United States Department of the Interior

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

BUREAU OF INDIAN AFFAIRS

# Instructions for Completion of BIA Indian Highway Safety Program Child Passenger Safety Seat Program Grant

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 communities.

Tribes can apply for the Child Passenger Safety Seat Program grant with this application. Complete the application in its entirety; do not leave any blank spaces/fields.

The BIA Indian Highway Safety Program is performance-based and data driven. The problem statement will need to justify the Tribes need for a child passenger safety seat program. All applications must contain measurable targets and performance measures, and be justified by data. **Insufficient data to justify a need for a CPS program will significantly reduce the possibility of funding for the Tribe.**

These 402 funds are intended to **supplement** an existing traffic safety program on the reservation.

Indian Highway Safety Program grants are funded in the form of reimbursements. Tribes must first expend their funds and submit documentation for reimbursement consideration each month. Monthly report and financial reports (requests for reimbursement) are required. 2 CFR 225 Appendix B.12 and 2 CRF Part 200.434 Contributions and Donations do not allow indirect costs to be applied to the reimbursement of car seats and car seat shipping costs.

A Tribal Resolution and approved Indirect Cost Rate letter **must** be submitted with the application.

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

Grant applications are due by:

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

Grant applications and attachments can be mailed to:

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

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

OMB Approved Form No. 1076-0190
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## APPLICATION CHECK LIST:

Use this check list to gather the necessary documents required for submission of the grant application. Do not leave any fields blank in the application, initial the Terms, Conditions, and Responsibilities, sign and date page 7. Include a Draft/Approved copy of the Tribal Resolution. Check if the A-133 is current with the tribe. Sign and date the check list stating all documents are attached.

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

## FISCAL GRANT YEAR APPLYING FOR:

Indicate the grant year the application is being submitted for.

***Example:*** *FY2019 (this grant year cycle begins October 1, 2018 - September 30, 2019)*

## SECTION A: General Information

### Tribes Information:

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

### Person Completing the Form:

Provide the name, title, Office/Department, Phone and Fax number along with an e-mail address, etc… of the person completing the application. This information is essential in case questions arise regarding the application and missing documents.

### Tribal Grant Coordinator:

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

### Grant History:

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

**Reservation Information:**

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

**Problem Identification: (Problem Statement)**

Provide information to justify the tribe's need for a child passenger safety seat program.

Crash data will also need to be provided involving infants and children if available. Only Fiscal Year (October 1 - September 30) data will be accepted. Do not leave blank spaces. Insufficient data will significantly reduce chance of funding. Use most recent fiscal year data available.

Example: Crash data: 2014 to 2016
Total crash years 2014, 2015, 2016

Indicate the total motor vehicle crashes, crashes involving infants and children, crashes involving infants and children not wearing seat belts, for the total crash years indicated.

**Problem Countermeasures:**

Check the boxes to indicate if the tribe has a Child Safety Seat Law; if yes, is it primary or secondary. Provide a brief description of the tribes' occupant protection laws.

Check the appropriate box to reflect if a survey was conducted to determine the child safety seat use rate and provide the year, date conducted and the usage rate.

If an assessment was not conducted explain how the usage rates were determined.

Check the appropriate box regarding permanent fitting station, if yes, indicate the location and if it is by appointment.

Provide the date of the last CPS clinic conducted.

CPS grant awards require a certified CPS Technician on staff. Check the appropriate box and provide the name of the Lead CPS Tech, to be available if not on staff, and how training is conducted and how CPS events are publicized.

## SECTION B: Partnerships

List the CPS partnerships who work with the tribe.

## SECTION C: Targets/Strategies

Provide an estimated number of checkpoints, roadside clinics, seats to be distributed and inspected, along with hand out to be distributed. Checkpoints are optional. Provide the

number of CPS training and community events to be held during the grant year.

Indicate if the Tribe would like to provide a volunteer child safety seat survey.

## SECTION D: Budget

All costs in this section should be reasonable and necessary and related directly to the proposed project. All items purchased under the grant will have to be approved prior to purchase by the Indian Highway Safety Program. Be as accurate as possible.

Indicate the car seat type and supplies along with quantity, item costs and shipping fees necessary to carry out the grant program. Brochures can also be requested.

The grant can cover registration fees for Child Protection Seat training and travel expense, if requested. Provide the cost of training and number of employees to be trained along with an estimated travel budget.

**Equipment:**

Use the drop-down menu to select the type of equipment the Tribe is requesting to assist in achieving the problem statement identified in Section B Page 3.

All equipment must be essential and justified for meeting the Targets and Strategies of the proposed project.

**Budget Line Item Totals:**

The grant totals calculated from the previous pages will automatically appear on this page.

