

Demographic Form

Please fill out this form in its entirety. Note that each subsection has individual instructions. Please read them carefully before filling out this form. If you are applying as a consortium please aggregate the data for all the Tribes represented in your application.

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. Of your current enrollment, what is the Tribe's total number of unemployed 18 years and over?

4. Of your current enrollment, what is the Tribe's total number of under-employed (below the poverty line) 18 years and over?

5. Of your current enrollment, 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 type="checkbox"/> Stalking |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Survivors of homicide |
| <input type="checkbox"/> Elder Abuse | <input type="checkbox"/> Survivors of attempted homicide and/or assault |
| <input type="checkbox"/> Gang Violence | <input type="checkbox"/> Motor vehicle homicide |
| <input type="checkbox"/> Rape/sexual assault | <input type="checkbox"/> Human trafficking |
| <input type="checkbox"/> School violence | <input 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? 2010 2011

SAMPLE

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.

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	
Criminal Homicide	
Forcible Rape	
Robbery	
Aggravated Assault	
Burglary	
Larceny (except motor vehicle theft)	

SAMPLE

Motor Vehicle Theft

***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.

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

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.

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:

Part-Time:

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)

SAMPLE

- 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 a
- 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)

	Tribe	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)

Applicants should check and provide data for all the facilities and services located within the reservation/jurisdiction described in question 8 above.

<input type="checkbox"/> Hospital(s)	# of beds	
<input type="checkbox"/> Medical Clinic(s)	# of facilities	
<input type="checkbox"/> Mental Health Treatment Facilities (general)	# of facilities	
<input type="checkbox"/> Alcohol and Substance Abuse treatment facilities	# of facilities	
<input type="checkbox"/> Court(s)	# of facilities	
<input type="checkbox"/> Detention Facilities (Adult)	# of beds	
<input type="checkbox"/> Detention Facilities (Youth/Juvenile)	# of beds	
<input type="checkbox"/> Domestic Violence Shelters and/or Transitional H	# of facilities	
<input type="checkbox"/> Recreational Youth Facilities	# of facilities	
<input type="checkbox"/> Counseling Youth Facilities	# of facilities	
<input type="checkbox"/> Re-Entry Facilities/Halfway Houses	# of facilities	

Public Safety and Community Policing

Purpose Area (1)

Program Office

COPS

16.710

Note: Non-Federal match is not required for this purpose area but can be provided if desired.

A. Personnel

Name/Position <small>List each position and name, if known. New positions may be grouped by type.</small>	Computation <small>Show annual salary rate & amount of time devoted to the project for each name/position.</small>							
	# of Positions	Salary	Rate	Time Worked (# of years)	%	Total Cost	Non-Federal Contribution	Federal Request
			yearly	3	100%	\$0		\$0
Total(s)						\$0	\$0	\$0

Narrative

SAMPLE

B. Fringe Benefits						
Type of Benefit		Computation				
<i>List each grant-support fringe benefit that is provided to the grant-funded position.</i>		<i>Show the basis for computation.</i>				
		Base	Rate	Total Cost	Non-Federal Contribution	Federal Request
				\$0		\$0
Total				\$0	\$0	\$0
Narrative						

SAMPLE

C. Travel								
Purpose of Travel	Location	Type of Expense	Computation					
<i>Indicate the purpose of each trip or type of trip (training, advisory group meeting)</i>	<i>Indicate the travel destination.</i>	<i>Hotel, airfare, per diem</i>	<i>Compute the cost of each type of expense X the number of people traveling.</i>					
			Cost	Duration or Distance	# of Staff	Total Cost	Non-Federal Contribution	Federal Request
						\$0		\$0
Total						\$0	\$0	\$0
Narrative								

SAMPLE

D. Equipment					
Item	Computation				
<i>List and describe each item of equipment that will be purchased</i>	<i>Compute the cost (e.g., the number of each item to be purchased X the cost per item)</i>				
	# of Items	Cost	Total Cost	Non-Federal Contribution	Federal Request
			\$0		\$0
Total			\$0	\$0	\$0
Narrative					

SAMPLE

E. Supplies						
Supply Items <i>Provide a list of the types of items to be purchased with grant funds.</i>		Computation <i>Describe the item and the compute the costs. Computation: The number of each item to be purchased X the cost per item.</i>				
		# of Items	Cost	Total Cost	Non-Federal Contribution	Federal Request
				\$0		\$0
Total				\$0	\$0	\$0
Narrative						

SAMPLE

F. Construction						
List of Construction Activities <i>List and describe each item that is part of construction.</i>		Computation <i>Compute the costs (e.g., the number of each item to be purchased X the cost per item)</i>				
		# of Items	Cost	Total Cost	Non-Federal Contribution	Federal Request
N/A				\$0		\$0
Total				\$0	\$0	\$0
Narrative						

