154869

U.S. Department of the Interior
Bureau of Indian Affairs

Planning
of
New Institutions
P.O.N.I.

Application
and
Information Packet

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Overview of the Planning of New Institutions (PONI) Program

What is PONI?

PONI stands for *Planning of New Institutions*. It is a participative planning process that many jurisdictions have used to help them plan for and open new law enforcement facilities. It has proven itself many times. PONI is successful because it benefits everyone who participates:

✓ Jurisdictions that have used this process have avoided many design and construction problems.

✓ They have saved money by planning ahead.

✓ They have built functional, staff-efficient facilities within budget constraints and still had a sufficient amount of money to operate the new facility.

✓ They have learned from other jurisdictions about their mistakes and have avoided making the same mistakes.

✓ They have learned new ways of designing, constructing, operating, staffing and managing their law enforcement facilities.

Problems Faced Without PONI

Before implementing the PONI program, many detention projects experienced significant problems.

✓ Staff responsible for running the law enforcement facility were not part of the planning process. They did not see the facility until it was completely constructed. Consequently, the building did not meet many of their needs, and they did not understand how to operate it. This has led to conflict between facility operators and parts of the Bureau. *For example, an area designed as a control center in one facility was being used as a staff break area. Staff didn't realize that the area was supposed to be secured.*

✓ The Bureau and Tribes have spent very large sums of money on high security construction and hardware in areas where it was not necessary or not used once the facility was operational. *For example, in a facility that has*

expensive high security doors and locks, doors were left open to allow inmates to move freely in the facility.

✓   The Bureau and Tribes have built new facilities but did not have enough funds budgeted to cover the operational expenses of the new buildings. Consequently, they were unable to move into them. *For example, one juvenile detention facility was vacant for at least two years until there were enough staff available to open the facility.*

✓   Mistakes already made in one facility were made again and again because users did not have an opportunity to share information. *For example, the same detention design, which has been prone to many supervision problems, is found on at least four different reservations.*

✓   In building the new facilities, users have repeated some of the same design, construction, and operations and maintenance problems they had in their old facility. *For example, in an area that has such hard water that it destroys plumbing and equipment in less than five years, facilities have repeatedly been constructed without water softeners.*

Why PONI Can Help

The PONI program helps people get through a very complex process successfully. It is able to do this for three main reasons:

1.   It brings together internal and external expertise. The people involved in the PONI program are experts in many areas - all of which influence or are influenced by a detention facility. Some of the people who have internal expertise are detention staff, police officers and administrators, judges, probation officers, agency and tribal administrators, program providers, and interested members of the community. Some of the people who have external expertise are criminal justice consultants, architects, and Bureau staff. Together, these people know more and can bring more important and different perspectives to the planning process than any single agency or person.

2.   It organizes a complex process into clearly defined and manageable tasks. The PONI program has six phases; each phase is defined by the specific tasks which must be completed in it. The phases are in sequential order. A new phase can not be initiated until the previous phase has been completed. Each of the tasks in each phases are clearly defined. Some of those tasks within the phase are sequential; others can occur simultaneously.

3.   It focuses on both capital and operational issues and costs. In correctional facilities, over a twenty year period, for every dollar that you spend during

construction, you will spend somewhere between nine and fifteen dollars more to operate and maintain the facility. Between seventy and eighty percent of operational costs are directly related to staffing. Because mistakes that make facilities add extra staff to offset design are so expensive, PONI makes jurisdictions start planning for operations at the same time as they plan the facility. This makes it possible to develop facilities that are more staff-efficient.

What are the Steps in PONI?

