



United States Department of the Interior

BUREAU OF INDIAN AFFAIRS

Instructions for Completion of BIA Indian Highway Safety Program Law Enforcement Grant Applications

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 Country.

Tribes can apply for the full-time and over- time Law Enforcement grant with this application; use the drop down menu to select the grant the tribe is applying for. 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. A traffic safety problem **must be** identified; all applications must contain measurable targets and performance measures, and be justified by data. **Insufficient data to justify a traffic safety problem 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 and the Tribe's most current approved Indirect Cost Rate Agreement 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, 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:

ojis_indian_highway_Safety@bia.gov

Bureau of Indian Affairs
Office of Justice Services - Indian Highway Safety Program
Law Enforcement Grant Application Instructions

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 13. Include a Draft/Approved copy of the Tribal Resolution, and Indirect Cost Rate Letter. Check if the A-133 is current with the tribe. Attach the Linear Trend Analysis with the grant application.

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.

Tribal Police Department Information:

Provide information regarding the Chief of Police, number of officers, and the type of officer commissions, etc..

SECTION B: Data.**Traffic Data Information:**

Provide information on the type of software system used to collect traffic enforcement & crash statistics, if yes, identify the type of software system used. Let the BIA HSP know if the tribe reports crashes or other traffic data to the state the tribe is in. Provide the last fiscal year of traffic data available.

Tribal Statutes and Enforcement Statistics:

Checking no 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. Checking no does not disqualify the tribe from receiving a grant

Blood Alcohol Content (B.A.C.), if yes, identify the B.A.C. Law.

Example: *Is it 0.08, 0.10, or another number*

Check yes or no if the tribe has a seat belt law, if yes, is the law primary or secondary?

Specify the number of traffic warnings issued the previous year.

Check yes or no if the tribe 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. Do not leave blank spaces. Insufficient data will significantly reduce chance of funding. Use most recent fiscal year data available.

Provide traffic statistics, for the last fiscal year, for traffic, fatalities, and crashes that have occurred within the time frame.

Example: *If the tribe is applying for an FY2018 grant the October 1, 2015 – September 30, 2016.*

List the types of roads, the day of the week, and time these incidents occurred. This information will assist in determining what days of the week and times most

incidents occurred.

Problem Statement:

Providing a problem statement is essential in determining if a tribe will receive an Indian Highway Safety Grant along with the data to support the statement.

Identify the specific traffic related problems the tribes are experiencing on the reservation. Provide traffic data to assist in identifying the traffic problem(s).

***Example:** If the tribe has identified speeding as a traffic problem indicate the number of speeding citations/ warnings the tribal police department issued in the previous physical year. Indicate the number of serious injury crashes which have resulted from speeding. Indicate the number of motor vehicle fatalities and or crashes where speeding was a factor.*

SECTION C: Targets/Strategies

Motor Vehicle Fatalities & Crashes:

Motor vehicle fatalities and motor vehicle crash data is required for each grant application and grant award. Grant application target must include data to maintain or reduce motor vehicle fatalities and motor vehicle crashes by the end of the grant year the tribe is applying for.

Trend Analysis Tool:

Trend Analysis Tool, excel spread sheet, is provided to assist the tribe in determining the targets for the grant year they are applying for based on previous year's statistics. The tribe will need to decide if they will use data going back 4-5 years. Once the number of years is determined each target should also be based on the number of years chosen. Upon entering 4 years of data into the trend analysis spread sheet a target will be identified on the spread sheet tab labeled "4-Yr Linear Trend Chart". Tribes can contact the BIA IHSP at (505)563-3780 for assistance in utilizing the tool and interpreting the results.

***Example:** If the tribe has traffic data going back 4 years from FY2016, FY2015, FY2014, FY2013, for motor vehicle fatalities then the same number of years of data must be used for the rest of the targets if available.*

Targets 3-4 (Optional):

Although these targets are optional it is important the tribe select the appropriate drop down targets for the traffic safety problem the tribe is addressing in the **problem statement** (Section B. Page 5) or a target the tribe would like to focus on.