SAMPLE

G. Consultants/Contracts									
Item									
<i>Provide a description of the producer or services to be procured by contract and an estimate of the costs. Applicants are encouraged to promote free and open competition in awarding contracts. A separate justification must be provided for sole source contracts in excess of \$100.00</i>									
							Total Cost	Non-Federal Contribution	Federal Request
									\$0
Purpose of Travel	Location	Type of Expense	Computation						
<i>Indicate the purpose of each trip or type of trip (training, advisory group meeting)</i>	<i>Indicate the travel destination.</i>	<i>Hotel, airfare, per diem</i>	<i>Compute the cost of each type of expense X the number of people traveling.</i>						
			Cost	Duration or Distance	# of Staff	Total Cost	Non-Federal Contribution	Federal Request	
						\$0		\$0	
Total						\$0	\$0	\$0	
Narrative									

SAMPLE

H. Other Costs			
Description			
<i>List and describe items that will be paid with grants funds.</i>			
	Total Cost	Non-Federal Contribution	Federal Request
			\$0
Total	\$0	\$0	\$0
Narrative			

SAMPLE

I. Indirect Costs					
Description <i>Describe what the approved rate is and how it is applied.</i>	Computation <i>Compute the indirect costs for those portions of the program which allow such costs.</i>				
	Base	Indirect Cost Rate	Total Cost	Non-Federal Contribution	Federal Request
			\$0		\$0
Total			\$0	\$0	\$0
Narrative					

Comprehensive Tribal Justice Systems Strategic Planning

Purpose Area (2)

Program Office

BJA

16.608

Note: Non-Federal match is not required for this purpose area but can be provided if desired.

A. Personnel

Name/Position <small>List each position and name, if known. New positions may be grouped by type.</small>	Computation <small>Show annual salary rate & amount of time devoted to the project for each name/position.</small>							
	# of Positions	Salary	Rate	Time Worked <small>(# of hours, days, months, years)</small>	%	Total Cost	Non-Federal Contribution	Federal Request
						\$0		\$0
Total(s)						\$0	\$0	\$0

Narrative

SAMPLE

B. Fringe Benefits						
Type of Benefit		Computation				
<i>List each grant-support fringe benefit that is provided to the grant-funded position.</i>		<i>Show the basis for computation.</i>				
		Base	Rate	Total Cost	Non-Federal Contribution	Federal Request
				\$0		\$0
Total				\$0	\$0	\$0
Narrative						

SAMPLE

C. Travel								
Purpose of Travel	Location	Type of Expense	Computation					
<i>Indicate the purpose of each trip or type of trip (training, advisory group meeting)</i>	<i>Indicate the travel destination.</i>	<i>Hotel, airfare, per diem</i>	<i>Compute the cost of each type of expense X the number of people traveling.</i>					
			Cost	Duration or Distance	# of Staff	Total Cost	Non-Federal Contribution	Federal Request
						\$0		\$0
Total						\$0	\$0	\$0
Narrative								

SAMPLE

D. Equipment					
Item	Computation				
<i>List and describe each item of equipment that will be purchased</i>	<i>Compute the cost (e.g., the number of each item to be purchased X the cost per item)</i>				
	# of Items	Cost	Total Cost	Non-Federal Contribution	Federal Request
			\$0		\$0
Total			\$0	\$0	\$0
Narrative					

SAMPLE

E. Supplies						
Supply Items <i>Provide a list of the types of items to be purchased with grant funds.</i>		Computation <i>Describe the item and the compute the costs. Computation: The number of each item to be purchased X the cost per item.</i>				
		# of Items	Cost	Total Cost	Non-Federal Contribution	Federal Request
				\$0		\$0
Total				\$0	\$0	\$0
Narrative						

SAMPLE

F. Construction						
List of Construction Activities <i>List and describe each item that is part of construction.</i>		Computation <i>Compute the costs (e.g., the number of each item to be purchased X the cost per item)</i>				
		# of Items	Cost	Total Cost	Non-Federal Contribution	Federal Request
N/A				\$0		\$0
Total				\$0	\$0	\$0
Narrative						

SAMPLE

G. Consultants/Contracts									
Item									
<i>Provide a description of the producer or services to be procured by contract and an estimate of the costs. Applicants are encouraged to promote free and open competition in awarding contracts. A separate justification must be provided for sole source contracts in excess of \$100.00</i>									
							Total Cost	Non-Federal Contribution	Federal Request
									\$0
Purpose of Travel	Location	Type of Expense	Computation						
<i>Indicate the purpose of each trip or type of trip (training, advisory group meeting)</i>	<i>Indicate the travel destination.</i>	<i>Hotel, airfare, per diem</i>	<i>Compute the cost of each type of expense X the number of people traveling.</i>						
			Cost	Duration or Distance	# of Staff	Total Cost	Non-Federal Contribution	Federal Request	
						\$0		\$0	
Total						\$0	\$0	\$0	
Narrative									