PONI is a orderly planning process that consists of a series of tasks and decisions. One way to show the process is in a chart. In the technique used here, each task is listed in a box, each decision is shown in a diamond and arrows show the direction that the process follows. Each step is listed in order. The figure below shows an overview of the PONI process.
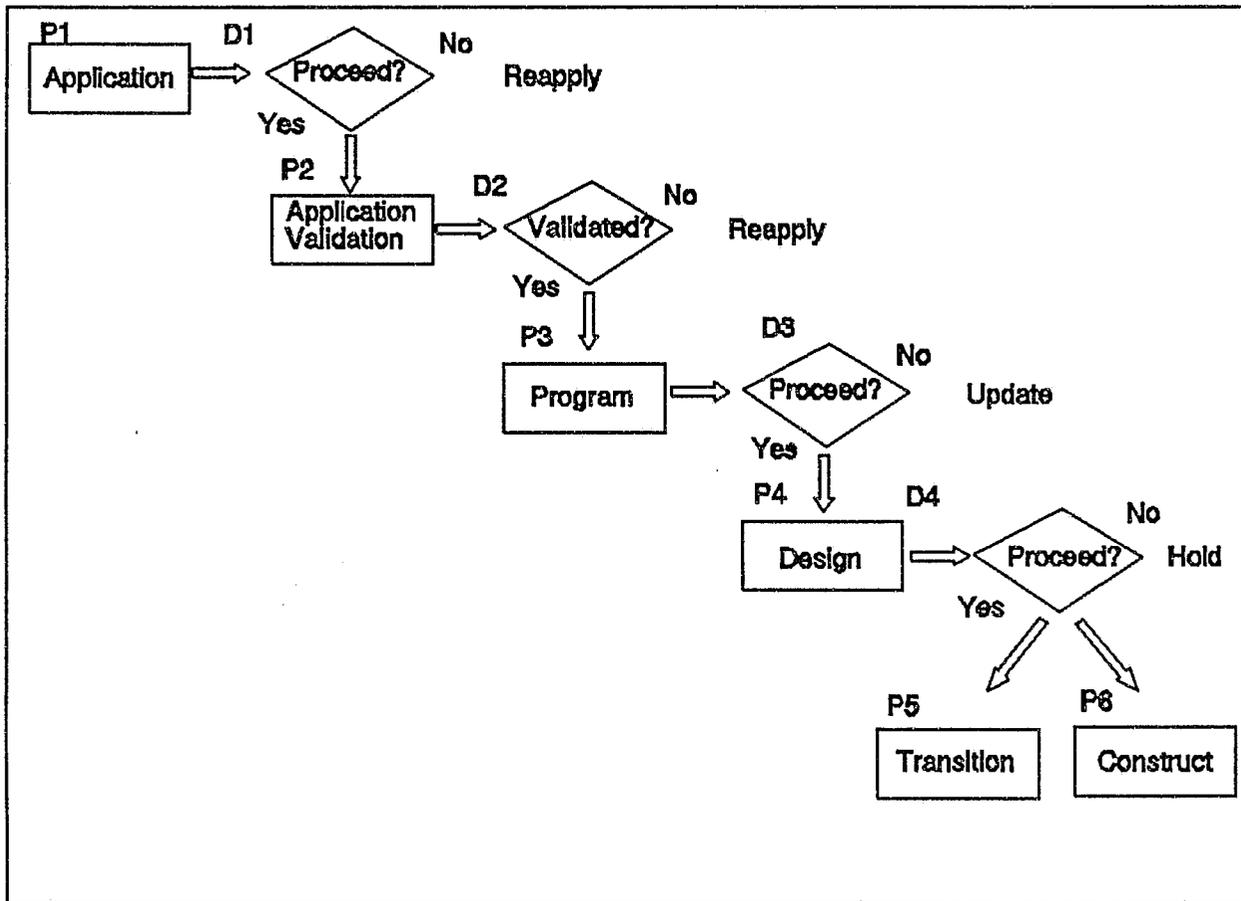
Figure 1 Planning of New Institutions Overview

✓   The **application** process includes all activities needed to complete, review and rank the application.

✓   The **application validation** process includes descriptive and analytical activities to define the Tribe's needs, as well as preliminary size and cost projections.

✓   The **programming** process identifies the program of requirements for future operations and for facility design, including first estimates of capital and operating cost.

✓   The **design** process develops the architectural response to meet the needs identified in the application validation which were further defined in the program.

✓   The **transition** process carries out the organizational response to meet the needs identified in the application validation and which were further defined in the program.

✓   The **construction** process carries out the actual building of the facility.

Each process is followed by a decision point, which asks if the project will proceed.

✓   If the **application** is not accepted, the Bureau will advise the Tribe of the reason for non-acceptance and ways to improve if they elect to reapply.

✓   If the **application validation** is not accepted, the Bureau will advise the Tribe of the reasons for the decision. This should also inform the Tribe how to reapply and what must occur to make reapplication appropriate.

✓   If the project does not proceed following **programming**, the project may be held for a period of time and updated when it is appropriate to proceed.

✓   The critical factor for initiation of **transition** is funding for positions for the transition team and for staff assigned to the new facility. Transition should start at the same time as construction.

