



BIA INDIAN HIGHWAY SAFETY PROGRAM
CHILD PASSENGER SAFETY (CPS) CHILD SAFETY SEAT APPLICATION
FY 2008

Dear Tribal Leader:

The BIA Indian Highway Safety Program (IHSP) is pleased to announce the availability of the 2008 Child Passenger Safety (CPS) Child Safety Seat Program grants. The objective of this initiative is to supplement child passenger safety initiatives in Tribal communities. We are accepting applications to reimburse Tribes for the purchase of child safety seats that are to be distributed as a part of a coordinated community child passenger safety seat program (i.e. CPS installation and use training, fitting station, participation in CPS campaign, etc).

The BIA IHSP is implementing this initiative in collaboration with the Indian Health Service Injury Prevention Program (IHS IP). The IHS IP program will serve as the primary technical advisor to Tribes in implementing a coordinated community CPS program, including best practices in child safety seat distribution.

The IHSP will provide funding, through reimbursement, for the purchase of child safety seats through its application process (enclosed). The application will require endorsement by the local Indian Health Service Office of Environmental Health Program. In addition, the Injury Prevention Specialist or Environmental Health Officer will assist the BIA IHSP with oversight of each CPS program participant.

The funding for the program is available to all federally recognized Tribes within the United States. **PLEASE NOTE:** All Tribes that receive an award of program funds are reimbursed for eligible costs incurred under the terms of 23 U.S.C. § 402 and subsequent amendments. This is an open solicitation, however, the last date for applications to be accepted in FY 2008 will be August 1, 2008.

Applications must be received not less than 30 days prior to the event for which seats are needed. Seats purchased before an award letter is issued will not be eligible for reimbursement. All activities for FY2008 must be concluded by September 30, 2008. A report on the activities for which the seats are being requested is due within 30 days following the event.

The application has 4 forms that must be completed.

Form A: **Child Passenger Safety (CPS) Child Safety Seat Application**. This form must be completed in its entirety and returned to the BIA IHSP along with form B. If Form B is not attached, the application will not be processed.

Form B: **Indian Health Service or State Highway Safety Office Endorsement**. This form must be completed and signed and must be attached to form A. If this form is not received as a part of the application, the application will not be processed.

Form C: **Child Passenger Safety Seat Distribution Report.** At the conclusion of the event for which the child passenger safety seats were purchased, this form must be filled out in its entirety, signed and returned along with form D for payment reimbursement.

Form D: **Child Passenger Safety Seat (CPS) Request for Reimbursement Form.** This form, along with applicable receipts must be filled out and signed, along with accompanying electronic payment information to the BIA IHSP. If Form C is not attached, your reimbursement request will not be processed until it is received.

Applications for child safety seat funding must be based on problem identification and planned program activities.

Child Passenger Safety Seat Applications must be submitted to:

**Patricia Abeyta – Program Coordinator
BIA Indian Highway Safety Program
1011 Indian School Road, Suite 331
Albuquerque, New Mexico 87104**

If you have questions, the contact information for the National Program Leads is listed as follows:

- ❖ Patricia Abeyta – BIA IHSP Program Coordinator
1011 Indian School Road – Suite 331
Albuquerque, NM 87104
(505) 563-5371
(505) 563-5375 – Fax

- ❖ Nancy M. Bill, MPH, CHES
Indian Health Service
OEHE-EHS-TMP 610
810 Thompson Ave., Suite 120
Rockville, MD 20852
(301) 443-0105
(301) 443-7538 – fax
Email: nancy.bill@ihs.gov

Please feel free to contact this office, or the IHS office if you have questions about this application.