SAMPLE

H. Other Costs			
Description			
<i>List and describe items that will be paid with grants funds.</i>			
	Total Cost	Non-Federal Contribution	Federal Request
			\$0
Total	\$0	\$0	\$0
Narrative			

SAMPLE

I. Indirect Costs					
Description <i>Describe what the approved rate is and how it is applied.</i>	Computation <i>Compute the indirect costs for those portions of the program which allow such costs.</i>				
	Base	Indirect Cost Rate	Total Cost	Non-Federal Contribution	Federal Request
			\$0		\$0
Total			\$0	\$0	\$0
Narrative					

Justice Systems and Alcohol and Substance Abuse

Purpose Area (3)

Program Office

BJA

16.608

Note: Non-Federal match is not required for this purpose area but can be provided if desired.

A. Personnel

Name/Position <small>List each position and name, if known. New positions may be grouped by type.</small>	Computation <small>Show annual salary rate & amount of time devoted to the project for each name/position.</small>							
	# of Positions	Salary	Rate	Time Worked <small>(# of hours, days, months, years)</small>	%	Total Cost	Non-Federal Contribution	Federal Request
						\$0		\$0
Total(s)						\$0	\$0	\$0

Narrative

SAMPLE

B. Fringe Benefits					
Type of Benefit	Computation				
<i>List each grant-support fringe benefit that is provided to the grant-funded position.</i>	<i>Show the basis for computation.</i>				
	Base	Rate	Total Cost	Non-Federal Contribution	Federal Request
			\$0		\$0
Total			\$0	\$0	\$0
Narrative					

SAMPLE

C. Travel								
Purpose of Travel	Location	Type of Expense	Computation					
<i>Indicate the purpose of each trip or type of trip (training, advisory group meeting)</i>	<i>Indicate the travel destination.</i>	<i>Hotel, airfare, per diem</i>	<i>Compute the cost of each type of expense X the number of people traveling.</i>					
			Cost	Duration or Distance	# of Staff	Total Cost	Non-Federal Contribution	Federal Request
						\$0		\$0
Total						\$0	\$0	\$0
Narrative								

SAMPLE

D. Equipment					
Item	Computation				
<i>List and describe each item of equipment that will be purchased</i>	<i>Compute the cost (e.g., the number of each item to be purchased X the cost per item)</i>				
	# of Items	Cost	Total Cost	Non-Federal Contribution	Federal Request
			\$0		\$0
Total			\$0	\$0	\$0
Narrative					

SAMPLE

E. Supplies						
Supply Items <i>Provide a list of the types of items to be purchased with grant funds.</i>		Computation <i>Describe the item and the compute the costs. Computation: The number of each item to be purchased X the cost per item.</i>				
		# of Items	Cost	Total Cost	Non-Federal Contribution	Federal Request
				\$0		\$0
Total				\$0	\$0	\$0
Narrative						

SAMPLE

F. Construction						
List of Construction Activities <i>List and describe each item that is part of construction.</i>		Computation <i>Compute the costs (e.g., the number of each item to be purchased X the cost per item)</i>				
		# of Items	Cost	Total Cost	Non-Federal Contribution	Federal Request
N/A				\$0		\$0
Total				\$0	\$0	\$0
Narrative						

SAMPLE

G. Consultants/Contracts									
Item									
<i>Provide a description of the producer or services to be procured by contract and an estimate of the costs. Applicants are encouraged to promote free and open competition in awarding contracts. A separate justification must be provided for sole source contracts in excess of \$100.00</i>									
							Total Cost	Non-Federal Contribution	Federal Request
									\$0
Purpose of Travel	Location	Type of Expense	Computation						
<i>Indicate the purpose of each trip or type of trip (training, advisory group meeting)</i>	<i>Indicate the travel destination.</i>	<i>Hotel, airfare, per diem</i>	<i>Compute the cost of each type of expense X the number of people traveling.</i>						
			Cost	Duration or Distance	# of Staff	Total Cost	Non-Federal Contribution	Federal Request	
						\$0		\$0	
Total						\$0	\$0	\$0	
Narrative									

SAMPLE

H. Other Costs			
Description			
<i>List and describe items that will be paid with grants funds.</i>			
	Total Cost	Non-Federal Contribution	Federal Request
			\$0
Total	\$0	\$0	\$0
Narrative			

SAMPLE

I. Indirect Costs					
Description <i>Describe what the approved rate is and how it is applied.</i>	Computation <i>Compute the indirect costs for those portions of the program which allow such costs.</i>				
	Base	Indirect Cost Rate	Total Cost	Non-Federal Contribution	Federal Request
			\$0		\$0
Total			\$0	\$0	\$0
Narrative					

Corrections and Correctional Alternatives

Purpose Area (4)

Program Office

BJA

16.596

Note: Non-Federal match is not required for this purpose area but can be provided if desired.