✓   If the project does not proceed immediately following **design**, the project will be held indefinitely.

Getting your application accepted is the first of several critical steps if you decide that you want to participate in this program. **Acceptance means that you will receive an application validation; it does not guarantee that you will move beyond this phase.** Only the selected applications will move into the next phase. If your project passes through the application validation phase and your need for a facility is validated, your project will be given a ranking for funding. Rankings will determine how soon you can proceed to the next phase of the PONI program.

Once programming has been completed, a decision will be made about when your project can move into the design phase. There are two basic reasons why projects who get to this stage would not proceed: 1) lack of funds for design or 2) the client's failure to complete several critical tasks. The most critical of these tasks are: 1) selection and approval of a specific site for the facility and 2) a decision regarding ultimate ownership and operation of the facility. When design is completed, it may be necessary to wait for funding for construction and operations. The goal for moving projects through these phases is approximately 48 months.

A Final Word

The PONI program takes time. It encourages the development of a well thought out law enforcement facility. It is not a "band-aid approach." It is designed to provide long-term solutions to current and anticipated problems. This doesn't mean that all facilities constructed using this approach will solve all the problems faced by their users. New facilities, just like old facilities, will be challenged by changes in legislation, police policies, court practices, and community values. But unlike most other planning approaches, the PONI program takes that into consideration by encouraging the development of facilities that are flexible enough to respond to change.

Getting Started

What's Important

1. The most important thing you can do for your project now is to fill out this application completely and accurately. Your application will be evaluated on the basis of **only this information!**

2. The next most important thing you can do is begin to organize people in your community who have a special interest or concern about this project. This group can help you in two ways:

    a) They are a source of support for this project. Projects that have had wide-spread community support have generally been more effective than those that have not.

    b) If your application is accepted, some of the people in this group will become members of your PONI Planning Team.

Role of the PONI Planning Team

One reason why PONI works well is that it develops a group of people in the community who know about the project. These people help to shape the application validation, the program, the design and the transition plan. This group provides a great deal of information and input to the consultant and architect. They provide continuity for the project and give it stability. As a result, picking people who will be willing to commit their time and energy to this project is essential.

People who are members of the PONI Planning Team should be people who have a strong interest in the outcome of this project. In other projects, these people have typically come from the following sources:

✓ Tribal Administration,
✓ Tribal Planning,
✓ Tribal Police Department or Bureau of Indian Affairs Police,
✓ Tribal Court,
✓ Agency Superintendent,
✓ Mental Health Program(s),
✓ Substance Abuse Program(s),
✓ Indian Health Service or other health care provider,
✓ Schools (particularly if juveniles are involved in the project),
✓ Tribal Council Law and Order Committee Representative, and
✓ Community representative(s) at large.

As you look at this list, you may be wondering why we have included a number of social service and health providers. If you review the <u>BIA Standards for Adult and Juvenile Detention Facilities</u>, you will see that there are many services and programs required for inmates held in detention. The input of people who already provide these services can be very helpful. For example, you may decide that you would like to have a substance abuse program in detention. Not only can your substance abuse provider give you good advice about the most appropriate type of programming, but they can also help find ways that you could both benefit from changes to your facility.

Involvement of or frequent access to those in political office is also important. The decisions that get made in this program will effect operations and operational funding. Those who make the funding decisions need to support the actions taken by the PONI Planning Team or the necessary resources won't be found.

In the first three years of this program, there were sixteen projects initiated under this program. Five projects are in or have completed design. Programs have been completed for six locations. Application validations have been completed for the remaining five. In this process, we have noticed that those projects that have the solid support of the community - not just the Council - have been most successful. They are the project teams that were willing to work to help get funding, to make reasonable compromises, to learn about new approaches to corrections and to solve the puzzle of integrating these new approaches with traditional values and culture. In short, in this process, if you want your project to be successful, you can not be a passive observer who just reacts. PONI is an active process in which the PONI Planning Team works with Bureau staff and consultants to develop a functional facility to meet the needs of the community.