Sincerely,



Paul J. Holley
Program Administrator

Encl: Forms A, B, C, D



BIA INDIAN HIGHWAY SAFETY PROGRAM CHILD PASSENGER SAFETY (CPS) CHILD SAFETY SEAT APPLICATION

Tribe: _____ Population Size: _____ Date: _____

Tribal Contact Person: _____

Title: _____

Telephone Number: _____ Fax: _____

Does the Tribe have an Occupant Protection (seat belt) law or Ordinance?
_____ Yes _____ No If Yes, is law Primary _____ or Secondary _____

Does the Tribe have a Child Passenger Safety law or Ordinance?
_____ Yes _____ No If Yes, is law Primary _____ or Secondary _____

Attach a copy of the law or provide information on the ages included _____

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

How is the usage rate determined? _____

If so, what is rate? _____

If no, will a survey be conducted? _____ Yes _____ No

If so, when will survey be conducted? _____

Number of seats requested: _____ Convertible Seats x \$ _____ = \$ _____
_____ Booster Seats x \$ _____ = \$ _____
_____ (Other – Please list) _____
x \$ _____ = \$ _____

Total Amount Requested: _____

Does the Tribe have a permanent CPS Fitting station? _____ Yes _____ No

If yes, location address: _____

If yes, is it by appointment? _____ Yes _____ No

If No, are seats for a special event? _____ Yes _____ No

If Yes, please list event and date: _____

Name and telephone number of lead CPS technician:

Name and telephone number of certified CPS Technicians who will be assisting at event and/or fitting station:

Please Note: The IHS/State Endorsement Form must accompany the application for Child Safety Seats.

INDIAN HEALTH SERVICE
or
STATE HIGHWAY SAFETY OFFICE
ENDORSEMENT

Form: **B**



Does the Tribe have current certified technicians? Yes No

If Yes, how many? _____

If No, does the Tribe have access to currently certified technicians? Yes No

If Yes, from what agency? _____

Does the CPS technician provide training to recipients? Yes No

What is the type and duration of the training? _____

Do you agree to work with Tribe to submit a written report of how CPS seats were distributed (utilizing the attached form) within 30 days from the conclusion of the event for which seats are being purchased? Yes No

IHS Injury Prevention Specialist/IHS Environmental Health Officer or
State Highway Safety Office Staff Person Name and contact information

Address: _____

Phone No: _____

Fax No: _____

Signature

Date

CHILD PASSENGER SAFETY SEAT DISTRIBUTION REPORT
REQUIRED TO BE SENT IN WITH REIMBURSEMENT REQUEST

Form: **C**

Name of Tribe: _____

CPS Event and location: _____

Date of Event or location of fitting station:

Number of Inspections Conducted: _____

Number of seats properly installed (or properly used) _____

Number of seats improperly installed (or misused) _____

Number of seats replaced _____

Reasons for replacement _____

What kind of training on the proper use of child safety seat installation did recipients receive? (Hands-on, video, handouts, etc). If handouts used, please attach a sample of the materials.

How was this event publicized?

Attach a copy of any printed media (if available)

Additional Comments:

Lead Technician: _____

Name and Title of Person Completing Report

Signature

Date

DEPARTMENT OF THE INTERIOR Indian State Indian Highway Safety Program		REQUEST FOR REIMBURSEMENT CHILD PASSENGER SAFETY (CPS) SEATS
Grant Number	Tribe	ABA Routing # _____ Account # _____ 9 Digit tax ID # _____
Approved Funding	Request #	Prepared by:
Federal _____	_____ Final? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name _____ Phone No: _____ Date _____

**CHILD PASSENGER SAFETY (CPS) SAFETY SEAT GRANT
 REIMBURSEMENT CALCULATION**

This claim covers the period of _____, 200__ to _____, 200__

Total amount of seats purchased \$ _____

Taxes on seats purchased \$ _____

Shipping/handling (if any) \$ _____

TOTAL AMOUNT REQUESTED: \$ _____

Are the appropriate receipts attached? ___ Yes ___ No

Is the Form C: *Child Passenger Safety Seat Distribution Report* Attached ___ Yes ___ No

PLEASE NOTE: NO REIMBURSEMENTS WILL BE MADE IF FORM C IS NOT ATTACHED

I certify that the attached documents and receipts represent actual expenditures made to carry out the purposes of the grant and that the funds were expended within the time period specified in the award letter.

By:

 Type or Write name and Title
 (Authorized Official for Tribe ONLY)

 Signature

 Date Signed

APPROVAL

 Program Administrator, IHSP

 Signature

 Date Signed

DATE ENTERED INTO GTS FOR PAYMENT _____ BY _____