



United States Department of the Interior

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.

A Tribal Resolution **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, 2017 for the FY2018 Grant Year

May 1, 2018 for the FY2019 Grant Year

May 1, 2019 for the FY2020 Grant Year

Grant applications and attachments can be mailed to:

Bureau of Indian Affairs

Office of Justice Service

Indian Highway Safety Program

1001 Indian School Road N.W. Ste. 251

Albuquerque, NM 87114

Application and attachments can also be submitted via e-mail at:

ojs_indian_highway_Safety@bia.gov

Bureau of Indian Affairs
Office of Justice Services - Indian Highway Safety Program
Child Passenger Safety Seat Program Grant

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, initials 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.

FISCAL GRANT YEAR APPLYING FOR:

Indicate the grant year the application is being submitted for.

Example: FY2018 (this grant year cycle begins October 1, 2017 - September 30, 2018)

APPLICATION CHECKLIST

Use the checklist to ensure each item is included with the application submission. The BIA IHSP will accept draft copies with the grant application.

Please 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.

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 the main point of contact.

Grant History:

In these fields please indicate if the Tribe has received federal funding from the BIA IHSP or other federal agencies/departments 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 outcome

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 CPS Certification Training and CPS Re-certification training if requested. Provide the cost of training and number of employees to be trained.

Equipment:

Use the dropdown 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)**

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

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)**

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: _____

Tribes Name: _____

Tribal Leader Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

FedEx Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

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 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, College, etc.):

Yes No

If yes, please list the agencies: _____

RESERVATION INFORMATION:

Reservation Size: _____ Acres: _____ Square Miles: _____

Population: _____ Total Number of Road Miles: _____

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

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

Crash Data 20____-20____

Total 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?

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

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 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 numbers at this time.

<i>Provide the number of:</i>	
	Checkpoints to be held <i>(optional)</i>
	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

BIA INDIAN HIGHWAY SAFETY PROGRAM

Occupant Protection Grant

Child Passenger Safety Seat Program (CPS)

SECTION D: BUDGET

Budgets must support the project being proposed. Be as accurate and reasonable as possible when completing this section. Federal guidelines requires costs to be reasonable and necessary to carry out/or operate the grant. This grant does not cover personnel salary or overtime to operate the program. Indirect cost rate reimbursement does not apply to the items listed below.

Quantity _____ Cost per seat: _____ Total: _____
Shipping cost per seat: _____ Quantity: _____ Total: _____

Quantity _____ Cost per seat: _____ Total: _____
Shipping cost per seat: _____ Quantity: _____ Total: _____

Quantity _____ Cost per seat: _____ Total: _____
Shipping cost per seat: _____ Quantity: _____ Total: _____

Car Seat Type **Other:** _____

Quantity _____ Cost per seat: _____ Total: _____
Shipping cost per seat: _____ Quantity: _____ Total: _____

Supplies:

Quantity _____ Cost per item: _____ Total: _____
Shipping cost per item: _____ Quantity: _____ Total: _____

Supplies _____

Quantity _____ Cost per item: _____ Total: _____
Shipping cost per item: _____ Quantity: _____ Total: _____

Brochures: _____

Quantity _____ Cost per brochure: _____ Total: _____
Total shipping cost: _____

SECTION E: Training

The grant will only cover registration fees for the courses below. Travel is not a reimbursable expense under this grant.

CPS Certification Training Registration Fee (Only)

Number to be trained _____ Cost per person: _____ Total: _____

CPS Re-Certification Training Registration Fee (Only)

Number to be trained _____ Cost per person: _____ Total: _____

Travel Location: _____

Total Travel Expenses: _____

BIA INDIAN HIGHWAY SAFETY PROGRAM

Occupant Protection Grant

Child Passenger Safety Seat Program (CPS)

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. Indirect cost rate reimbursement does not apply to the items listed below.

Quantity _____ Cost per sign: _____ Total: _____
 Total shipping cost: _____

Quantity _____ Cost per item: _____ Total: _____
 Total shipping cost: _____

Quantity _____ Cost per item: _____ Total: _____
 Total shipping cost: _____

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

BUDGET LINE ITEM GRAND TOTALS:

Total Car Seat Shipping	
Supplies	
Supplies Shipping Costs	
Brochures	
Brochures Shipping Costs	
CPS Training & Travel	
Equipment	
Equipment Shipping Costs	
Grant Total Budget:	

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

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.

_____ Requests for reimbursements must be submitted with completed report forms.

_____ 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.

_____ A distribution plan must be submitted and approved before car seats/ supplies/ brochures can be ordered.

_____ Inability or unwillingness of the Tribe to provide banking information will disqualify the Tribe.

_____ A current draft/approved Tribal Resolution must be attached. If not attached, the application is incomplete.

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. I understand by submitting this application.

Signature: _____

Date: _____

Name (Print): _____

Title: _____