## Tribal Access Program (TAP) Application

The purpose of this application is to provide some basic information to the Tribal Access Program about your federally recognized Tribe. The “Tribe”term, within the context of this application,includes intertribal consortia that perform governmental functions delegated to it by a federally recognized Tribe. It will help the Tribe describe some of the current processes and tools that are in place and help the Tribe articulate how they envision implementing TAP and what information gaps TAP may help to fill. TAP provides access to Federal Bureau of Investigation (FBI) Criminal Justice Information Services (CJIS) databases for the following entities:

*Criminal Justice*

* Law Enforcement
* Criminal Court
* Prosecutor’s Office
* Pretrial Services
* Corrections/Detention
* Probation/Parole

*Non-Criminal Justice/Civil*

* Sex Offender Registry
* Civil Court
* Housing
* Child Protective Services
* Child Social Services
* Child Support Enforcement
* Human Resources

Federal law limits TAP’s access to specific types of entities for specific purposes. TAP is not authorized to provide access outside of what federal law provides, which excludes access for gaming or election purposes, amongothers. TAP also does not yet have full mobile capability; however TAP is exploring mobile options.

TAP is funded by the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking (SMART), the Office of Community Oriented Policing Services (COPS), Office for Victims of Crime (OVC), and Office on Violence Against Women (OVW).  Because of this funding Tribes must use TAP for one of the following primary purposes: Law enforcement; sex offender registries authorized by the Adam Walsh Child Protection and Safety Act; non-criminal or criminal court issuance of protection orders, or entry of misdemeanor convictions for domestic violence; foster care placement; or child abuse/neglect investigations. Tribes will be selected based on their need to accomplish one or more of these purposes. For Tribes accepted into TAP, deployment will not begin until those Tribal agencies have met all the onboarding and vetting requirements.

Sex Offender Registration and Notification Act (SORNA) Tribes: Tribes that have been found to have substantially implemented SORNA or are working towards implementation of SORNA may be required to use the TAP workstation for the purposes of sex offender registration. The SMART Office can inform Tribes if this requirement pertains to their Tribal jurisdiction.

**Instructions**

The TAP application is divided into four sections: (I) Demographic Information, (II) Community Resources and Using TAP, (III) Other TAP Requirements, and (IV) Required Resolution and Signatures.

It is important that all sections are completed as thoroughly as possible. Section II contains agency specific questions. If the Tribe does not have that particular type of agency, please respond “No” and proceed to the next agency.

The signature pages in Section IV can be signed electronically by either inserting a scanned image of a signature, or printed and signed. If scanned images of signatures are inserted, it is advised that the signature pages be submitted as a PDF.

**There is a checklist at the end of this application to assist with planning and marking items as complete.**

**Public reporting burden for this collection of information is estimated to average 60 minutes including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.**

The final application can be submitted as a PDF or saved as a word document and submitted no later than 11:59 p.m. Eastern Standard Time, August 31, 2022 to [TAP.App@usdoj.gov](mailto:TAP.App@usdoj.gov). Please include the applicant Tribe’s name as part of the file name (e.g. [Tribe Name] – TAP Application).

1. **Demographic Information**
2. **Name of Federally Recognized Tribe:** Click here to enter text.
3. **Mailing Address:** Click here to enter text.
4. **Current Tribal Leader:** Click here to enter text.
5. **General Form of Tribal Government:** Click here to enter text.
6. **Tribe’s Land Base:** Click here to enter text.
7. **Number of Enrolled Members:** Click here to enter text.
8. **Total Population Living on Tribal Land:** Click here to enter text.
9. **Number of Enrolled Members Living on Tribal Land:** Click here to enter text.
10. **Does the Tribe have a significant number of visitors to Tribal Land:**

Yes, please describe Click here to enter text.

No

1. **How do you currently access FBI CJIS databases and how will TAP help improve public safety for the Tribe? (please limit to 500 words)**

Click here to enter text.

1. **Please indicate what your primary use(s) for TAP will be (check at least one):**

Sex offender registration

Law Enforcement activities (e.g. inquiries that pertain to investigations, arrests, criminal history disposition updates, entry of warrants, entry of misdemeanor crimes of domestic violence, maintenance of records that are entered)

Entry of orders of protection

Fingerprint-based record checks for foster care placement

Investigations into child abuse/neglect/exploitation

1. **Community Resources and Using TAP**

**Criminal Justice:**

1. **Law Enforcement**
2. **Does the Tribe have law enforcement that enforces Tribal, Federal, and/or State criminal laws?**

Yes

No (if no, go to B. Criminal Court)

1. **Name of the law enforcement agency(s):** Click here to enter text.
2. **Is the law enforcement agency composed of:**

Tribal officers

Bureau of Indian Affairs (BIA) Office of Justice Services (OJS) officers

Hybrid/Both

Other Click here to enter text.