Provide the number of check points 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 to take place during the grant year. If the tribe is awarded a grant, the tribal Police Department will be required to participate and provide reporting on 3 mobilizations (Don't Shatter the Dream, Drive Sober or Get Pulled Over, and Click It or Ticket). The BIA IHSP will provide the dates if the tribe is awarded in

Strategies:

Check the appropriate strategy boxes which will assist in combating the traffic safety problem(s) identified in the problem statement in Section B Page 5 and targets identified in Section C page 6.

Specify other strategies the tribal police department will use to combat the tribes traffic safety problem identified in Section B Page 5 and Section C Page 6. If the tribe is requesting equipment the tribe will also need to identify how this equipment will assist in combating the traffic safety problem identified.

***Examples:** The tribe has identified speeding as a traffic safety problem on the reservation and the tribal police department will increase patrolling by conducting high visible traffic enforcement in the identified problem areas and times. The tribe will also send 2 officers to radar/lidar training (funds requested in section D. Training/Travel) to get officers certified in the use of the radars/lidars requested in Section E. Equipment Page 8. The tribe has requested 2 radars/lidars in Section E. Equipment page 8 to help combat the speeding problem identified in Section B Page 5.*

SECTION D: Training

Check the traffic safety related training the tribe is interested in sending tribal officers to estimate total registration for the courses along with an estimation of travel expenses.

***Please note:** Training requested on this page will 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.*

Training must be DOT/NHTSA endorsed. Basic Police Academy Training **IS NOT** allowable.

SECTION E: Equipment

Use the dropdown menu to select the type of equipment the tribe is requesting to assist in achieving the traffic safety problem identified in Section B Page 5.

All equipment must be essential and justified for meeting the targets and strategies of the proposed project.

Software:

Identify the software the tribe would like to request for the success of the program.

SECTION F: Budget

All costs in this section should be reasonable and necessary and related directly to the proposed project. Be as accurate as possible.

Budget for Personnel:

The budget sections for personnel should be completed, and signed by the Finance Officer (include e-mail address, telephone number). Full-time Highway Safety Personnel are required to spend 100% of their time on Highway Safety Activities. All fields on this page should be completed for the type of personnel requested. Overtime Grant staff personnel request will only complete Percent of Time, Overtime Rate, Number of Overtime Hours, and Fringe Benefits percentage fields.

***Example: Percent of Time:** When entering a percent into this field entering a whole number, such as 1 will equal 100%. If an overtime officer is going to spend 20% of their time on traffic a zero and decimal point will need to be entered, such as 0.20 which will equal 20% on the form.*

GSA Vehicle Lease/Mileage: (Full-Time Grants ONLY)

Only full-time grant applicants need to complete this page of the application. Tribes under GSA Lease will complete the following fields: Vehicle Type, Monthly Lease Amount, Monthly Lease Fee, and Estimate Monthly Mileage. The GSA Lease indicates the vehicle type and should list a mileage rate on the invoice or within the contract. Enter the number of months within the grant year.

Full-time grant applications who do not have GSA Lease in place but would like to be reimbursed for mileage will complete the following fields: Vehicle Type, Estimated Monthly Mileage, and Rate Per Mile. Rate Per Mile is based off GSA Rates determined by make and model of the police unit.

Do not enter overtime mileage estimates in this area. Overtime mileage budgets will need to be entered under the Overtime Mileage so the line item can be awarded.

Overtime Mileage:

Full-time grant and overtime grant applicants will complete the following fields for overtime mileage budget: Vehicle Type, Estimated Monthly Mileage, and Rate Per Mile. 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, and Quantity, needed to carry out and achieve the grant targets.

Media:

Enter a budget for news paper, and radio ads, along with bill board rental costs to advertise the national and Indian Country mobilizations if needed.

