



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](mailto:ojs_indian_highway_safety@bia.gov) or submitted by mail to:

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

## 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. 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:	Overtime Hours:	Highway Safety Specialist Grant
<ul style="list-style-type: none"><li>• Traffic Officer Activity Hours</li><li>• Overtime Hours</li><li>• Fringe Benefits</li><li>• GSA Lease/Mileage</li><li>• Training</li><li>• Travel</li><li>• Indirect Cost Rate</li><li>• Equipment</li><li>• Media &amp; Bill Board Rental</li></ul>	<ul style="list-style-type: none"><li>• Overtime Hours</li><li>• Fringe Benefits</li><li>• Mileage</li><li>• Training</li><li>• Travel</li><li>• Indirect Cost Rate</li><li>• Equipment</li><li>• Media &amp; Bill Board Rental</li></ul>	<ul style="list-style-type: none"><li>• Salary</li><li>• Overtime Hours</li><li>• Fringe Benefits</li><li>• GSA Lease/Mileage</li><li>• Training</li><li>• Travel</li><li>• Indirect Cost Rate</li><li>• Equipment</li><li>• Media &amp; Bill Board Rental</li></ul>

### FISCAL GRANT YEAR:

Indicate the grant year the application is being submitted for.

Example: Federal grant year cycle for FY26 begins on October 1, 2025 - September 30, 2026

### 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 for an FY2026 grant use data from FY2024 (October 1, 2023 - September 30, 2024).

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 three years of traffic data along with data from page 4 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 FY22 there were 230 speeding citations issued and in FY23 there were 200 citations issued and in FY24 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):

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.***

<u>Training Course:</u>	# 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 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 FY26 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. Heatstroke messaging is mandatory.

**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](mailto:ojs_indian_highway_safety@bia.gov)

**TYPE OF GRANT APPLYING FOR:**      Straight Time      Overtime      Highway Safety  
   Hours Grant      Hours Grant      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: \_\_\_\_\_ SAMs 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 (Tribal Enrollment): \_\_\_\_\_ 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**

<b>DUI ARRESTS &amp; TRAFFIC CITATIONS</b>			
<b><u>Total number of:</u></b>			
	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)		
<b>MOTOR VEHICLE FATALITIES AND CRASHES</b>			
<b><u>Total number of:</u></b>			
	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
<b><u>Of the total number of crashes (listed above), how many occurred on:</u></b>			
	Rural Roads		Paved Streets
	State Highways		Interstates
	Other types of roads; describe:		
<b><u>Of the total number of crashes (listed above), how many occurred on:</u></b>			
	Mondays		Tuesdays
	Wednesdays		Thursdays
	Fridays		Saturdays
	Sundays		Unknown
<b><u>Of the number of crashes (listed above), how many occurred between:</u></b>			
	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. **Targets 1-6 are mandatory for all Law Enforcement Grant Programs**

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\_\_\_\_\_.
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 **speed citations** issued arrests by \_\_\_\_\_% from the FY\_\_\_\_\_ number of \_\_\_\_\_ to \_\_\_\_\_ by the end of FY\_\_\_\_\_.
5. To **increase** the number of **traffic citations (excluding speed & DUI)** issued by \_\_\_\_\_% from the FY\_\_\_\_\_ number of \_\_\_\_\_ to \_\_\_\_\_ by the end of FY\_\_\_\_\_.
6. To **increase** the number of **seat belt citations** issued by \_\_\_\_\_% from the FY\_\_\_\_\_ number of \_\_\_\_\_ to \_\_\_\_\_ by the end of FY\_\_\_\_\_.

### STRATEGIES:

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

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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

Required for all grant applications. Budgets must accurately reflect and support proposed activities. Costs must be reasonable and necessary per federal guidelines.

### TRAINING/TRAVEL

Use the drop-down 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.

<u>Training Course:</u>	<u># To Be Trained:</u>	<u>Total Tuition:</u>	<u>Estimated Travel Cost:</u>
<hr/>			
How will this training assist with the traffic problem identified in the problem ID?			

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

<u>Training Course:</u>	<u># To Be Trained:</u>	<u>Total Tuition:</u>	<u>Estimated Travel Cost:</u>
<hr/>			
How will this training assist with the traffic problem identified in the problem ID?			

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

<u>Training Course:</u>	<u># To Be Trained:</u>	<u>Total Tuition:</u>	<u>Estimated Travel Cost:</u>
<hr/>			
How will this training assist with the traffic problem identified in the problem ID?			

Applies to target #: \_\_\_\_\_ How will this 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: \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_

How does this software request assist in meeting the needs of the grant?

Software: \_\_\_\_\_ Cost per item: \_\_\_\_\_ Quantity: \_\_\_\_\_ Total: \_\_\_\_\_

How does this software request assist in meeting the needs of the grant?

