

**APPLICATION FOR**

		2. DATE SUBMITTED 02/24/2015	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 Little Traverse Bay Bands of Odawa Indians		Organizational Unit Tribal Court		
Address (city, state, and zip code) 7500 Odawa Circle Harbor Springs, Michigan 49740-9692		Name and telephone number of the person to be contacted on matters involving this application  Julie Kauppila (231) 242-1560		
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 38-3236295		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 LTBB Justice Systems Strategic Planning		
12. AREAS AFFECTED BY PROJECT Emmet County				
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICT(S) OF		
Start Date: 10/01/2015	Ending Date: 09/30/2018	a. Applicant MI01	b. Project MI01	
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$75,000	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	\$75,000	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 Albert Colby		b. Title Tribal Administrator		c. Telephone number (231) 242-1421
d. Signature of Authorized Representative			e. Date Signed	