1. **Does the law enforcement agency have arrest authority under Tribal, State, or Federal law?**

Yes

No

**If yes, please check all that apply:**

Tribal

State

Federal

1. **Does the law enforcement agency have dispatch services?**

Yes

No

**If yes, please check all that apply and indicate number of dispatch personnel:**

Tribal Click here to enter text.

BIA OJS Click here to enter text.

Hybrid/Both Click here to enter text.

Other Click here to enter text.

1. **Does the law enforcement agency have sworn patrol officers?**

Yes

No

**If yes, please check all that apply and indicate number of sworn patrol officer personnel:**

Tribal Click here to enter text.

BIA OJS Click here to enter text.

Hybrid/Both Click here to enter text.

Other Click here to enter text.

1. **Does the law enforcement agency have sworn Criminal Investigators/Detectives?**

Yes

No

**If yes, please check all that apply and indicate number of criminal investigator/detective personnel:**

Tribal Click here to enter text.

BIA OJS Click here to enter text.

Hybrid/Both Click here to enter text.

Other Click here to enter text.

1. **Does the law enforcement agency have management/administration personnel?**

Yes, how many of these are sworn? Click here to enter text.

No

1. **Does the law enforcement agency(s) currently have access to FBI CJIS databases?**

Yes

No

**If yes, which personnel have access to FBI CJIS databases (check all that apply):**

Dispatchers

Sworn Patrol Officers

Criminal Investigators/Detectives

Management/Administrative Personnel

**If yes, describe which databases and how law enforcement personnel access them (i.e., through County, State, Local systems) and the type of access the law enforcement personnel have (query/entry).**

Click here to enter text.

1. **Does the Tribe intend to have the law enforcement agency(ies) use TAP?**

Yes

No

**If yes, indicate which personnel the Tribe intends will use TAP:**

Dispatchers

Sworn Patrol Officers

Criminal Investigators/Detectives

Management/Administrative Personnel

**If yes, please indicate the Agency Director for the law enforcement agency:**

**Name/Title:** Click here to enter text.

**Phone and Email:** Click here to enter text.

1. **Criminal Court**
2. **Does the Tribe have a criminal court?**

Yes

No (if no, go to C. Prosecutor’s Office)

1. **Does the Tribe have a criminal code that provides imprisonment as a possible penalty?**

Yes

No

1. **Does the criminal court currently have access to FBI CJIS databases?**

Yes

No

**If yes, please describe which databases and how the criminal court accesses them (i.e., through County, State, Local systems) and the type of access the criminal court has (query/entry).**

Click here to enter text.

1. **Does the Tribe intend to have the criminal court use TAP?**

Yes

No

**If yes, please indicate the Agency Director for the criminal court:**

**Name/Title:** Click here to enter text.

**Phone and Email:** Click here to enter text.

1. **Prosecutor’s Office**
2. **Does the Tribe have a prosecutor’s office?**

Yes

No (if no, go to D. Pretrial Services)

1. **Does the prosecutor’s office currently have access to FBI CJIS databases?**

Yes

No

**If yes, please describe which databases and how the prosecutor’s office personnel access them (i.e., through County, State, Local systems) and the type of access the prosecutor’s office personnel have (query/entry).**

Click here to enter text.

1. **Does the Tribe intend to have the prosecutor’s office use TAP?**

Yes

No

**If yes, please indicate the Agency Director for the prosecutor’s office:**

**Name/Title:** Click here to enter text.

**Phone and Email:** Click here to enter text.

1. **Pretrial Services**
2. **Does the Tribe have a pretrial services office?**

Yes

No (if no, go to E. Corrections/Detention/Jail)

1. **Do pretrial services personnel currently have access to FBI CJIS databases?**

Yes

No

**If yes, please describe which databases and how pretrial services personnel access them (i.e., through County, State, Local systems) and the type of access pretrial services personnel have (query/entry).**

Click here to enter text.

