Indian Highway Safety Program
FY 2018 CPS Annual Report

Send completed signed form to:
ojs_indian_highway_safety@bia.gov

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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FY 20<u>18</u> CPS Annual Report

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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 FY<u>18</u>   *(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? _____

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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)