A. Personnel

Name/Position <small>List each position and name, if known. New positions may be grouped by type.</small>	Computation <small>Show annual salary rate & amount of time devoted to the project for each name/position.</small>							
	# of Positions	Salary	Rate	Time Worked <small>(# of hours, days, months, years)</small>	%	Total Cost	Non-Federal Contribution	Federal Request
						\$0		\$0
Total(s)						\$0	\$0	\$0

Narrative

SAMPLE

B. Fringe Benefits					
Type of Benefit	Computation				
<i>List each grant-support fringe benefit that is provided to the grant-funded position.</i>	<i>Show the basis for computation.</i>				
	Base	Rate	Total Cost	Non-Federal Contribution	Federal Request
			\$0		\$0
Total			\$0	\$0	\$0
Narrative					

SAMPLE

C. Travel								
Purpose of Travel <i>Indicate the purpose of each trip or type of trip (training, advisory group meeting)</i>	Location <i>Indicate the travel destination.</i>	Type of Expense <i>Hotel, airfare, per diem</i>	Computation <i>Compute the cost of each type of expense X the number of people traveling.</i>					
			Cost	Duration or Distance	# of Staff	Total Cost	Non-Federal Contribution	Federal Request
						\$0		\$0
Total						\$0	\$0	\$0
Narrative								

SAMPLE

D. Equipment					
Item	Computation				
<i>List and describe each item of equipment that will be purchased</i>	<i>Compute the cost (e.g., the number of each item to be purchased X the cost per item)</i>				
	# of Items	Cost	Total Cost	Non-Federal Contribution	Federal Request
			\$0		\$0
Total			\$0	\$0	\$0
Narrative					

SAMPLE

E. Supplies						
Supply Items <i>Provide a list of the types of items to be purchased with grant funds.</i>		Computation <i>Describe the item and the compute the costs. Computation: The number of each item to be purchased X the cost per item.</i>				
		# of Items	Cost	Total Cost	Non-Federal Contribution	Federal Request
				\$0		\$0
Total				\$0	\$0	\$0
Narrative						

SAMPLE

F. Construction						
List of Construction Activities <i>List and describe each item that is part of construction.</i>		Computation <i>Compute the costs (e.g., the number of each item to be purchased X the cost per item)</i>				
		# of Items	Cost	Total Cost	Non-Federal Contribution	Federal Request
				\$0		\$0
Total				\$0	\$0	\$0
Narrative						

SAMPLE

G. Consultants/Contracts									
Item									
<i>Provide a description of the producer or services to be procured by contract and an estimate of the costs. Applicants are encouraged to promote free and open competition in awarding contracts. A separate justification must be provided for sole source contracts in excess of \$100.00</i>									
							Total Cost	Non-Federal Contribution	Federal Request
									\$0
Purpose of Travel	Location	Type of Expense	Computation						
<i>Indicate the purpose of each trip or type of trip (training, advisory group meeting)</i>	<i>Indicate the travel destination.</i>	<i>Hotel, airfare, per diem</i>	<i>Compute the cost of each type of expense X the number of people traveling.</i>						
			Cost	Duration or Distance	# of Staff	Total Cost	Non-Federal Contribution	Federal Request	
						\$0		\$0	
Total						\$0	\$0	\$0	
Narrative									

SAMPLE

H. Other Costs			
Description			
<i>List and describe items that will be paid with grants funds.</i>			
	Total Cost	Non-Federal Contribution	Federal Request
			\$0
Total	\$0	\$0	\$0
Narrative			

SAMPLE

I. Indirect Costs					
Description <i>Describe what the approved rate is and how it is applied.</i>	Computation <i>Compute the indirect costs for those portions of the program which allow such costs.</i>				
	Base	Indirect Cost Rate	Total Cost	Non-Federal Contribution	Federal Request
			\$0		\$0
Total			\$0	\$0	\$0
Narrative					

Violence Against Women Tribal Governments Program

Purpose Area (5)

Program Office

OVW

16.587

Note: Non-Federal match is not required for this purpose area but can be provided if desired.

A. Personnel

Name/Position <small>List each position and name, if known. New positions may be grouped by type.</small>	Computation <small>Show annual salary rate & amount of time devoted to the project for each name/position.</small>							
	# of Positions	Salary	Rate	Time Worked <small>(# of hours, days, months, years)</small>	%	Total Cost	Non-Federal Contribution	Federal Request
						\$0		\$0
Total(s)						\$0	\$0	\$0

Narrative

SAMPLE

B. Fringe Benefits					
Type of Benefit	Computation				
<i>List each grant-support fringe benefit that is provided to the grant-funded position.</i>	<i>Show the basis for computation.</i>				
	Base	Rate	Total Cost	Non-Federal Contribution	Federal Request
			\$0		\$0
Total			\$0	\$0	\$0
Narrative					