Application Sample and Instructions

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

Application
- ☐ Construction
- ☐ Non-Construction

Preapplication
- ☐ Construction
- ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name:

Organizational Unit:

Address (give city, county, state, and zip code):

Name and telephone number of the person to be contacted on matters involving this application (give area code)

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

☐☐ — ☐☐☐☐☐☐☐

7. TYPE OF APPLICANT: (enter appropriate letter in box) ☐

A. State	H. Independent School Dist.
B County	I. State Controlled Institution of Higher Learning
C Municipal	J. Private University
D. Township	K. Indian Tribe
E. Interstate	L. Individual
F. Intermunicipal	M Profit Organization
G. Special District	N. Other (Specify). _____

8. TYPE OF APPLICATION:

☐ New   ☐ Continuation   ☐ Revision

If Revision, enter appropriate letter(s) in box(es): ☐ ☐

A. Increase Award   B. Decrease Award   C. Increase Duration

D. Decrease Duration   Other (specify):

_____

9. NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: ☐☐ ■ ☐☐

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant	b. Project

15. ESTIMATED FUNDING:

a. Federal	$	.00
b. Applicant	$	.00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program Income	$	.00
g. TOTAL	$	.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a.   YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE_____

b   NO. ☐ PROGRAM IS NOT COVERED BY E.O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes   If "Yes," attach an explanation.   ☐ No

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 AWARDED

a. Typed Name of Authorized Representative	b. Title	c. Telephone number
d. Signature of Authorized Representative		e. Date Signed

INSTRUCTIONS FOR THE SF 424

This is a standard form used by applicants as a required facesheet for preapplications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

Item: Entry:

1. Self-explanatory.

2. Date application submitted to Federal agency (or State if applicable) & applicant's control number (if applicable).

3. State use only (if applicable).

4. If this application is to continue or revise an existing award, enter present Federal identifier number. If for a new project, leave blank.

5. Legal name of applicant, name of primary organizational unit which will undertake the assistance activity, complete address of the applicant, and name and telephone number of the person to contact on matters related to this application.

6. Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.

7. Enter the appropriate letter in the space provided.

8. Check appropriate box and enter appropriate letter(s) in the space(s) provided:

   — "New" means a new assistance award.

   — "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date.

   — "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation.

9. Name of Federal agency from which assistance is being requested with this application.

10. Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.

11. Enter a brief descriptive title of the project. if more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project.

Item: Entry:

12. List only the largest political entities affected (e.g., State, counties, cities).

13. Self-explanatory.

14. List the applicant's Congressional District and any District(s) affected by the program or project.

15. Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate _only_ the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15.

16. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

17. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.

18. To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)

Section 1: Tribal Identification

a. Tribe Name	b. Telephone ( ) - _____ c. FTS ( ) - _____

d. Mailing Address

e. (1) City	f. State	g. Zip
h. Name of Area Office		
i. Name of Agency		
j. Name of Reservation		

Section 2: Contact Information

a. Name	b. Title

c. Telephone   (   ) - _____   FTS   (   ) - _____

d. Mailing Address

e. City	f. State	g. Zip

Section 3: Background Information

a. What type of facility or facilities are you applying for?

b. Do you have an adult facility now?	Yes	No
c. Do you have a juvenile facility now?	Yes	No

d. If not, what do you currently do with persons arrested?

e. What funding does the Tribe have to contribute to this project?

f. If planning or design services have been provided already, what work was done?

g. In the location in which the facility is most likely to be located are the following public services available? Could they support the law enforcement facility?

	Yes/No	Comment
Water		
Sewer		
Electricity		
Gas		
Telephone		
Access roads		
Available Land		
Housing for Staff		

Section 4: Detention Statistics

a.	Adult Reported Offenses		b.	Juvenile Reported Offenses	
1. Year		2. Adult Reports	1. Year		2. Juvenile Reports

c.	Adult Arrests		d.	Juvenile Arrests	
1. Year		2. Adults Arrested	1. Year		2. Juveniles Arrested

e.	Facility Bookings		f. Facility Average Daily Population (ADP)		
1. Year		2. Adults Booked	1. Year		2. Adult ADP

3. Year	4. Juveniles Booked	3. Year	4. Juvenile ADP

g. How do facility conditions or your lack of a facility influence your arrest and booking practices?

Section 5: Alternative Law Enforcement Facilities

a. Does the Tribe have any other law enforcement facilities?	Yes	No

b. If so, list these facilities, their age, and location.

Facility	Location	Date Built	Miles One Way

c. List any other detention or holding facilities in the region that may be available to the Tribe.

Facility	Location	Per Diem	Miles One Way

d. How available and readily accessible are these facilities to you?

Attachment B: Map of Reservation
Attach a map of the Reservation, showing the service area boundaries and the location of Tribal Police Headquarters.