**Grand Total Software:** \_\_\_\_\_

**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: \_\_\_\_\_  
(Use drop down menus to select grant and personnel type)

**Personnel:**

**Personnel:**

Percent of Time: \_\_\_\_\_

Percent of Time: \_\_\_\_\_

Straight Time Hourly Rate: \_\_\_\_\_

Straight Time Hourly Rate: \_\_\_\_\_

Overtime Hourly Rate: \_\_\_\_\_

Overtime Hourly Rate: \_\_\_\_\_

Number of Activity Hours: \_\_\_\_\_

Number of Activity Hours: \_\_\_\_\_

Number of Overtime ActivityHours: \_\_\_\_\_

Number of Overtime ActivityHours: \_\_\_\_\_

**Total Salary:** \_\_\_\_\_

**Total Salary:** \_\_\_\_\_

**Total Overtime Salary:** \_\_\_\_\_

**Total Overtime Salary:** \_\_\_\_\_

Fringe Benefit %: \_\_\_\_\_

Fringe Benefit %: \_\_\_\_\_

**Total Fringe Benefit:** \_\_\_\_\_

**Total Fringe Benefit:** \_\_\_\_\_

**Personnel:**

**Personnel:**

Percent of Time: \_\_\_\_\_

Percent of Time: \_\_\_\_\_

Straight Time Hourly Rate: \_\_\_\_\_

Straight Time Hourly Rate: \_\_\_\_\_

Overtime Hourly Rate: \_\_\_\_\_

Overtime Hourly Rate: \_\_\_\_\_

Number of Activity Hours: \_\_\_\_\_

Number of Activity Hours: \_\_\_\_\_

Number of Overtime ActivityHours: \_\_\_\_\_

Number of Overtime ActivityHours: \_\_\_\_\_

**Total Salary:** \_\_\_\_\_

**Total Salary:** \_\_\_\_\_

**Total Overtime Salary:** \_\_\_\_\_

**Total Overtime Salary:** \_\_\_\_\_

Fringe Benefit %: \_\_\_\_\_

Fringe Benefit %: \_\_\_\_\_

**Total Fringe Benefit:** \_\_\_\_\_

**Total Fringe Benefit:** \_\_\_\_\_

**Personnel:**

**Personnel:**

Percent of Time: \_\_\_\_\_

Percent of Time: \_\_\_\_\_

Straight Time Hourly Rate: \_\_\_\_\_

Straight Time Hourly Rate: \_\_\_\_\_

Overtime Hourly Rate: \_\_\_\_\_

Overtime Hourly Rate: \_\_\_\_\_

Number of Activity Hours: \_\_\_\_\_

Number of Activity Hours: \_\_\_\_\_

Number of Overtime ActivityHours: \_\_\_\_\_

Number of Overtime ActivityHours: \_\_\_\_\_

**Total Salary:** \_\_\_\_\_

**Total Salary:** \_\_\_\_\_

**Total Overtime Salary:** \_\_\_\_\_

**Total Overtime Salary:** \_\_\_\_\_

Fringe Benefit %: \_\_\_\_\_

Fringe Benefit %: \_\_\_\_\_

**Total Fringe Benefit:** \_\_\_\_\_

**Total Fringe Benefit:** \_\_\_\_\_

**Grand Total: Salary:** \_\_\_\_\_ **Overtime Salary:** \_\_\_\_\_ **Fringe Benefits:** \_\_\_\_\_

**FY \_\_\_\_\_**  
**Bureau of Indian Affairs - Office of Justice Services**  
**Indian Highway Safety Program**

**Demonstrated Needs & Quarterly Goals for Highway Safety Specialist Position**

1. Provide a brief description of the demonstrated need of a Highway Safety Specialist (HSS).

2. What are the quarterly goals for the HSS each fiscal year?

**Quarter 1 -**

**Quarter 2 -**

**Quarter 3 -**

**Quarter 4 -**

3. What is the overall achievement for the HSS at the end of the year?

**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 tire purchases/replacement 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:** \_\_\_\_\_

**GENERAL 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:** \_\_\_\_\_



**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 , along with mandatory Heatstroke messaging.

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: \_\_\_\_\_  
Program Manager (Officer) Salary: \_\_\_\_\_  
Data Clerk Salary: \_\_\_\_\_  
Highway Safety Specialist Salary: \_\_\_\_\_  
Overtime Hours Salary: \_\_\_\_\_  
Fringe Benefits: \_\_\_\_\_  
GSA Lease/Mileage: \_\_\_\_\_  
Office 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.

\_\_\_\_\_ Tribe understands the Indian Highway Safety Grants are **REIMBURSABLE** grants.

\_\_\_\_\_ Copy of the Tribe's most recent (IDC) Letter is attached.

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

\_\_\_\_\_ Tribe understands IDC is not reimbursable for equipment purchases.

\_\_\_\_\_ The Tribes' accounting system is the same as previous years?      **Yes**              **No**

\_\_\_\_\_ Tribes Single Audit is current and compliant with the Single Audit Act of 1984?      **Yes**              **No**

\_\_\_\_\_ Tribe has received a Single Audit in accordance with 23 CFR 200 Subpart (F)?      **Yes**              **No**

\_\_\_\_\_ Tribe must participate in the national enforcement mobilizations and the "Indian State" mobilization.

\_\_\_\_\_ Tribe will participate in heatstroke awareness messaging.

\_\_\_\_\_ In order to comply with the provisions of Infrastructure Investment and Jobs Act (IIJA), 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.

\_\_\_\_\_ 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.

**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.