SAMPLE

C. Travel								
Purpose of Travel	Location	Type of Expense	Computation					
<i>Indicate the purpose of each trip or type of trip (training, advisory group meeting)</i>	<i>Indicate the travel destination.</i>	<i>Hotel, airfare, per diem</i>	<i>Compute the cost of each type of expense X the number of people traveling.</i>					
			Cost	Duration or Distance	# of Staff	Total Cost	Non-Federal Contribution	Federal Request
						\$0		\$0
Total						\$0	\$0	\$0
Narrative								

SAMPLE

D. Equipment					
Item	Computation				
<i>List and describe each item of equipment that will be purchased</i>	<i>Compute the cost (e.g., the number of each item to be purchased X the cost per item)</i>				
	# of Items	Cost	Total Cost	Non-Federal Contribution	Federal Request
			\$0		\$0
Total			\$0	\$0	\$0
Narrative					

SAMPLE

E. Supplies						
Supply Items <i>Provide a list of the types of items to be purchased with grant funds.</i>		Computation <i>Describe the item and the compute the costs. Computation: The number of each item to be purchased X the cost per item.</i>				
		# of Items	Cost	Total Cost	Non-Federal Contribution	Federal Request
				\$0		\$0
Total				\$0	\$0	\$0
Narrative						

SAMPLE

F. Construction						
List of Construction Activities <i>List and describe each item that is part of construction.</i>		Computation <i>Compute the costs (e.g., the number of each item to be purchased X the cost per item)</i>				
		# of Items	Cost	Total Cost	Non-Federal Contribution	Federal Request
N/A				\$0		\$0
Total				\$0	\$0	\$0
Narrative						

SAMPLE

G. Consultants/Contracts									
Item									
<i>Provide a description of the producer or services to be procured by contract and an estimate of the costs. Applicants are encouraged to promote free and open competition in awarding contracts. A separate justification must be provided for sole source contracts in excess of \$100.00</i>									
							Total Cost	Non-Federal Contribution	Federal Request
									\$0
Purpose of Travel	Location	Type of Expense	Computation						
<i>Indicate the purpose of each trip or type of trip (training, advisory group meeting)</i>	<i>Indicate the travel destination.</i>	<i>Hotel, airfare, per diem</i>	<i>Compute the cost of each type of expense X the number of people traveling.</i>						
			Cost	Duration or Distance	# of Staff	Total Cost	Non-Federal Contribution	Federal Request	
						\$0		\$0	
Total						\$0	\$0	\$0	
Narrative									

SAMPLE

H. Other Costs			
Description			
<i>List and describe items that will be paid with grants funds.</i>			
	Total Cost	Non-Federal Contribution	Federal Request
			\$0
Total	\$0	\$0	\$0
Narrative			

SAMPLE

I. Indirect Costs					
Description	Computation				
<i>Describe what the approved rate is and how it is applied.</i>	<i>Compute the indirect costs for those portions of the program which allow such costs.</i>				
	Base	Indirect Cost Rate	Total Cost	Non-Federal Contribution	Federal Request
			\$0		\$0
Total			\$0	\$0	\$0
Narrative					

Children's Justice Act Partnerships for Indian Communities

Purpose Area (6)

Program Office

OVC

16.582

Note: No more than 50% of the request amount can be used salary and fringe benefits. Non-Federal match is not required for this purpose area but can be provided if desired.

A. Personnel

Name/Position <small>List each position and name, if known. New positions may be grouped by type.</small>	Computation <small>Show annual salary rate & amount of time devoted to the project for each name/position.</small>							
	# of Positions	Salary	Rate	Time Worked <small>(# of hours, days, months, years)</small>	%	Total Cost	Non-Federal Contribution	Federal Request
						\$0		\$0
Total(s)						\$0	\$0	\$0

Narrative

SAMPLE

B. Fringe Benefits					
Type of Benefit	Computation				
<i>List each grant-support fringe benefit that is provided to the grant-funded position.</i>	<i>Show the basis for computation.</i>				
	Base	Rate	Total Cost	Non-Federal Contribution	Federal Request
			\$0		\$0
Total			\$0	\$0	\$0
Narrative					

SAMPLE

C. Travel								
Purpose of Travel <i>Indicate the purpose of each trip or type of trip (training, advisory group meeting)</i>	Location <i>Indicate the travel destination.</i>	Type of Expense <i>Hotel, airfare, per diem</i>	Computation <i>Compute the cost of each type of expense X the number of people traveling.</i>					
			Cost	Duration or Distance	# of Staff	Total Cost	Non-Federal Contribution	Federal Request
						\$0		\$0
Total						\$0	\$0	\$0
Narrative								