Indirect Costs:

Tribes can be reimbursed the Indirect Cost (IDC) Rate in accordance with their most current approved Indirect Cost Rate Letter. The tribe will need check the boxes to the line items IDC can be applied to in accordance with their most recent signed approved Indirect Cost Rate letter. Indirect Cost is not applied to equipment totals or purchases. Tribe will need to attach the most recent approved IDC Rate Letter with the application.

Budget Line Item Totals:

The grant totals calculated from the previous pages will automatically appear on this page. The tribe will need to calculate the total IDC for the line items IDC can be applied to and enter the grant total to be calculated into the Total Budget.

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.

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



LINEAR TREND ANALYSIS



LINEAR TREND ANALYSIS

BIA_StateTrendAnalysisTool_temp MVF SAMPLE - Microsoft Excel

File Home Insert Page Layout Formulas Data Review View Developer Acrobat Table Tools Design

Clipboard Font Alignment Number Conditional Formatting Table

B13 6

	A	B	C	D	E	F	G	H	I	J
1		MVC Fatalities								
2	Year	Annual Count								
3										
4	2006	1								
5	2007	1								
6	2008	2								
7	2009	4								
8	2010	1								
9	2011	2								
10	2012	8								
11	2013	1								
12	2014	1								
13	2015	6								
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										

Update **years** and **event counts** by replacing existing data to maintain a ten-year span. Update the title

****Be sure to replace existing data. Do not move cells; this will cause errors in calculations!**

Click on the tabs below to see your new charts and calculations

Data Entry Sheet Annual and Moving Avg Chart 5-Yr Linear Trend Chart 4-Yr Linear Trend Chart 3-Yr Alt Baseline Calculation

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

LINEAR TREND ANALYSIS

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

Year	Annual Count
2006	1
2007	1
2008	2
2009	4
2010	1
2011	2
2012	8
2013	1
2014	1
2015	6

Update **years** and **event counts** by replacing existing data to maintain a ten-year span. Update the title