## SECTION G. Additional Information

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

## SECTION H: Terms, Conditions and Responsibilities

Each condition **MUST** be initialed. Applications received without initials, signature and date **will not** be considered for funding. Do not leave any fields in the form blank.

Questions regarding the grant application can be e-mailed to the BIA Indian Highway Safety Program at: ojs_indian_highway_safety@bia.gov or call (505)563-3780.

**BIA INDIAN HIGHWAY SAFETY PROGRAM**
**Occupant Protection Grant**
**Child Passenger Safety Seat Program (CPS)**

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

## 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 7)
- ☐ Application signed (page 7)
- ☐ Tribal Resolution ☐ Draft Copy ☐ Final Copy
- ☐ A-133 *(is it current?)* ☐ Yes ☐ No
- ☐ Indirect Cost Rate ☐ Approved Copy

All of the above items have been properly completed and are contained in the grant application.

Signed: _____ Date:_____

**BIA INDIAN HIGHWAY SAFETY PROGRAM**
**Occupant Protection Grant**
**Child Passenger Safety Seat Program (CPS)**

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

***All Sections of the grant application should be completed; do not leave any blank fields. Blank fields could result in dis-qualification.***

## SECTION A: GENERAL INFORMATION FISCIAL GRANT YEAR APPLYING FOR: _____

Tribe Name:_____

Tribal Leader Name:_____ Title: _____

Mailing Address:_____

City:_____ State:_____ Zip:_____

FedEx Address:_____

City:_____ State:_____ Zip:_____

Phone Number:_____ Fax Number:_____

DUNS Number: _____ SAMs Cage Code: _____

## PERSON COMPLETING THE APPLICATION:

Name:_____ Title:_____

Office/Department: _____

Phone Number: _____ Fax Number: _____

E-Mail Address:_____

## TRIBAL GRANT COORDINATOR INFORMATION:

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

Name:_____ Title:_____

Office/Department: _____

Mailing Address: _____

City:_____ State:_____ Zip:_____

Phone Number:_____ Fax Number:_____

E-Mail Address:_____

## GRANT HISTORY:

How many years has the Tribe received funding from BIA IHSP? _____

Has the Tribe applied for and received other traffic safety related grants from other agencies in the last three years?

☐ Yes ☐ No

If yes, please list the agencies:_____

Does the tribe have another traffic safety (focused) grant currently in place? (i.e. CDC, Indian Health, State, etc.):

☐ Yes ☐ No

If yes, please list the agencies:_____

## RESERVATION INFORMATION:

Reservation Acres:_____ Square Miles: _____

Population:_____ Total Number of Road Miles:_____

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

**PROBLEM IDENTIFICATION:** ***Problem Statement***: Provide information to justify the tribe's need for a child passenger safety seat program.

Crash Data 20____-20____

| **Total number of motor vehicle crashes:** | **20____** | **20____** | **20____** |
|---|---|---|---|
| crashes | | | |
| involving infants and children | | | |
| involving infants and children not wearing seat belts | | | |

**PROBLEM COUNTERMEASURES:**

Does the Tribe have a child safety seat law? ☐ Yes ☐ No

If yes, is it: ☐ Primary ☐ Secondary

Briefly describe all occupant protection laws: _____

_____

Has the Tribe conducted a survey to determine child safety seat use rate? ☐ Yes ☐ No

If yes, when was survey conducted? _____

What was safety seat use rate in: 20____ _____ 20____ _____ 20____ _____

If an assessment was not conducted, how will the usage rate be determined?

Does the Tribe have a permanent fitting station? ☐ Yes ☐ No

If yes, where is it located? _____ Is it by appointment? ☐ Yes ☐ No

When was the last child passenger safety clinic conducted? _____

Does the Tribe have current certified technicians? ☐ Yes ☐ No

If yes, from what agency? _____

Name of Lead CPS Technician: _____

Does the CPS technician provide training to parents/care givers? ☐ Yes ☐ No

If yes, what type of training is provided? ☐ Hands on installation ☐ Video ☐ Handout

☐ Other:_____

Does the Tribe publicize CPS Events? ☐ Yes ☐ No

## SECTION B: CPS Partnerships

Provide information on CPS partnerships the Tribe has with other outside entities.

