



**FY 2008**

# **Impaired Driving Court**

## **Application**



**For more information, contact:**

**Program Coordinator  
BIA Indian Highway Safety Program  
1011 Indian School Road, NW  
Albuquerque, NM 87104  
(505) 563-5371**

## Impaired Driving Court Application Narrative

The National Highway Traffic Safety Administration (NHTSA) estimates alcohol use in fatality crashes on the reservations at approximately 58% (according to national FARS data). Self-reported numbers from the Tribes indicate the usage rate is much higher, approximately 85-90%.

The BIA Indian Highway Safety Program (IHSP) has over the years funded many projects aimed at reducing the incidence of driving under the influence of alcohol (DUI/DWI). Drinking and driving are not the only adverse effects to the systemic problems surrounding alcohol on the reservations. Tribal police departments report most every type of incident they respond to, from suicide to domestic violence, involves alcohol or some other type of drug.

Tribal law enforcement plays a tremendous role in reducing DUI on the reservation by removing the drivers from the roads temporarily, however, without the support of Tribal courts these dangerous drivers usually become repeat offenders. Drunk drivers and especially repeat offenders are dangerous to every person living on the reservation. It is estimated that by the time a person is arrested the first time for DUI, he or she has already driven drunk approximately 200 times.

Many Tribal courts are unable to efficiently adjudicate DUI offenders. Tribal courts are often times overloaded with violent offenses and as a result, drunk drivers slip through the cracks. In an effort to more effectively adjudicate, evaluate and sanction these dangerous drivers, the BIA IHSP is offering resources to establish or enhance Impaired Driving Courts on the reservations.

If your Tribe is interested in applying for funding to establish or enhance an Impaired Driving Court, please complete the application package which contains:

- Application Form
- Itemized Budget
- Certifications (must be signed)

The IHSP provides grants to Tribes utilizing Title 23, Section 402 funds provided by the U.S. Dept. of Transportation.

**PLEASE NOTE: All grants are reimbursement grants.**

If you have questions, or need further guidance, please contact the IHSP at (505) 563-5371.

## Impaired Driving Court Application

Name of Tribe: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Person/Title completing this application:

\_\_\_\_\_ Telephone Number: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ (See Budget Worksheet)

**Check one of the following:**

Full-Time Impaired Driving Court: \_\_\_\_\_

Part-Time Impaired Driving Court: \_\_\_\_\_ (If part-time, please list days and hours per week, impaired driving court will be in session)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Equipment Needs: (Check all that apply)**

Desktop PC: \_\_\_\_\_

Laptop: \_\_\_\_\_

Court Monitoring Software: \_\_\_\_\_

General Office Supplies (paper, cartridges, etc.): \_\_\_\_\_

Other: \_\_\_\_\_ (Please list) \_\_\_\_\_

**All equipment purchased must be used for this project only.**

## Budget Work Sheet

**Salaries:**

Judge: \$ \_\_\_\_\_ Regular: \_\_\_\_\_ Overtime: \_\_\_\_\_

Clerk: \$ \_\_\_\_\_ Regular: \_\_\_\_\_ Overtime: \_\_\_\_\_

Probation Officer: \$ \_\_\_\_\_ Regular: \_\_\_\_\_ Overtime: \_\_\_\_\_

Other: \$ \_\_\_\_\_ List Position and Function: \_\_\_\_\_

Overtime Salary for Police Officers: \$ \_\_\_\_\_

Fringe Benefits (on all salaries above): \$ \_\_\_\_\_

15% IDC (based on salaries and fringe):\$ \_\_\_\_\_

Equipment: \$ \_\_\_\_\_

(Please indicate below how equipment will be used):

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Travel/Training: \$ \_\_\_\_\_

(Please indicate below training that will be requested):

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Total Amount Requested: \$ \_\_\_\_\_

## **Budget Explanation**

### **Salaries:**

If salaries are Overtime, multiply estimated number of hours x Tribal rate of OT salary.

Ex: 4 hours x 2 times per week = 8 hours per week  
8 hours x 52 weeks = 416 hours per year  
416 x \$30.00 per hour = **\$12,480.00**

Each salary should be calculated based on the above.

### **Overtime Salary for Police Officers:**

Officers will be paid Overtime salary based on **30 minute increments**. To obtain estimate of overtime salary for police officers, contact police department.

### **Fringe Benefits:**

Please contact Tribal Payroll Department to obtain rate of Fringe Benefits for Tribe.

### **Indirect Cost Rate:**

In accordance with BIA IHSP policy, the Indirect Cost Rate is capped at 15% for Salary/Fringe costs.

Please add all estimated salaries plus fringe benefits. 15% IDC may be added to the total.

### **Equipment:**

Please itemize all equipment to be purchased in support of this project. Indicate how equipment will be used.

If your project is in need of Court Monitoring software, the BIA IHSP can provide CISCO Court Module software. Please indicate on application if you need software. If you receive software, training will be provided.

### **Travel/Training:**

Indicate the type of training you will need and provide estimate of cost (lodging, airfare, tuition, etc.). A copy of the BIA Travel Procedures is attached.

## Project Agreement and Certification

This agreement shall be between the \_\_\_\_\_ Tribe and the BIA Indian Highway Safety Program (IHSP).