****Be sure to replace existing data. Do not move cells; this will cause errors in calculations!**

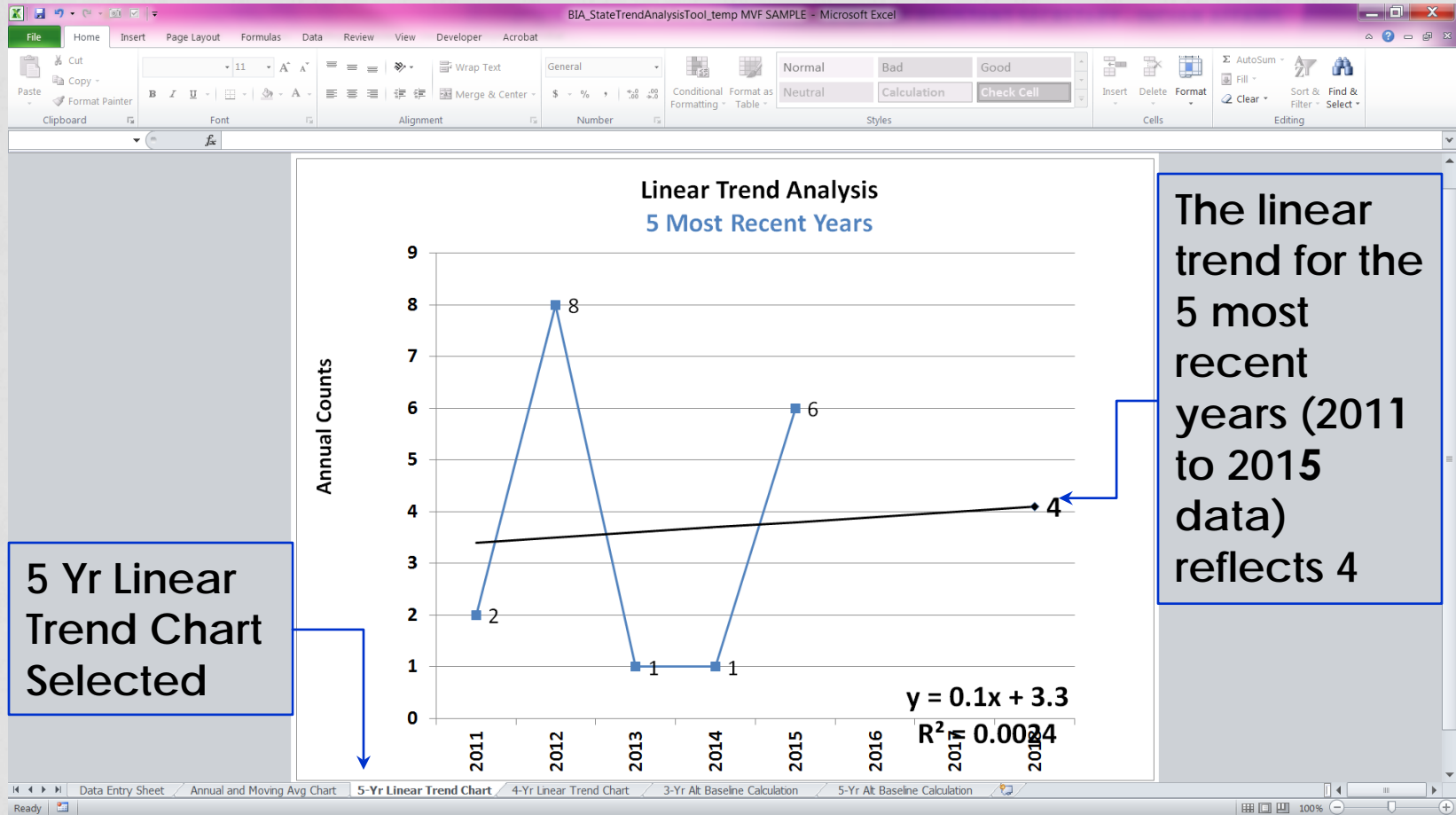
Click on the tabs below to see your new charts and calculations

5 year's of data tab

4 year's of data tab

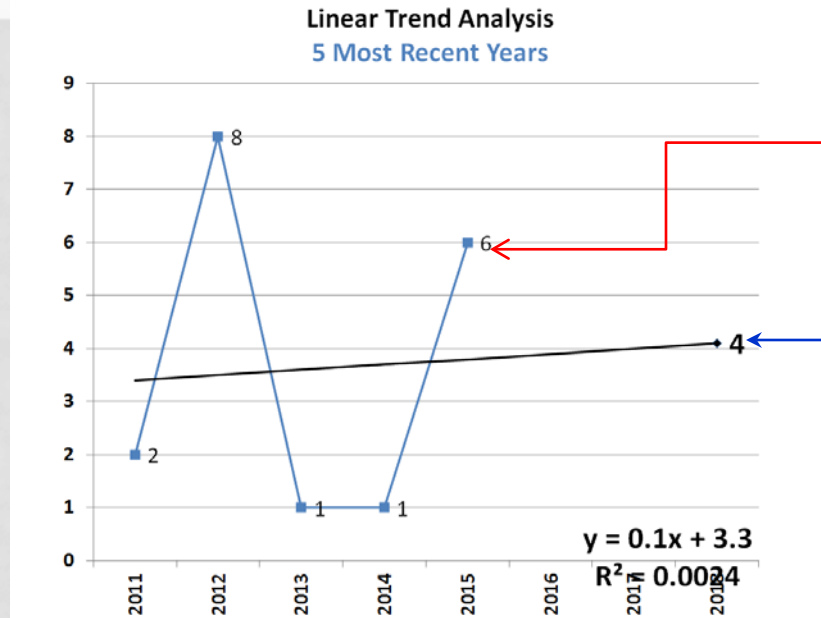
Ready

LINEAR TREND ANALYSIS



LINEAR TREND ANALYSIS

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



The chart reflects 6 fatalities in 2015; from the data entered on the Data Entry Sheet Tab