1. **Does the Tribe intend to have the pretrial services office use TAP?**

Yes

No

**If yes, please indicate the Agency Director for pretrial services:**

**Name/Title:** Click here to enter text.

**Phone and Email:** Click here to enter text.

1. **Corrections/Detention/Jail**
2. **Does the Tribe have its own correctional/detention/jail facility?**

Yes

No, continue to question 2 below

**If yes, does every inmate or detainee undergo a fingerprint-based booking?**

Yes, all inmates and detainees undergo a booking

No, only certain inmates and detainees undergo a booking depending on their charge

No, inmates and detainees do not undergo a fingerprint-based booking.

**For those inmates or detainees who undergo a fingerprint-based booking, is that information submitted to FBI CJIS?**

Yes

No

1. **If the Tribe does not have its own tribal detention facility, do Tribal arrestees or detainees undergo a fingerprint-based booking at another facility?**

Yes, indicate where (e.g. county jail) Click here to enter text.

No

**If yes, indicate which ORI Tribal arrestees are booked under:**

State Issued Tribal ORI (Attributable to the Tribe)

State/County/Local ORI (Attributable to the State or Local Law Enforcement Agency)

1. **Does the Tribe’s correctional/detention/jail facility currently have access to submit a name-based record check to FBI CJIS databases?**

Yes

No

**If yes, please describe how corrections/detention personnel access FBI CJIS databases (i.e., through County, State, Local systems) and the type of access corrections/detention personnel have (query/entry).**

Click here to enter text.

1. **Does the Tribe intend to have the Tribal correctional/detention/jail facility use TAP? (choose all that apply)**

Yes, for fingerprint-based bookings

Yes, for name-based record checks

Yes, for fingerprint-based identification and receipt of criminal history

No (If no, go to F. Probation/Parole)

**If yes to using TAP as stated in the above section, please indicate the Agency Director for the correctional/detention/jail facility:**

**Name/Title:** Click here to enter text.

**Phone and Email:** Click here to enter text.

1. **Probation/Parole**
2. **Does the Tribe have a probation/parole department?**

Yes

No (if no, go to the Non-Criminal Justice/Civil Section)

1. **Does the probation/parole department currently have access to FBI CJIS databases?**

Yes

No

**If yes, please describe which databases and how probation/parole personnel access them (i.e., through County, State, Local systems) and the type of access probation/parole personnel have (query/entry).**

Click here to enter text.

1. **Does the Tribe intend to have the probation/parole department use TAP?**

Yes

No

**If yes, please indicate the Agency Director for the probation/parole department:**

**Name/Title:** Click here to enter text.

**Phone and Email:** Click here to enter text.

**Non-Criminal Justice/Civil**

1. **Sex Offender Registry**
2. **Does the Tribe have a sex offender registry as authorized under the Adam Walsh Child Protection and Safety Act?**

Yes

No, (if no, go to B. Civil Courts)

1. **Which system does the Tribe use as their electronic sex offender management system and sex offender registry public facing website?**

Tribe and Territory Sex Offender Registry System (TTSORS)

Offender Watch

State System

Other Click here to enter text.

1. **How does the Tribe submit sex offender fingerprints and palm prints to the FBI?**

Inked Card sent to State

Electronic Scan sent to State

Inked Card sent directly to FBI

Electronic Scan sent directly to FBI

Not at all

Other Click here to enter text.

1. **How does the Tribe submit sex offender entries to the FBI National Criminal Information Center (NCIC) National Sex Offender Registry (NSOR)?**

Through State system via access to a State terminal

Form sent to State, County, Local for entry into NCIC/NSOR on Tribe’s behalf

Tribe does not submit to NSOR

Other Click here to enter text.

1. **Do tribally registered sex offenders appear in FBI CJIS databases under the Tribe’s State Issued Tribal ORI or the servicing agency’s (State, County, Local) ORI?**

State Issued Tribal ORI (Attributable to the Tribe)

Servicing Agency ORI (Attributable to the State, County, or Local Law Enforcement Agency)

Don’t Know/Unsure

1. **Does the Tribe intend to use TAP to support the sex offender registration process? Check all that apply:**

Yes, to submit fingerprints and palmprints

Yes, to enter NCIC NSOR

No

**If yes, please indicate the Agency Director for the sex offender registry:**

**Name/Title:** Click here to enter text.

**Name of Agency/Department:** Click here to enter text.

**Phone and Email:** Click here to enter text.

1. **Civil Court**
2. **Does the Tribe have a civil court that issues orders of protection in domestic violence/stalking cases and/or adjudicates cases regarding mental health?**

Yes

No (if no, go to C. Tribally-Designated Housing Entities (Housing))

1. **Does the civil court currently have access to FBI CJIS databases?**

Yes

No

**If yes, please describe which databases and how civil court personnel access them (i.e., through County, State, Local systems) and the type of access civil courts personnel have (query/entry).**

Click here to enter text.

