

APPLICATION FOR

		2. DATE SUBMITTED 08/06/2015	APPLICATION IDENTIFIER	
1. TYPE OF SUBMISSION Application Non-Construction		3. DATE RECEIVED BY STATE	STATE APPLICATION IDENTIFIER	
		4. DATE RECEIVED BY FEDERAL AGENCY	FEDERAL IDENTIFIER	
5. APPLICANT INFORMATION				
Legal Name Prairie Band Potawatomi Nation		Organizational Unit Tribal Government		
Address (city, state, and zip code) 14580 O Road Mayetta, Kansas 66509-8970		Name and telephone number of the person to be contacted on matters involving this application Hope Adame (785) 966-4049		
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 48-0843973		7. TYPE OF APPLICANT Indian/Native American Tribal Government (Federally Recognized)		
8. TYPE OF APPLICATION New		9. NAME OF FEDERAL AGENCY Bureau of Justice Assistance		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE Number: 16.608 CFDA Title: Comprehensive Tribal Justice Systems Strategic Planning		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT Through the Comprehensive Tribal Justice Systems Strategic Planning grant, the Nation will convene a multi-disciplinary team, to identify the priority needs facing the tribal justice system and develop a detailed, strengths-based strategic plan which		
12. AREAS AFFECTED BY PROJECT Prairie Band Potawatomi Nation in Kansas and surrounding				
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICT(S) OF		
Start Date: 10/01/2015	Ending Date: 03/31/2017	a. Applicant KS02	b. Project KS02	
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$74,746	Program is not covered by E.O. 12372		
b. Applicant	\$0			
c. State	\$0			
d. Local	\$0			
e. Other	\$0			
f. Program Income	\$0	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
g. Total	\$74,746	N		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS REQUIRED.				
a. Typed Name of Authorized Representative Liana Onnen		b. Title Tribal Council Chairperson		c. Telephone number (785) 966-4000
d. Signature of Authorized Representative			e. Date Signed	