Based on the data entered the target goal for FY17 is 4

- Section C. Targets/Performance Measures Strategies
- 1. To reduce the number of MVC fatalities by 33% from the FY2015 number of 6 to 4 by the end of FY2017

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)563-3900.
- 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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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: 11)
- ☐ Application signed (page 11)
- ☐ Tribal Resolution ☐ Draft Copy ☐ Final Copy
- ☐ Indirect Cost Rate ☐ Draft Copy ☐ Approved Copy
- ☐ A-133 (*is it current?*) ☐ Yes ☐ No
- ☐ Linear Trend Analysis for mandatory and optional performance measures are 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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FISCAL GRANT YEAR APPLYING FOR: _____

TYPE OF GRANT APPLYING FOR: _____

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

Tribe 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: _____

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TRIBAL POLICE DEPARTMENT INFORMATION:

Chief of Police Name: _____ Phone Number: _____

E-mail Address: _____ Fax Number: _____

Total number of Police Officers: _____ Total number of Officers who work traffic: _____

Does Tribal Law Enforcement have the authority to conduct checkpoints? ☐ Yes ☐ No

Is Law Enforcement: ☐ Tribal ☐ BIA ☐ Both

Are cross commission agreements in place with any other law enforcement agencies? ☐ Yes ☐ No

If yes; identify the agencies: _____

SECTION B. Data:

In order to apply for a grant, utilizing highway safety funds, please 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 used to collect traffic enforcement & crash statistics? ☐ Yes ☐ No

If yes, identify the software: _____

Does the tribe report crash reports or other data to the state? ☐ Yes ☐ No

What is the last fiscal year of traffic data available? _____ Is the Data: ☐ Calendar Year ☐ Fiscal Year

TRIBAL STATUTES AND ENFORCEMENT STATISTICS:

Does the tribe have a traffic code? ☐ Yes ☐ No

Does the Tribe have a Blood Alcohol Content (BAC) Law? ☐ Yes ☐ No If yes, what is the BAC Law? _____

Does the Tribe have a Seat Belt Law? ☐ Yes ☐ No If yes, is it: ☐ 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 for the DUI's in the Tribal Court? _____

TRAFFIC STATISTICS: ONLY Fiscal Year (October 1, 20____ - September 30, 20____) data will be accepted

<u>Total Number of:</u>			
	DUI/DWI/OWI arrests? (A-2)		
	Traffic citations issued in the data year reported?		How many were Child safety seat citations?
			How many were seat belt citations? (A-1)
			How many were speed citations? (A-3)

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ONLY Fiscal Year (October 1, 20____ - September 30, 20____) data will be accepted

MOTOR VEHICLE FATALITIES AND CRASHES			
<u>Total Number of:</u>			
	traffic fatalities (C-1)		How many were males?
			How many were females?
	serious injuries in traffic crashes (C-2)		How many were males?
			How many were females?
	unrestrained passenger vehicle occupant fatalities, all seat positions (C-4)		
	fatalities in crashes involving a driver or motorcycle operator with a BAC of .08 g/dl or higher (C-5)		
	speed related fatalities (C-6)		motorcyclist fatalities (C-7)
	un-helmeted motorcyclist fatalities (C-8)		drivers 20 or younger involved in fatal crashes (C-9)
	pedestrian fatalities (C-10)		bicyclist fatalities (C-11)
	crashes involving pedestrians		crashes involving bicyclists
	single vehicle crashes		crashes involving two or more vehicles
	property damage crashes		crashes involving speed
	crashes involving alcohol		crashes involving motorcyclists
<u>Of the total number of crashes (listed above), how many occurred on:</u>			
	Rural Roads		Paved Streets
	State Highways		Interstates
	Other Types of Roads, describe:		
<u>Of the total number of crashes (listed above), how many occurred on:</u>			
	Mondays		Tuesdays
	Wednesdays		Thursdays
	Fridays		Saturdays
	Sundays		Unknown
<u>Of the number of crashes (listed above), how many occurred between:</u>			
	Midnight to 6:00 AM		6:01 AM to Noon
	12:01 PM to 6:00 PM		6:01 PM to 11:59 PM