Project Number: \_\_\_\_\_

I do hereby certify by signature that I understand and agree to the following:

1. The person executing this agreement has authority to enter into the conditions set forth between the Tribe and the BIA Indian Highway Safety Program.
2. This agreement is an obligating document that allows costs to be incurred after October 1, 2007, based on the availability of Federal Funds.
3. I understand and agree that funds for this project are specifically to be used for adjudicating traffic offenses, specifically DUI/DWI.
4. I understand and agree to complete and submit the monthly reporting form supplied by the BIA IHSP.
5. A monthly program narrative and a Request for Reimbursement are **required** within ten (10) days after the end of each month. **All monthly reports must be submitted in the format provided by the BIA Indian Highway Safety Program.**
6. **All payments are on a reimbursement basis. A REQUEST FOR REIMBURSEMENT (RFR) form AND the REQUEST FOR REIMBURSEMENT SUMMARY SHEET must be submitted monthly along with the narrative report.** Supporting documentation is mandatory for all expenditures and claims for that monthly reporting period. The reimbursement requests should be submitted to the Indian Highway Safety Program for review, approval, and submittal to NHTSA. *RFRs and Summary Sheets* not received with the monthly narrative and supporting documentation **WILL NOT** be processed until all information is received.
7. Written notice of your electronic transfer account number, your ABA number, and your nine (9) digit Employer Tax ID number issued by the IRS **must be** submitted to this office immediately upon receipt of this letter.
8. Any modifications (either budget or program) to an approved project must have written approval **prior** to any changes. This approval must come from the Indian Highway Safety Program.
9. If the Project Coordinator changes, or there are other personnel changes, the Indian Highway Safety Program **must be** notified immediately and provided with the name, title, telephone number, and fax number of new personnel.

10. The name of the designated official who will be authorizing the *REQUEST FOR REIMBURSEMENT* of funds is required. This person should be the only one who signs the *REQUEST FOR REIMBURSEMENT* form.
11. Any equipment purchased under this grant shall be used for the purpose for which it was intended for the useful life of the equipment.
12. In order to be reimbursed for equipment purchases, a copy of the signed receiving invoice, which shall include descriptions and Serial Numbers, must be submitted to the BIA IHSP.
13. The Tribe agrees to send a letter to the BIA IHSP requesting disposition of any equipment with a purchase price of \$5,000.00 or more before the equipment may be disposed of.
14. All travel must adhere to the guidelines provided as a part of the awards package.
15. All purchases of goods and services will be made using procurement regulations approved by the BIA IHSP, as set forth for the under Title 49, CFR "Common Rule", 23 CFR Part 1200 and NHTSA funding policy dated February 2002.
16. If the Tribe is required to have a Single Agency Audit based on federal received (\$500,000 or more from all Federal sources) a copy of the findings will be provided to the BIA IHSP.
17. All training must be Highway Safety related and DOT/NHTSA developed or endorsed curriculums.
18. Cell phones, airtime, or other charges related to cell phones **WILL NOT** be authorized for any reason.
19. Full time salaried personnel are expected to spend 100% of their time on project activities. This must be accounted for in monthly narratives and by timesheets. Indian Highway Safety Program staff will verify during on-site visits and monthly claims monitoring.
20. The Tribe agrees to provide all information, reports, and will permit access to its books, records, accounts and other sources of information that pertain to this grant agreement upon request by the BIA Indian Highway Safety Program staff or NHTSA. A representative from the BIA and/or NHTSA shall be privileged to visit the site for the purpose of inspection and/or assessment of work being performed at any time. Notice will be given when possible.
21. The Coordinator of the BIA Highway Safety Program shall decide any dispute, disagreement or question of fact arising under this agreement. A written appeal may be made within 30 calendar days to the Governor's Representative. A decision shall be made by the GR and the Tribe will be notified either in writing, by telephone or e-mail.

22. All final claims for reimbursement **AND** a final performance report **MUST BE** received by the BIA Indian Highway Safety Office no later than October 31, 2008. Claims received after that time may not be eligible for reimbursement.

23. This form must be returned within ten (10) days of receipt or before any project activities take place.

24. A copy of the executed agreement will be provided to the Tribe.

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Chief of Police

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Date

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Chief Judge

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Date

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Tribal Leader

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Date

**Impaired Driving Court Monthly Report Form**

Month: \_\_\_\_\_, 20\_\_\_\_ Project No.: \_\_\_\_\_

Tribe: \_\_\_\_\_

Number of DUI/DWI arrests: \_\_\_\_\_

Number of cases filed by Tribal Prosecutor: \_\_\_\_\_

Number of DUI/DWI cases adjudicated: \_\_\_\_\_

Number of DUI/DWI convictions: \_\_\_\_\_

Number of DUI/DWI dismissals: \_\_\_\_\_

Number of DUI/DWI dismissals because of:

\_\_\_\_\_ Officer did not appear

\_\_\_\_\_ Lack of evidence

\_\_\_\_\_ Improper testing

\_\_\_\_\_ Other \_\_\_\_\_

Number of cases continued: \_\_\_\_\_

Number of repeat offenders: \_\_\_\_\_

Number of first offenders: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Print Name and Title:

\_\_\_\_\_

\_\_\_\_\_

Telephone Number:

\_\_\_\_\_

**Court Overtime for Law Enforcement Officer**

Name : \_\_\_\_\_ Badge No. : \_\_\_\_\_

Date of Overtime: \_\_\_\_\_

Case Number: \_\_\_\_\_

Total Number of Hours: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Officer Signature: \_\_\_\_\_

Clerk Signature: \_\_\_\_\_