

Demographic Form

Please fill out this form in it's entirety. Note that each subsection has individual instructions. Please read them carefully before filling out this form.

I. Tribe Information

1. The name of each federally-recognized Indian Tribe that will be served by the proposed project(s):

Name(s)

BIA Region(s)

2. What is the Tribe's current enrollment?

3. What is the Tribe's total number of unemployed 18 years and over?

4. What is the Tribe's total number of under-employed (below the poverty line) 18 years and over?

5. What is the Tribe's total number of employed 18 years and over?

6. What is the current local population base?

7. Please enter the approximate square mileage of the reservation/jurisdiction to be served: (sq. miles)

8. Please check the crime victim population area(s) that best describe the services the Tribe typically supports.

- | | |
|---|---|
| <input type="checkbox"/> Abused or neglected children | <input checked="" type="checkbox"/> Stalking |
| <input checked="" type="checkbox"/> Domestic Violence | <input checked="" type="checkbox"/> Survivors of homicide |
| <input checked="" type="checkbox"/> Elder Abuse | <input type="checkbox"/> Survivors of attempted homicide and/or assault |
| <input checked="" type="checkbox"/> Gang Violence | <input type="checkbox"/> Motor vehicle homicide |
| <input type="checkbox"/> Rape/sexual assault | <input checked="" type="checkbox"/> Human trafficking |
| <input type="checkbox"/> School violence | <input checked="" type="checkbox"/> Hate/bias crimes |
| <input type="checkbox"/> Juvenile crime, including bullying | <input type="checkbox"/> Financial crime/identity theft |
| <input type="checkbox"/> Property crime | <input type="checkbox"/> Victims with disabilities |

9. Have you applied for a CTAS grant before? Yes No

If yes, what year? 2009 2010

10. Please provide your status as an applicant (check all that apply):

- Tribe
- Tribal Coalition
- Tribal Consortia
- Non-profit organization
- Other (please describe)

a. If you selected Tribal Coalition or Tribal Consortia please list the tribes you represent:

b. If you selected Non-profit organization describe the nature of you services and whom you provide them.

N/A

11. Please indicate if your agree with the following statement: The tribe(s)submitting this application consider themselves to be remotely located with respect to availability of justice or other relevant community services.

Yes No

If you selected “Yes”, please provide a brief statement that explains your selection. Examples might include “For a majority of our tribal community, law enforcement resource centers are greater than 1 hour’s drive away.” Or “Our tribal community has no resident medical facilities and the nearest public health center is operated by the City/Town of XXX which is not within tribal lands and not easily reached.”

II. Property/Violent Crime

Using the most recent available data and to the best of your ability using the UCR crime definitions, enter the actual number of incidents reported to your Tribe for the following crime types. Note that only those incidents for which your Tribe had primary response authority should be provided.

UCR Data *	
Year	2010
Criminal Homicide	N/A
Forcible Rape	18
Robbery	340
Aggravated Assault	7
Burglary	210
Larceny (except motor vehicle theft)	91
Motor Vehicle Theft	61

***Note:** If your Tribe is not using UCR data or reports to NIBRS, please explain the source or methods used to report your crime data. If you do not report crime incidents at all please explain why you are unable to provide such data. If instructions are needed on converting your data to UCR Summary Data style please view the COPS Application Guide of the FBI's UCR Handbook (www.fbi.gov/ucr/handbook/ucrhandbook04.pdf) for more information.

This is where I would explain why I'm not using the UCR data, but since we are using the UCR we don't need to explain anything.

III. Tribal Law Enforcement Information

Please answer the following questions. NOTE: If you choose "none" for question 1 you are finished completing this section and do not need to answer 1a or 1b.

1. What law enforcement agency or departments does your Tribe operate? (check all that apply):

- Tribal Police Department
- Department of Natural Resources
- Department of Fish and Wildlife
- Other (please describe):
- None

Fire Department/EMS

a. What is the actual population your department serves as the primary law enforcement agency entity?

This may or may not be the same as the population reported in the U.S. Census, the Tribe's current enrollment or the local population base. A Tribe with primary law enforcement authority is defined as having first responder responsibility to calls for service for all types of criminal incidents within its jurisdiction.

210,000

b. Enter the current Fiscal Year Actual Sworn Force Strength as of the date of this application:

The actual number of sworn officer positions is the actual number of sworn positions employed by your Tribe as of the date of this application. Do not include funded but currently vacant positions or unpaid positions. NOTE: For Tribes with multiple component law enforcement departments (e.g. Department of Public Safety and Fish and Wildlife Department), please report cumulative, full- and part-time sworn-force strength number for all law enforcement departments in your Tribe which would receive funding through this request if awarded.

Full-Time: 11

Part-Time: 35

IV. Tribal Facilities, Capacities and Capabilities

1. Telecommunications and Technology

a. Describe your Internet Access:

- Greater than 1Mbps (typically high speed broadband or T1 dedicated service)
- Between 1Mbps and 56Kbps (typically DSL or low rate broad band cable)
- Less than 56kbps (typically dial-up access)
- None

b. What types of communication services are generally available to the tribe at large and/or the tribe's justice components? (check all that apply)

- | | Tribes | Justice |
|---|--------------------------|--------------------------|
| i. Land Line (telephone, dial-up service) | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. Cellular (telephone, data, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| iii. Satellite - Receive only (broadcasting services) | <input type="checkbox"/> | <input type="checkbox"/> |
| iv. Satellite - 2-way (2-way voice and data and well as broadcasting) | <input type="checkbox"/> | <input type="checkbox"/> |
| v. Radio services - (HF, VHF, UHF) | <input type="checkbox"/> | <input type="checkbox"/> |
| vi. Point to Point Microwave | <input type="checkbox"/> | <input type="checkbox"/> |
| vii. Other (please describe) | | |

Tribal

Justice Comp.

2. Facilities and Services (check all that apply)

- Hospital(s)
- Medical Clinic(s)
- Mental Health Treatment Facilities (general)
- Alcohol and Substance Abuse treatment facilities
- Court(s)
- Detention Facilities (Adult)
- Detention Facilities (Youth/Juvenile)
- Domestic Violence Shelters and/or Transitional Housing
- Recreational Youth Facilities
- Counseling Youth Facilities
- Re-Entry Facilities/Halfway Houses

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10,000

SAMPLE