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PROBLEM STATEMENT: Provide a written summary which clearly outlines the **specific traffic related problems** the tribe has identified, and will address if grant funds are provided.

ATTACH AN ADDITIONAL PAGE IF NECESSARY

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SECTION C. TARGETS/ STRATEGIES:

The Indian Highway Safety Grants are performance-based programs. In order to apply for a grant, please provide information on the targets the tribe is trying to reach. Select those appropriate to the traffic safety problem the tribe is trying to address. **#1 & #2 are required**

Please use the **trend analysis tool to assist in** determining the FY20____ targets:

1. To _____ the number of MVC fatalities by _____ % from the FY20____ number of _____ to _____ by the end of FY20____. **(Required)**
2. To _____ motor vehicle crashes (MVCs) by _____ % from the FY20____ number of _____ to _____ by the end of FY20____. **(Required)**

Select a target the Tribe would like to focus on increasing or reducing: **(use drop down menus)**

3. To _____ the number of _____ by _____ % from the FY20____ number of _____ to _____ by the end of FY20____. **(Optional)**
4. To _____ the number of _____ by _____ % from the FY20____ number of _____ to _____ by the end of FY20____. **(Optional)**
5. To _____ the number of _____ by _____ % from the FY20____ number of _____ to _____ by the end of FY20____. **(Optional)**

In order to reach the targets identified above, select from the following list of strategies to be conducted during the project year.

Conduct not less than _____ checkpoints in FY20____.

Conduct not less than _____ saturation patrols in FY20____.

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: 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.

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Specify other plans besides the strategies listed on the previous page:

(Example, Patrolling differently by conducting high visible traffic enforcement in identified problem areas, etc.)

ATTACH AN ADDITIONAL PAGE IF NECESSARY

SECTION D. TRAINING/TRAVEL:

This section must be completed for any training that is requested or needed in order to properly execute the grant being requested. Please determine the travel budget to attend selected training.

**Full-time
LE Grant**

**Over-time
Grant**

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | BIA Program Management Training (Mandatory) |
| <input type="checkbox"/> | <input type="checkbox"/> | BIA Grant Writing Training (Mandatory) |
| <input type="checkbox"/> | <input type="checkbox"/> | Lifesavers Conference |
| <input type="checkbox"/> | <input type="checkbox"/> | Intoxilyzer Certification |
| <input type="checkbox"/> | <input type="checkbox"/> | Crash Re-constructionist Training |
| <input type="checkbox"/> | <input type="checkbox"/> | Advanced Crash Re-constructionist Training |
| <input type="checkbox"/> | <input type="checkbox"/> | Drug Recognition Expert (DRE) |
| <input type="checkbox"/> | <input type="checkbox"/> | Training Radar/Lidar Certification |
| <input type="checkbox"/> | <input type="checkbox"/> | Conducting Checkpoints Training |
| <input type="checkbox"/> | <input type="checkbox"/> | Standardized Field Sobriety Testing (SFST)/ Refresher |
| <input type="checkbox"/> | <input type="checkbox"/> | CPS Technician Training |

Grand Total: Training: _____ **Travel:** _____

Approval of the grant with training needs identified must still have a specific request and approval by the IHSP before any training costs are incurred.

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SECTION E. EQUIPMENT:

Equipment, if requested, must be essential to the success of the grant program and not for general purposes/use. Identify equipment, quantity, and cost. All equipment requested must be used to carry out/accomplish the targets/ strategies.

