

# Indian Highway Safety Program FY 2018 CPS Annual Report

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

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

Grant Award: \_\_\_\_\_

Amount Expended: \_\_\_\_\_

If grant funds were not fully expended explain why: (REQUIRED) § 1300.35

*attach an additional page if needed*

## PERFORMANCE MEASURES

*Targets can be found under Section Three: Targets in the FY2018 Project Agreement*

To conduct a minimum of \_\_\_\_\_ CPS fitting stations.

Was performance target achieved?

If no, how many were conducted? \_\_\_\_\_

To distribute a minimum of \_\_\_\_\_ car seats, to include infant, convertible, booster seats, etc....

Was performance target achieved?

If no, how many were distributed? \_\_\_\_\_

To provide a minimum of \_\_\_\_\_ CPS trainings to Tribal community members (hands on proper installation and use of seats).

Was performance target achieved?

If no, how many were provided? \_\_\_\_\_

To provide a minimum of \_\_\_\_\_ CPS brochures and handouts to community members.

Was performance target achieved?

If no, how many were handed out? \_\_\_\_\_

*If targets were not achieved explain why: (REQUIRED) § 1300.35*

*attach an additional page if needed*

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

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

## CAR SEAT AWARDS

Total number of:

Car Seats	# Awarded	# Purchased	Distributed	Remaining	Total Cost
Other:					
Other:					

*If car seats were purchased and not distributed provide a plan with dates and locations for future distribution events.*

## OCCUPANT PROTECTION & CHILD PASSENGER SAFETY (CPS)

Does the Tribe have a Safety Belt Law?

If yes, is the safety belt law:

Effective date of safety belt law: \_\_\_\_\_

Does the Tribe have a CPS law?

Effective date of CPS law: \_\_\_\_\_

How many Tribal CPS Technicians are on staff? \_\_\_\_\_

List Certified Tribal CPS Technician:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

## OCCUPANT PROTECTION & CHILD PASSENGER SAFETY (CPS)

List CPS event/clinic dates and locations held within the community in FY18 *(attach additional page if needed)*

Date	Location	CPS Tech. Name

## OCCUPANT PROTECTION & CHILD PASSENGER SAFETY (CPS) *(Continued)*

Did the CPS grant program partner with other departments to conduct CPS activities?

If yes, which departments did they partner with? \_\_\_\_\_

## CHECK POINTS/ MOBILIZATIONS

Did the CPS Grant Program Participate in check points? If yes, how many? \_\_\_\_\_

Did the CPS Grant Program participate in any of the checkpoint mobilizations listed below?

*(Check the mobilizations the grant program participated in below)*

Don't Shatter the Dream: Were seats distributed: If yes, how many? \_\_\_\_\_

Click It or Ticket: Were seats distributed: If yes, how many? \_\_\_\_\_

Drive Sober or Get Pulled Over: Were seats distributed: If yes, how many? \_\_\_\_\_

**Indian Highway Safety Program  
FY 20\_\_ CPS Annual Report**

Send completed signed form to:  
[ojs\\_indian\\_highway\\_safety@bia.gov](mailto:ojs_indian_highway_safety@bia.gov)

Project Number:

Tribe:

**EQUIPMENT**

Equipment Awarded	# Awarded	# Purchased	Total Cost
Other:			
Other:			

**HIGHLIGHTS & ACHIEVEMENTS**

**1. What are the CPS grant programs highlights for the FY2018 grant year?**

*(BIA IHSP highly encourages grant programs to submit photos if available) Attach an additional page if needed*

**2. What are the grant programs achievements within the FY2018 grant year?**

*(BIA IHSP highly encourages grant programs to submit photos if available) Attach an additional page if needed*

\_\_\_\_\_  
*Project Coordinator Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
Project Coordinator (Print Name)