SAMPLE

D. Equipment					
Item	Computation				
<i>List and describe each item of equipment that will be purchased</i>	<i>Compute the cost (e.g., the number of each item to be purchased X the cost per item)</i>				
	# of Items	Cost	Total Cost	Non-Federal Contribution	Federal Request
			\$0		\$0
Total			\$0	\$0	\$0
Narrative					

SAMPLE

E. Supplies						
Supply Items <i>Provide a list of the types of items to be purchased with grant funds.</i>		Computation <i>Describe the item and the compute the costs. Computation: The number of each item to be purchased X the cost per item.</i>				
		# of Items	Cost	Total Cost	Non-Federal Contribution	Federal Request
				\$0		\$0
Total				\$0	\$0	\$0
Narrative						

SAMPLE

F. Construction					
List of Construction Activities <i>List and describe each item that is part of construction.</i>		Computation <i>Compute the costs (e.g., the number of each item to be purchased X the cost per item)</i>			
	# of Items	Cost	Total Cost	Non-Federal Contribution	Federal Request
N/A			\$0		\$0
Total			\$0	\$0	\$0
Narrative					

SAMPLE

G. Consultants/Contracts									
Item									
<i>Provide a description of the producer or services to be procured by contract and an estimate of the costs. Applicants are encouraged to promote free and open competition in awarding contracts. A separate justification must be provided for sole source contracts in excess of \$100.00</i>									
							Total Cost	Non-Federal Contribution	Federal Request
									\$0
Purpose of Travel	Location	Type of Expense	Computation						
<i>Indicate the purpose of each trip or type of trip (training, advisory group meeting)</i>	<i>Indicate the travel destination.</i>	<i>Hotel, airfare, per diem</i>	<i>Compute the cost of each type of expense X the number of people traveling.</i>						
			Cost	Duration or Distance	# of Staff	Total Cost	Non-Federal Contribution	Federal Request	
						\$0		\$0	
Total						\$0	\$0	\$0	
Narrative									

SAMPLE

H. Other Costs			
Description			
<i>List and describe items that will be paid with grants funds.</i>			
	Total Cost	Non-Federal Contribution	Federal Request
			\$0
Total	\$0	\$0	\$0
Narrative			

SAMPLE

I. Indirect Costs						
Description <i>Describe what the approved rate is and how it is applied.</i>		Computation <i>Compute the indirect costs for those portions of the program which allow such costs.</i>				
		Base	Indirect Cost Rate	Total Cost	Non-Federal Contribution	Federal Request
				\$0		\$0
Total				\$0	\$0	\$0
Narrative						

Comprehensive Tribal Victim Assistance Program

Purpose Area (7)

Program Office

OVC

16.582

Note: Non-Federal match is not required for this purpose area but can be provided if desired.

A. Personnel

Name/Position <small>List each position and name, if known. New positions may be grouped by type.</small>	Computation <small>Show annual salary rate & amount of time devoted to the project for each name/position.</small>							
	# of Positions	Salary	Rate	Time Worked <small>(# of hours, days, months, years)</small>	%	Total Cost	Non-Federal Contribution	Federal Request
						\$0		\$0
Total(s)						\$0	\$0	\$0

Narrative

SAMPLE

B. Fringe Benefits					
Type of Benefit	Computation				
<i>List each grant-support fringe benefit that is provided to the grant-funded position.</i>	<i>Show the basis for computation.</i>				
	Base	Rate	Total Cost	Non-Federal Contribution	Federal Request
			\$0		\$0
Total			\$0	\$0	\$0
Narrative					

SAMPLE

C. Travel								
Purpose of Travel	Location	Type of Expense	Computation					
<i>Indicate the purpose of each trip or type of trip (training, advisory group meeting)</i>	<i>Indicate the travel destination.</i>	<i>Hotel, airfare, per diem</i>	<i>Compute the cost of each type of expense X the number of people traveling.</i>					
			Cost	Duration or Distance	# of Staff	Total Cost	Non-Federal Contribution	Federal Request
						\$0		\$0
Total						\$0	\$0	\$0
Narrative								

SAMPLE

D. Equipment					
Item	Computation				
<i>List and describe each item of equipment that will be purchased</i>	<i>Compute the cost (e.g., the number of each item to be purchased X the cost per item)</i>				
	# of Items	Cost	Total Cost	Non-Federal Contribution	Federal Request
			\$0		\$0
Total			\$0	\$0	\$0
Narrative					

SAMPLE

E. Supplies						
Supply Items <i>Provide a list of the types of items to be purchased with grant funds.</i>		Computation <i>Describe the item and the compute the costs. Computation: The number of each item to be purchased X the cost per item.</i>				
		# of Items	Cost	Total Cost	Non-Federal Contribution	Federal Request
				\$0		\$0
Total				\$0	\$0	\$0
Narrative						