PLEASE NOTE: The federal guidelines require equipment to be necessary for the project. All equipment requested must be approved by the BIA IHSP prior to purchase and must be used specifically for grant activities. *(Use dropdown menu)*

Equipment:

Item Cost: \$ _____
QTY _____
Total: \$ _____

Justification:

Equipment:

Item Cost: \$ _____
QTY _____
Total: \$ _____

Justification:

Equipment:

Item Cost: \$ _____
QTY _____
Total: \$ _____

Justification:

Equipment: _____

Item Cost: \$ _____
QTY _____
Total: \$ _____

Justification:

Equipment: _____

Item Cost: \$ _____
QTY _____
Total: \$ _____

Justification:

Grand Total Equipment:

SOFTWARE:

If the tribe is requesting to purchase specialty software, identify the software along with its purpose and anticipated use.

Software Name: _____

QTY: _____ Cost Per Item: \$ _____ =\$ _____

Justification:

Grand Total Cost of Software: _____

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SECTION F. BUDGET: Complete ONLY those sections pertinent to the grant requested.

Federal guidelines require costs to be reasonable and necessary in order to carry out and/or operate the grant. Budgets must support the grant proposed; be as reasonable as possible. *Budgets should be completed by the Budget/Finance Officer for the Tribe.*

Finance Officer Name: _____ Phone Number: _____

E-mail Address: _____ Grant Type: _____

(Use drop down menus to select grant and personnel type)

Personnel:

Percent of Time: _____
Hourly Rate: _____
Overtime Rate: _____
Number of Hours: _____
Number of Overtime Hours: _____
Total Salary: _____
Total Overtime Salary: _____
Fringe Benefit %: _____
Total Fringe Benefit: _____

Personnel:

Percent of Time: _____
Hourly Rate: _____
Overtime Rate: _____
Number of Hours: _____
Number of Overtime Hours: _____
Total Salary: _____
Total Overtime Salary: _____
Fringe Benefit %: _____
Total Fringe Benefit: _____

Personnel:

Percent of Time: _____
Hourly Rate: _____
Overtime Rate: _____
Number of Hours: _____
Number of Overtime Hours: _____
Total Salary: _____
Total Overtime Salary: _____
Fringe Benefit %: _____
Total Fringe Benefit: _____

Personnel:

Percent of Time: _____
Hourly Rate: _____
Overtime Rate: _____
Number of Hours: _____
Number of Overtime Hours: _____
Total Salary: _____
Total Overtime Salary: _____
Fringe Benefit %: _____
Total Fringe Benefit: _____

Personnel:

Percent of Time: _____
Hourly Rate: _____
Overtime Rate: _____
Number of Hours: _____
Number of Overtime Hours: _____
Total Salary: _____
Total Overtime Salary: _____
Fringe Benefit %: _____
Total Fringe Benefit: _____

Personnel:

Percent of Time: _____
Hourly Rate: _____
Overtime Rate: _____
Number of Hours: _____
Number of Overtime Hours: _____
Total Salary: _____
Total Overtime Salary: _____
Fringe Benefit %: _____
Total Fringe Benefit: _____

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

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GSA VEHICLE LEASE: Rental/lease costs through GSA are allowable, if needed, for officers designated as **full- time** (grant) to 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.