1. **Does the Tribe intend to have the civil court personnel use TAP for entry of orders of protection in domestic violence/stalking cases and/or adjudications in cases regarding mental health?**

Yes

No

**If yes, please indicate the Agency Director for the civil court:**

**Name/Title:** Click here to enter text.

**Phone and Email:** Click here to enter text.

1. **Tribally-Designated Housing Entities/Tribal Housing Departments**
   1. **Does the Tribe have a Tribally-designated housing entity or a housing department that is part of the Tribagovernment that receives funds under the Native American Housing Assistance and Self-Determination Act and needs to perform background checks on adult applicants for employment or current and prospective tenants for purposes of applicant screening, lease enforcement, and/or eviction?**

Yes

No (if no, go to D. Child Protective Services)

* 1. **Does the Tribally-designated housing entity/Tribal housing department have a policy on how and when background checks are performed?**

Yes

No

**If yes, describe the policy:** Click here to enter text.

1. **Briefly describe how the Tribally-designated housing entity/Tribal housing department currently conducts background checks.**

Click here to enter text.

1. **Does the** **Tribally-designated housing entity/Tribal housing department currently have access to FBI CJIS databases?**

Yes

No

**If yes, please describe which databases and how the Tribally-designated housing entity/Tribal housing department personnel access them (i.e., through County, State, Local systems) and the type of access theTribally-designated housing entity/Tribal housing department personnel have (query/entry).**

Click here to enter text.

1. **Does the Tribe intend to have the Tribally-designated housing entity/Tribal housing department use TAP?**

Yes

No

**If yes, please indicate the Agency Director for the Tribally-designated housing entity/Tribal housing department**

**Name/Title:** Click here to enter text.

**Phone and Email:** Click here to enter text.

1. **Child Protective Services (responsible for child abuse/neglect investigations)**
2. **Does the Tribe have a child protective services agency?**

Yes

No (if no, go to E. Child Social Services (Foster/Relative Care))

1. **Does the child protective services agency currently have access to FBI CJIS databases?**

Yes

No

**If yes, please describe which databases and how child protective services personnel access them (i.e., through County, State, Local systems) and the type of access child protective services personnel have (query/entry).**

Click here to enter text.

1. **Does the Tribe intend to have the child protective services agency use TAP?**

Yes

No

**If yes, please indicate the Agency Director for the child protective services agency:**

**Name/Title:** Click here to enter text.

**Phone and Email:** Click here to enter text.

1. **Child Social Services (Foster/RelativeCare)**
2. **Does the Tribe have a child social services agency?**

Yes

No (if no, go to F. Health Care Facility

1. **Does the child social services agency currently have access to FBI CJIS databases?**

Yes

No

**If yes, please describe which databases and how the child social services agency personnel access them (i.e., through County, State, Local systems) and the type of access the child social services agency personnel have (query/entry).**

Click here to enter text.

1. **Does the Tribe intend to have the child social services agency use TAP?**

Yes

No

**If yes, please indicate the Agency Director for the child social services agency:**

**Name/Title:** Click here to enter text.

**Phone and Email:** Click here to enter text.

1. **Child Support Enforcement**
2. **Does the Tribe have a child support enforcement agency?**

Yes

No (if no, go to I. Human Resources)

1. **Does the child support enforcement agency currently have access to driver’s license and vehicle registration information?**

Yes

No

**If yes, please describe how the child support enforcement agency personnel have access (i.e., through County, State, Local systems).**

Click here to enter text.

1. **Does the Tribe intend to have the child support enforcement agency use TAP for access to the International Justice and Public Safety Network(Nlets) for this purpose?**

Yes

No

**If yes, please indicate the Agency Director for the child support enforcement agency:**

**Name/Title:** Click here to enter text.

**Phone and Email:** Click here to enter text.

1. **Human Resources**
2. **Does the Tribe have a Human Resources agency that conducts record checks on all Tribal employees, prospective employees, or volunteers who have contact with or control over children?**

Yes

No (if no, go to Section III, Other TAP Requirements)

1. **Does the Human Resources agency currently have access to FBI CJIS databases?**

Yes

No

**If yes, please describe which databases and how Human Resource personnel access them (i.e., through County, State, Local systems) and the type of access Human Resource personnel have (query/entry).**

Click here to enter text.