Does the Tribe partner with outside entities for CPS? ☐ Yes ☐ No

☐ State Highway Safety Office ☐ IHS ☐ Local Fire Department ☐ Other:_____

## SECTION C: TARGETS

The following information represents the targets which **must** be reported for child passenger safety seat grant award. Indicate the number of Tribal events to be held. Please estimate the number at this time.

| ***Provide the number of:*** | |
|---|---|
| | Checkpoints to be held ***(optional)*** |
| | Roadside clinics to be held |
| | Seats to be distributed |
| | Seats to be inspected |
| | CPS training events to be conducted |
| | Community CPS training events to be held |
| | Handouts to be distributed |

Would the Tribe be willing to provide volunteers to conduct a child safety seat survey? ☐ Yes ☐ No

## SECTION D: BUDGET

Budgets must support the project being proposed. Federal guidelines requires costs to be reasonable and necessary to carry out/or operate the grant. 2 CFR 225 Appendix B.12 and 2 CRF Part 200.434 Contributions and Donations do not allow indirect costs to be applied to the reimbursement of car seats and car seat shipping costs. Indirect Cost can be applied to other items if allowable in the negotiated rate.

**Select One**

Quantity _____ Cost per seat: _____ Total: $ 0.00
Shipping cost per seat: _____ Quantity: 0 Total: $ 0.00

**Select One**

Quantity _____ Cost per seat: _____ Total: $ 0.00
Shipping cost per seat: _____ Quantity: 0 Total: $ 0.00

**Select One**

Quantity _____ Cost per seat: _____ Total: $ 0.00
Shipping cost per seat: _____ Quantity: 0 Total: $ 0.00

Car Seat Type **Other:** _____
Quantity _____ Cost per seat: _____ Total: $ 0.00
Shipping cost per seat: _____ Quantity: 0 Total: $ 0.00

Supplies:
Quantity _____ Cost per item: _____ Total: $ 0.00
Shipping cost per item: _____ Quantity: 0 Total: $ 0.00

Supplies _____
Quantity _____ Cost per item: _____ Total: $ 0.00
Shipping cost per item: _____ Quantity: 0 Total: $ 0.00

Brochures: _____
Quantity _____ Cost per brochure: _____ Total: $ 0.00
Total shipping cost: _____

## SECTION E: Training & Travel

The grant can cover CPS training and conference registration. Travel is a reimbursable expense under this grant program. Provide an estimated budget to cover travel expenses if needed.

CPS Certification Training Registration Fee:
Number to be trained _____ Cost per person: _____ Total: $ 0.00

CPS Re-Certification Training Registration Fee
Number to be trained: _____ Cost per person: _____ Total: $ 0.00

CPS Related Conferences/Training: _____
Number to be trained: _____ Cost per person: _____ Total: $ 0.00

Estimated Travel Budget: _____

## SECTION F: Equipment

Equipment must support the project being proposed. Federal guidelines requires costs to be reasonable and necessary to carry out/or operate the grant.

**Select One**
Quantity _____ Cost per sign: _____ Total: $ 0.00
Total shipping cost: _____

**Select One**
Quantity _____ Cost per item: _____ Total: $ 0.00
Total shipping cost: _____

**Select One**
Quantity _____ Cost per item: _____ Total: $ 0.00
Total shipping cost: _____

Other: _____
Quantity _____ Cost per item: _____ Total: $ 0.00
Total shipping cost: _____

## BUDGET LINE ITEM GRAND TOTALS:

| | |
|---|---|
| **Select One** | $ 0.00 |
| **Select One** | $ 0.00 |
| **Select One** | $ 0.00 |
| | $ 0.00 |
| Total Car Seat Shipping | $ 0.00 |
| Supplies | $ 0.00 |
| Supplies Shipping Costs | $ 0.00 |
| Brochures | $ 0.00 |
| Brochures Shipping Costs | $ 0.00 |
| CPS Training & Travel | $ 0.00 |
| Equipment | $ 0.00 |
| Equipment Shipping Costs | $ 0.00 |
| Indirect Cost Rate % | |
| **Grant Total Budget:** | $ 0.00 |

## SECTION G: CERTIFICATIONS AND ACKNOWLEDGEMENTS

Read and initial to acknowledge each condition in this section.

_____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 Tribes to meet certain conditions and comply with all applicable rules and regulations for administering a national traffic safety program.

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

_____Tribe understands the BIA Indian Highway Safety Program is a REIMBURSABLE grant program. The Tribe must expend their funds and seek reimbursement based upon an approved budget and application.

_____Tribe understands Indirect Cost Rate does not apply to car seats and car seat shipping costs (2 CFR 225 Appendix B.12 and 2 CRF Part 200.434 Contributions and Donations); but may apply to other budget line items if the negotiated rate allows.

_____A current draft/approved Tribal Resolution must be attached, if not attached, the application is incomplete.

_____Approved Indirect Cost Rate letter must be attached, if not attached, the application is incomplete.

_____Tribe understands if the grant is awarded all travel, training, and purchases made under the Indian Highway Safety grant require prior approval.

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: _____