SAMPLE

F. Construction						
List of Construction Activities <i>List and describe each item that is part of construction.</i>		Computation <i>Compute the costs (e.g., the number of each item to be purchased X the cost per item)</i>				
		# of Items	Cost	Total Cost	Non-Federal Contribution	Federal Request
N/A				\$0		\$0
Total				\$0	\$0	\$0
Narrative						

SAMPLE

G. Consultants/Contracts									
Item									
<i>Provide a description of the producer or services to be procured by contract and an estimate of the costs. Applicants are encouraged to promote free and open competition in awarding contracts. A separate justification must be provided for sole source contracts in excess of \$100.00</i>									
							Total Cost	Non-Federal Contribution	Federal Request
									\$0
Purpose of Travel	Location	Type of Expense	Computation						
<i>Indicate the purpose of each trip or type of trip (training, advisory group meeting)</i>	<i>Indicate the travel destination.</i>	<i>Hotel, airfare, per diem</i>	<i>Compute the cost of each type of expense X the number of people traveling.</i>						
			Cost	Duration or Distance	# of Staff	Total Cost	Non-Federal Contribution	Federal Request	
						\$0		\$0	
Total						\$0	\$0	\$0	
Narrative									

SAMPLE

H. Other Costs			
Description			
<i>List and describe items that will be paid with grants funds.</i>			
	Total Cost	Non-Federal Contribution	Federal Request
			\$0
Total	\$0	\$0	\$0
Narrative			

SAMPLE

I. Indirect Costs						
Description <i>Describe what the approved rate is and how it is applied.</i>		Computation <i>Compute the indirect costs for those portions of the program which allow such costs.</i>				
		Base	Indirect Cost Rate	Total Cost	Non-Federal Contribution	Federal Request
				\$0		\$0
Total				\$0	\$0	\$0
Narrative						

Tribal Juvenile Accountability Discretionary Program

Purpose Area (8)

Program Office

OJJDP

16.731

A. Personnel

Name/Position <small>List each position and name, if known. New positions may be grouped by type.</small>	Computation <small>Show annual salary rate & amount of time devoted to the project for each name/position.</small>							
	# of Positions	Salary	Rate	Time Worked <small>(# of hours, days, months, years)</small>	%	Total Cost	Non-Federal Contribution	Federal Request
						\$0		\$0
Total(s)						\$0	\$0	\$0

Narrative

SAMPLE

B. Fringe Benefits					
Type of Benefit	Computation				
<i>List each grant-support fringe benefit that is provided to the grant-funded position.</i>	<i>Show the basis for computation.</i>				
	Base	Rate	Total Cost	Non-Federal Contribution	Federal Request
			\$0		\$0
Total			\$0	\$0	\$0
Narrative					

SAMPLE

C. Travel								
Purpose of Travel	Location	Type of Expense	Computation					
<i>Indicate the purpose of each trip or type of trip (training, advisory group meeting)</i>	<i>Indicate the travel destination.</i>	<i>Hotel, airfare, per diem</i>	<i>Compute the cost of each type of expense X the number of people traveling.</i>					
			Cost	Duration or Distance	# of Staff	Total Cost	Non-Federal Contribution	Federal Request
						\$0		\$0
Total						\$0	\$0	\$0
Narrative								

SAMPLE

D. Equipment					
Item	Computation				
<i>List and describe each item of equipment that will be purchased</i>	<i>Compute the cost (e.g., the number of each item to be purchased X the cost per item)</i>				
	# of Items	Cost	Total Cost	Non-Federal Contribution	Federal Request
			\$0		\$0
Total			\$0	\$0	\$0
Narrative					

SAMPLE

E. Supplies						
Supply Items <i>Provide a list of the types of items to be purchased with grant funds.</i>		Computation <i>Describe the item and the compute the costs. Computation: The number of each item to be purchased X the cost per item.</i>				
		# of Items	Cost	Total Cost	Non-Federal Contribution	Federal Request
				\$0		\$0
Total				\$0	\$0	\$0
Narrative						

SAMPLE

F. Construction						
List of Construction Activities <i>List and describe each item that is part of construction.</i>		Computation <i>Compute the costs (e.g., the number of each item to be purchased X the cost per item)</i>				
		# of Items	Cost	Total Cost	Non-Federal Contribution	Federal Request
N/A				\$0		\$0
Total				\$0	\$0	\$0
Narrative						

SAMPLE

G. Consultants/Contracts									
Item									
<i>Provide a description of the producer or services to be procured by contract and an estimate of the costs. Applicants are encouraged to promote free and open competition in awarding contracts. A separate justification must be provided for sole source contracts in excess of \$100.00</i>									
							Total Cost	Non-Federal Contribution	Federal Request
									\$0
Purpose of Travel	Location	Type of Expense	Computation						
<i>Indicate the purpose of each trip or type of trip (training, advisory group meeting)</i>	<i>Indicate the travel destination.</i>	<i>Hotel, airfare, per diem</i>	<i>Compute the cost of each type of expense X the number of people traveling.</i>						
			Cost	Duration or Distance	# of Staff	Total Cost	Non-Federal Contribution	Federal Request	
						\$0		\$0	
Total						\$0	\$0	\$0	
Narrative									