Section 6: Related Non-Detention Facilities

Facility	Type	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section 7: Project Endorsements

Attachment C: Tribal Resolution
Attach a Tribal resolution of support for this facility.
MANDATORY FOR ALL TRIBAL PROJECTS!

Attachment D: Area Director Letter of Support
Attach a letter of support from the Area Director for this facility.
MANDATORY FOR ALL BUREAU PROJECTS!

Attachment E: Letters of Support
Attach letters of support from parties noted in this section.

Attachment F: List of PONI Planning Team members.
Attach a list of persons selected to be on your planning team.

a. List the title, name and telephone number of people who endorse this application?

Title	Name	Telephone
Tribal Chairman		
Chair - Tribal Law & Order Committee		
Tribal Police Chief		
Detention Supervisor		
Tribal Judge		
BIA Area Director		
BIA Agency LES Special Officer		
BIA Agency Superintendent		
BIA Area Law Enforcement Special Officer		
Indian Health Service Area Director		
Indian Health Service Unit Director		
BIA Area Facilities Manager		
Others as appropriate:		

Section 8: Population

a. Describe the population that is to be served by the facility.

b. Indian Service Population on or near the Reservation.	Date
c. Total Reservation Population (last federal census) (1) Indian _____ (2) Non Indian _____	Date
d. Total Population to be Served	Date

Section 9: Regionalization and Joint Use

Attachment G: Resolutions of Support from Interested Parties
Attach Tribal Resolutions of Support from parties interested in participating in a regional or joint use facility.

a. Is this application for more than one tribe or governmental entity?	Yes	No

b. If so, list the Tribes, Tribal organizations, and/or governmental entities. Contact Person and Telephone Number

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section 10: Replacement or Renovation of Existing Facility

a. If you are requesting replacement or renovation of a facility, when was it built?

b. Has it been renovated?	Yes	No
c. List the date(s) of renovation		

d. What was done?

e. Does your BIA Area or Agency Office intend to renovate this facility?	Yes	No

Section 11: Facility Capacity

Attachment H: Facility Diagram
Attach a plan, blue print or drawing of the floor plan of your facility.

On the lines below, list each cell, the number of inmates you house in it, its function in your facility and its dimensions.

a. Cell Identifier	b.# Inmates Housed	c. Function	d. Dimensions	
			Length	Width
Total				
BIA Central Office Use Only				

Section 12: Facility Problems

Attachment I: Health and Safety Reports
Attach the latest health and safety inspection report(s).

Attachment J: Court Order(s)
Attach copies of any court order(s) that your facility has been under.

a. Has the facility ever been closed?	Yes	No

b. If so, when, why and by what agency?

c. Is the facility or Tribe under court order?	Yes	No

d. List the court of jurisdiction, case citation and major findings of the court order.

Court of Jurisdiction	Case Citation	Major Findings
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

e. Is any part of your facility non-compliant with the Bureau of Indian Affairs Standards for Detention Facilities?	Yes	No

f. If so, what are the problem areas?

g. Please complete the following checklist of spaces required by the BIA standards? Do you have:

1.   Properly functioning and maintained toilets and washbasins in all inmate activity areas?   Yes ___ No ___

2.   An intake and release area located inside the secure perimeter of the facility, but outside the inmate living quarters?   Yes ___ No ___

3.   Rooms for the segregation of with health or behavioral problems?   Yes ___ No ___

4.   Two single occupancy cells that can be continually observed by staff for housing of mentally disordered, seriously ill, non-ambulatory or suicidal inmates?   Yes ___ No ___

5.   Protective holding cells for intoxicated individuals?   Yes ___ No ___

6.   Two exits from each cell block?   Yes ___ No ___

7.   A security perimeter with vehicle and/or pedestrian sallyports?   Yes ___ No ___

8.   A safe and secure place to store chemical agents, restraining devices and other security equipment?   Yes ___ No ___

