dropdown menu to select traffic related training the Police Department is interested in and complete all fields that apply to the course. All training must be traffic related, assist in achieving one of the targets and coincide with a traffic problem identified in the problem ID.

Training Course:	# To Be Trained:	Total Tuition:	Estimated Travel Cost:
BIA IHSP Program Management Training (Mandatory)			

How will this training assist with the traffic problem identified in the problem ID?

Applies to target #: _____ How will this training assist in achieving this target?

Training Course:	# To Be Trained:	Total Tuition:	Estimated Travel Cost:
Select One			

How will this training assist with the traffic problem identified in the problem ID?

Applies to target #: _____ How will this training assist in achieving this target?

Training Course:	# To Be Trained:	Total Tuition:	Estimated Travel Cost:

How will this training assist with the traffic problem identified in the problem ID?

Applies to target #: _____ How will this training assist in achieving this target?

Grand Total Training & Travel Request: _____

ADD ADDITIONAL PAGE IF NECESSARY

EQUIPMENT

Enter the equipment needed carry out/accomplish the targets, and strategies of the grant. Complete the fields below and answer each question. Equipment requested must be traffic related.

Equipment:_____ Cost per item:_____ Quantity: _____ Total: $ 0.00
How will this equipment assist with the traffic problem identified in the problem ID?

Applies to target #:_____ How will this equipment be used to assist in achieving a target?

Equipment:_____ Cost per item:_____ Quantity: _____ Total: $ 0.00
How will this equipment assist with the traffic problem identified in the problem ID?

Applies to target #:_____ How will this equipment be used to assist in achieving a target?

Equipment:_____ Cost per item:_____ Quantity: _____ Total: $ 0.00
How will this equipment assist with the traffic problem identified in the problem ID?

Applies to target #:_____ How will this equipment be used to assist in achieving a target?

Equipment:_____ Cost per item:_____ Quantity: _____ Total: $ 0.00
How will this equipment assist with the traffic problem identified in the problem ID?

Applies to target #:_____ How will this equipment be used to assist in achieving a target?

Grand Total Equipment: _____

SOFTWARE: Identify the specialty software needed to carry out the grant with its purpose and anticipated use.

Software:_____ Cost per item:_____ Quantity: _____ Total: $ 0.00
How does this software request assist in meeting the needs of the grant?

Software:_____ Cost per item:_____ Quantity: _____ Total: $ 0.00
How does this software request assist in meeting the needs of the grant?

Grand Total Software: _____

ADD ADDITIONAL PAGE IF NECESSARY

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 operate the grant. Budgets must support the grant proposed; be as reasonable as possible. ***Must be completed by Tribes Finance Officer.***

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: _____
Straight Time Hourly Rate: _____
Overtime Hourly Rate: _____
Number of Activity Hours: _____
Number of Overtime ActivityHours: _____
Total Salary: $ 0.00
Total Overtime Salary: $ 0.00
Fringe Benefit %: _____
Total Fringe Benefit: _____

Personnel: Choose an Item

Percent of Time: _____
Straight Time Hourly Rate: _____
Overtime Hourly Rate: _____
Number of Activity Hours: _____
Number of Overtime ActivityHours: _____
Total Salary: $ 0.00
Total Overtime Salary: $ 0.00
Fringe Benefit %: _____
Total Fringe Benefit: _____

Personnel: Choose an Item

Percent of Time: _____
Straight Time Hourly Rate: _____
Overtime Hourly Rate: _____
Number of Activity Hours: _____
Number of Overtime ActivityHours: _____
Total Salary: $ 0.00
Total Overtime Salary: $ 0.00
Fringe Benefit %: _____
Total Fringe Benefit: _____

Personnel: Choose an Item

Percent of Time: _____
Straight Time Hourly Rate: _____
Overtime Hourly Rate: _____
Number of Activity Hours: _____
Number of Overtime ActivityHours: _____
Total Salary: $ 0.00
Total Overtime Salary: $ 0.00
Fringe Benefit %: _____
Total Fringe Benefit: _____

Personnel: Choose an Item

Percent of Time: _____
Straight Time Hourly Rate: _____
Overtime Hourly Rate: _____
Number of Activity Hours: _____
Number of Overtime ActivityHours: _____
Total Salary: $ 0.00
Total Overtime Salary: $ 0.00
Fringe Benefit %: _____
Total Fringe Benefit: _____

Personnel: Choose an Item

Percent of Time: _____
Straight Time Hourly Rate: _____
Overtime Hourly Rate: _____
Number of Activity Hours: _____
Number of Overtime ActivityHours: _____
Total Salary: $ 0.00
Total Overtime Salary: $ 0.00
Fringe Benefit %: _____
Total Fringe Benefit: _____

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

GSA VEHICLE LEASE: GSA Lease is allowable, if needed, for officers designated to work under **straight time hours** grant for 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.

Vehicle Type: _____

Monthly Costs

Lease Amount: _____
Lease Fee: _____
Estimated Mileage: _____
Rate Per Mile: _____
Monthly Total: _____
Number of Months: _____
Yearly Total: _____

Vehicle Type: _____

Monthly Costs

Lease Amount: _____
Lease: Fee: _____
Estimated Mileage: _____
Rate Per Mile: _____
Monthly Total: _____
Number of Months: _____
Yearly Total: _____

Vehicle Type: _____

Monthly Costs

Lease Amount: _____
Lease Fee: _____
Estimated Mileage: _____
Rate Per Mile: _____
Monthly Total: _____
Number of Months: _____
Yearly Total: _____

Vehicle Type: _____

Monthly Costs

Lease Amount: _____
Lease Fee: _____
Estimated Mileage: _____
Rate Per Mile: _____
Monthly Total: _____
Number of Months: _____
Yearly Total: _____

Grand Total GSA Lease/Mileage: _____

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

Office Supply: _____
Item Cost: _____
QTY: _____
Total: $ 0.00

Office Supply: _____
Item Cost: _____
QTY: _____
Total: $ 0.00

Office Supply: _____
Item Cost: _____
QTY: _____
Total: $ 0.00

Office Supply: _____
Item Cost: _____
QTY: _____
Total: $ 0.00

Grand Total for Supplies: _____

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
- ☐ Supplies

BUDGET LINE ITEM GRAND TOTALS:

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

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.

ATTACH AN ADDITIONAL PAGE IF NECESSARY

SECTION F. 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 (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 activity hours, 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: _____

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 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, Indian Affairs 1001 Indian School Road NW, Suite 229, Albuquerque, New Mexico 87104.