

**BIA INDIAN HIGHWAY SAFETY PROGRAM
FY2017 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
FY2017 Child Passenger Safety Seat Program (CPS)**

SECTION A: General Information. *This section must be completed for all applicants.*

Tribal Name: _____

Tribal Leader Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

FedEx Address: _____

City: _____ State: _____ Zip: _____

PERSON COMPLETING THE APPLICATION:

Name: _____ Title: _____

E-Mail Address: _____ Phone Number: _____

TRIBAL GRANT COORDINATOR INFORMATION:

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

Name: _____ Title: _____

E-mail Address: _____ Phone Number: _____

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:

Acres: _____ Square Miles: _____

Population: _____ Total Number of Road Miles: _____

BIA INDIAN HIGHWAY SAFETY PROGRAM
FY2017 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 2013-2015

Total crashes:	2013	2014	2015
crashes			
involving Infants and Children			
involving Infants and Children not wearing seat belts			

PROBLEM COUNTERMEASURES: PROGRAM COORDINATOR INFORMATION:

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?

If yes, when was survey conducted? ☐ Yes ☐ No

What was safety seat use rate in: 2012 2013 2014

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

BIA INDIAN HIGHWAY SAFETY PROGRAM
FY2017 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: PERFORMANCE MEASURES

The following information represents the performance measures 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
FY2017 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.

Car Seat Type: Infant

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

Car Seat Type: Convertible

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

Car Seat Type: Booster

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: Locking Clips

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: _____
----------------------------	------------------------	--------------

**BIA INDIAN HIGHWAY SAFETY PROGRAM
FY2017 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.

Child Seat Clinic /Check Point Folding Sign(s)

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

Traffic Cones

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

Portable Car Port Canopy

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

Latch Manuals

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

BUDGET LINE ITEM GRAND TOTALS:

Infant Car Seat	
Convertible Car Seat	
Booster Car Seat	
Car Seat Other:	
Total Car Seat Shipping:	
Supplies & Locking Clips	
Brochures	
CPS Training	
CPS Sign(s)	
Traffic Cones	
Portable Car Port Canopy	
Latch Manuals	
Grant Total Budget:	

BIA INDIAN HIGHWAY SAFETY PROGRAM
FY2017 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 will allocate funds on behalf of the Tribes to meet certain conditions and comply with all applicable rules and regulations for administering a 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: _____