SAMPLE

H. Other Costs			
Description			
<i>List and describe items that will be paid with grants funds.</i>			
	Total Cost	Non-Federal Contribution	Federal Request
			\$0
Total	\$0	\$0	\$0
Narrative			

SAMPLE

I. Indirect Costs					
Description	Computation				
<i>Describe what the approved rate is and how it is applied.</i>	<i>Compute the indirect costs for those portions of the program which allow such costs.</i>				
	Base	Indirect Cost Rate	Total Cost	Non-Federal Contribution	Federal Request
			\$0		\$0
Total			\$0	\$0	\$0
Narrative					

Tribal Youth Program

Purpose Area (9)

Program Office

OJJDP

16.731

Note: Non-Federal match is not required for this purpose area but can be provided if desired.

A. Personnel

Name/Position <small>List each position and name, if known. New positions may be grouped by type.</small>	Computation <small>Show annual salary rate & amount of time devoted to the project for each name/position.</small>							
	# of Positions	Salary	Rate	Time Worked <small>(# of hours, days, months, years)</small>	%	Total Cost	Non-Federal Contribution	Federal Request
						\$0		\$0
Total(s)						\$0	\$0	\$0

Narrative

SAMPLE

B. Fringe Benefits					
Type of Benefit	Computation				
<i>List each grant-support fringe benefit that is provided to the grant-funded position.</i>	<i>Show the basis for computation.</i>				
	Base	Rate	Total Cost	Non-Federal Contribution	Federal Request
			\$0		\$0
Total			\$0	\$0	\$0
Narrative					

SAMPLE

C. Travel								
Purpose of Travel <i>Indicate the purpose of each trip or type of trip (training, advisory group meeting)</i>	Location <i>Indicate the travel destination.</i>	Type of Expense <i>Hotel, airfare, per diem</i>	Computation <i>Compute the cost of each type of expense X the number of people traveling.</i>					
			Cost	Duration or Distance	# of Staff	Total Cost	Non-Federal Contribution	Federal Request
						\$0		\$0
Total						\$0	\$0	\$0
Narrative								

SAMPLE

D. Equipment					
Item	Computation				
<i>List and describe each item of equipment that will be purchased</i>	<i>Compute the cost (e.g., the number of each item to be purchased X the cost per item)</i>				
	# of Items	Cost	Total Cost	Non-Federal Contribution	Federal Request
			\$0		\$0
Total			\$0	\$0	\$0
Narrative					

SAMPLE

E. Supplies						
Supply Items <i>Provide a list of the types of items to be purchased with grant funds.</i>		Computation <i>Describe the item and the compute the costs. Computation: The number of each item to be purchased X the cost per item.</i>				
		# of Items	Cost	Total Cost	Non-Federal Contribution	Federal Request
				\$0		\$0
Total				\$0	\$0	\$0
Narrative						

SAMPLE

F. Construction						
List of Construction Activities <i>List and describe each item that is part of construction.</i>		Computation <i>Compute the costs (e.g., the number of each item to be purchased X the cost per item)</i>				
		# of Items	Cost	Total Cost	Non-Federal Contribution	Federal Request
N/A				\$0		\$0
Total				\$0	\$0	\$0
Narrative						

SAMPLE

G. Consultants/Contracts									
Item									
<i>Provide a description of the producer or services to be procured by contract and an estimate of the costs. Applicants are encouraged to promote free and open competition in awarding contracts. A separate justification must be provided for sole source contracts in excess of \$100.00</i>									
							Total Cost	Non-Federal Contribution	Federal Request
									\$0
Purpose of Travel	Location	Type of Expense	Computation						
<i>Indicate the purpose of each trip or type of trip (training, advisory group meeting)</i>	<i>Indicate the travel destination.</i>	<i>Hotel, airfare, per diem</i>	<i>Compute the cost of each type of expense X the number of people traveling.</i>						
			Cost	Duration or Distance	# of Staff	Total Cost	Non-Federal Contribution	Federal Request	
						\$0		\$0	
Total						\$0	\$0	\$0	
Narrative									

SAMPLE

H. Other Costs			
Description			
<i>List and describe items that will be paid with grants funds.</i>			
	Total Cost	Non-Federal Contribution	Federal Request
			\$0
Total	\$0	\$0	\$0
Narrative			

SAMPLE

I. Indirect Costs						
Description <i>Describe what the approved rate is and how it is applied.</i>		Computation <i>Compute the indirect costs for those portions of the program which allow such costs.</i>				
		Base	Indirect Cost Rate	Total Cost	Non-Federal Contribution	Federal Request
				\$0		\$0
Total				\$0	\$0	\$0
Narrative						