**If yes, please describe how the Tribe submits fingerprints now?**

Click here to enter text.

1. **Does the Tribe intend to have the Human Resources agency use TAP for this purpose?**

Yes

No

**If yes, please indicate the Agency Director for the Human Resources agency:**

**Name/Title:** Click here to enter text.

**Phone and Email:** Click here to enter text.

1. **Other TAP Requirements**
2. **Adherence to the CJIS Security Policy**

We agree that we will adhere to the [CJIS Security Policy](https://www.fbi.gov/file-repository/cjis_security_policy_v5-9_20200601.pdf/view) and understand that misuse may result in access being discontinued. We agree that each agency within the Tribe that participates in TAP will assign and maintain a Terminal Agency Coordinator (TAC) to oversee CJIS systems access and adherence to the CJIS Security Policy. We also understand that CJIS systems access will be subject to audit by DOJ every three years.

1. **Low/Non-Use**

We agree that low or non-use of TAP may result in access being discontinued.

1. **Tribal Point of Contact**

We agree to assign a Tribal point of contact who will remain involved in the TAP onboarding and vetting process through final deployment and continued use of the program. That person is identified below:

**POC Name/Title:** Click here to enter text.

**Phone and Email:** Click here to enter text.

1. **FBI CJIS MOU**

We agree to execute a Memorandum of Agreement (MOA) with FBI CJIS and pay the standard national user fees associated with fingerprint-based background checks for non-criminal justice purposes (user fees are not charged for the submission of sex offender registrations).

1. **Documentation and Policies**

We agree to provide necessary documentation and establish appropriate policies to adhere with CJIS Security Policy and all relevant DOJ policies and agreements.

1. **Individual User Requirements**

We agree to ensure individual users of TAP establish appropriate accounts, take required training, successfully complete fingerprint-based background checks, and obtain necessary certification.

1. **Participation in Deployment Day Training**

We agree to ensure users of TAP participate in deployment day training.

1. **Compliance with Policy Requirements**

We agree to comply with, and adhere to, all auditing and policy requirements as well as all personnel, physical, and technical security requirements.

1. **High Speed Internet Access**

We agree to provide high-speed Internet access.

1. **Tribally Owned Computer**

We agree to provide a Tribally-owned Computer(s) that meets the necessary specifications for the installation of DOJ’s application to access NCIC.

**Tribe agrees to all of the requirements in Section III. This application will not be considered without the Tribe agreeing to all of the above requirements.**

1. **Required Resolution and Signatures**

This application requires the consent of the Tribal Leadership and/or Tribal Executive and a resolution authorizing this application. **The Tribe’s application will not be considered without these two items.**

Does the Tribe have consent of the Tribal Leadership and/or Tribal Executive?  Yes

Is the Tribe’s resolution attached?  Yes

Tribal Leadership and/or Tribal Executive **Signature:**

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title |

**Agency Signatures for Consent**

All Agency Directors that plan to use TAP must sign below.

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Law Enforcement/Title |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Criminal Court/Title |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Prosecutor’s Office/Title |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Pretrial Services/Title |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Corrections/Detention/Title |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Probation/Parole/Title |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SORNA Officer/Title |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Civil Court/Title |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Housing/Title |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Child Protective Services/Title |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Child Social Services /Title |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Child Support Enforcement/Title |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Human Resources/Title |
|  |  |  |
|  |  |  |

**TAP Application Checklist**

Section I: Demographic Information

Section II: Community Resources and Using TAP

Criminal Justice Agencies

1. Law Enforcement
2. Criminal Court
3. Prosecutor’s Office
4. Pretrial Services
5. Corrections/Detention/Jail
6. Probation/Parole

Civil Agencies

1. Sex Offender Registry
2. Civil Court
3. Housing
4. Child Protective Services
5. Child Social Services (Foster Care)
6. Child Support Enforcement
7. Human Resources

Section III: Other TAP Requirements

Section IV: Required Resolution and Tribal Leadership and/or Tribal Executive Signature

The final application can be submitted as a PDF or saved as a word document and submitted no later than August 31, 2022 by 11:59 p.m. EST to [TAP.App@usdoj.gov](mailto:TAP.App@usdoj.gov). Please include the Tribe’s name as part of the file name (e.g. [Tribe Name] – TAP Application).