For Full-time Grants Only

Vehicle Type: _____

Monthly Costs

Lease Amount: \$ _____
Lease Fee: \$ _____
Estimated Mileage: _____
Rate Per Mile: \$ _____
Monthly Total: \$ _____
Months: _____
Yearly Total: \$ _____

Vehicle Type: _____

Monthly Costs

Lease Amount: \$ _____
Lease Fee: \$ _____
Estimated Mileage: _____
Rate Per Mile: \$ _____
Monthly Total: \$ _____
Months: _____
Yearly Total: \$ _____

Vehicle Type: _____

Monthly Costs

Lease Amount: \$ _____
Lease Fee: \$ _____
Estimated Mileage: _____
Rate Per Mile: \$ _____
Monthly Total: \$ _____
Months: _____
Yearly Total: \$ _____

Vehicle Type: _____

Monthly Costs

Lease Amount: \$ _____
Lease Fee: \$ _____
Estimated Mileage: _____
Rate Per Mile: \$ _____
Monthly Total: \$ _____
Months: _____
Yearly Total: \$ _____

Vehicle Type: _____

Monthly Costs

Lease Amount: \$ _____
Lease Fee: \$ _____
Estimated Mileage: _____
Rate Per Mile: \$ _____
Monthly Total: \$ _____
Months: _____
Yearly Total: \$ _____

Vehicle Type: _____

Monthly Costs

Lease Amount: \$ _____
Lease Fee: \$ _____
Estimated Mileage: _____
Rate Per Mile: \$ _____
Monthly Total: \$ _____
Months: _____
Yearly Total: \$ _____

Grand Total GSA Lease/Mileage: _____

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OVER-TIME MILEAGE: Estimate of total monthly overtime (OT) mileage for patrol officers utilizing patrol vehicles only. Vehicle mileage reimbursements will be determined on the type of vehicle(s) utilizing the latest GSA rates.

For Full-time and Over-time Grants

Vehicle Type: _____

Monthly Costs

Estimated Mileage: _____

Rate Per Mile: \$ _____

Monthly Total: \$ _____

Months: _____

Yearly Total: \$ _____

Vehicle Type: _____

Monthly Costs

Estimated Mileage: _____

Rate Per Mile: \$ _____

Monthly Total: \$ _____

Months: _____

Yearly Total: \$ _____

Vehicle Type: _____

Monthly Costs

Estimated Mileage: _____

Rate Per Mile: \$ _____

Monthly Total: \$ _____

Months: _____

Yearly Total: \$ _____

Vehicle Type: _____

Monthly Costs

Estimated Mileage: _____

Rate Per Mile: \$ _____

Monthly Total: \$ _____

Months: _____

Yearly Total: \$ _____

Vehicle Type: _____

Monthly Costs

Estimated Mileage: _____

Rate Per Mile: \$ _____

Monthly Total: \$ _____

Months: _____

Yearly Total: \$ _____

Vehicle Type: _____

Monthly Costs

Estimated Mileage: _____

Rate Per Mile: \$ _____

Monthly Total: \$ _____

Months: _____

Yearly Total: \$ _____

Grand Total for Over-Time Mileage: _____

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: _____

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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
- ☐ Overtime Mileage
- ☐ Office Supplies

BUDGET LINE ITEM GRAND TOTALS:

Training/ Travel: _____

Equipment: _____

Software: _____

Salary: _____

Overtime Salary: _____

Fringe Benefits: _____

GSA Lease/Mileage: _____

Overtime Mileage: _____

Supplies: _____

Media Costs: _____

Indirect Cost: _____

TOTAL BUDGET: _____

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SECTION G. 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.)

ATTACH AN ADDITIONAL PAGE IF NECESSARY

SECTION H. 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.
- _____ The tribe must expend their funds and seek reimbursement based upon an approved budget and application.
- _____ A copy of the tribe's most recent Indirect Cost Letter must be sent to the BIA IHSP in order to claim IDCs.
- _____ Tribe must participate in the national enforcement mobilizations and the "Indian State" mobilization.
- _____ A distribution plan must be submitted and approved before items can be ordered.
- _____ All travel must be approved in advance by the BIA IHSP.
- _____ Law enforcement radars & breath testing equipment purchased must be on the NHTSA Conforming Products list.
- _____ 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 full-time personnel, the following types of 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. I understand by submitting this application.

Signature: _____

Date: _____

Name (Print): _____

Title: _____