9.   Dayrooms separate from inmate sleeping areas?   Yes ___ No ___

10.   Indoor and outdoor exercise space?   Yes ___ No ___

11.   A kitchen of at least 200 square feet?   Yes ___ No ___

12.   Space for staff, such as a break room?   Yes ___ No ___

13.   Space for the public, such as a waiting area?   Yes ___ No ___

14.   At least one multi-purpose room available for programs?   Yes ___ No ___

15.   A room or closet with sink for storage of cleaning supplies?   Yes ___ No ___

16.   Space for the storage of clothing, bedding and facility supplies?   Yes ___ No ___

17.   A well-ventilated, secure space for the storage of inmate personal property?   Yes ___ No ___

18.   Separate living areas for male and female inmates?   Yes ___ No ___

19.   Handicap accessible for both inmates and staff?   Yes ___ No ___

20.   Dining room of at least 15 square feet per occupant? Yes ___ No ___

21.   Visiting area that is observable but allows for privacy during visits?   Yes ___ No ___

22.   Central medical examining room?   Yes ___ No ___

23.   Air conditioning if inmate areas can not be adequately ventilated?   Yes ___ No ___

24.   Equipment to maintain essential lights, power and communication in an emergency?   Yes ___ No ___

25.   Laundry facilities?   Yes ___ No ___

26.   Showers for inmate use?   Yes ___ No ___

h. Have you been told that your facility does not comply with applicable federal and/or Tribal building codes?	Yes	No

i. If so, what are the problem areas and what is the source of your information?		

j. Have you had a suicide(s) or attempted suicide(s) in the facility in the last three years?	Yes	No
k. If so, please briefly explain the circumstances and location for each suicide.		

l. Have you had a major fire in the facility in the last three years?	Yes	No
m. If so, what were the circumstances and the results?		

n. Did the fire result from a facility deficiency?	Yes	No
o. If so, please describe.		

p. Did the fire cause a facility deficiency?	Yes	No
q. If so, please describe.		

r. Have you experienced significant problems in your building with things like locks, doors, heating, cooling, windows, etc., during the last five years?	Yes	No

s. If so, what were they and what were the results?

t. Have you had a significant in-mate/inmate or inmate/staff assault in the facility in the last three years?	Yes	No
u. Was this a result of a physical plant problem, such as "blind spots"?	Yes	No

v. If so, please describe.

Section 13: Facility Staffing

Attachment K: Detention Budget
Attach a copy of the current detention budget.

a. How many staff are currently assigned to work full-time in detention?

b. Do these staff also have radio dispatch responsibilities?	Yes	No

c. List detention staff by title.

Title/Position	# of Staff
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Section 14: Summary Program Narrative

_____   _____   _____
Signature   Title   Date

NOTE! You must be authorized by the Tribe to sign and complete this application!

INSTRUCTIONS

Your application will be evaluated on its completeness and accuracy in addition to the criteria listed in this Application and Information Packet. If you have questions about how to complete this application, please contact the Office of the Chief of the Division of Law Enforcement Services.

> United States Department of the Interior
> Bureau of Indian Affairs
> 1849 C Street, N.W.
> Mail Stop 1342
> Washington, DC 20240
> (202) 208-5786
> (202) 208-6170 (fax) ·

Standard Form 424

Some of the items on the Standard Form 424 (SF 424) have already been completed for you. Other items are not applicable and have been marked "N/A" on the form.

You should complete the following items on the SF 424:

2. **Date Submitted**

5. **Applicant Information**

11. **Descriptive Title of Applicant's Project**

12. **Areas Affected by Project** (cities, counties, states, etc.)

14. **Congressional Districts of:**
Applicant
Project

18. **Authorized Representative**
Typed Name of Authorized Representative
Title
Telephone Number
Signature of Authorized Representative
Date Signed

A **Tribal Resolution** must accompany the application naming the individual as the Authorized Representative.

Supplemental PONI Application Instructions

The numbers in the table below refer to the section, line and item numbers on the sample application form that immediately precedes this section in your packet. If you do not have enough room on the form to record all the pertinent information on the form, begin your answer on the form, footnote it and put the footnotes at the end of the program narrative.

Instruction Item #	Description
Section 1: Tribal Identification There are no informational items for Section I.	
Section 2: Contact Information	
Section 2	This section identifies the person who will have responsibility for coordinating the application and who should receive all correspondence. **This person must be authorized by the Tribe to be the contact person.**
Section 3: Background Information	
3a.	Briefly explain the type of facility(ies) for which you are applying. For example, the application could be for adult detention, juvenile detention, police administration and operations, or any combination.
3d.	If you don't have a facility, use this box to describe how you handle persons who are arrested. If you board inmates with other jurisdictions, please indicate by name each jurisdiction with whom you board prisoners, their most recent per diem cost for boarding, the distance from your facility, and the number of prisoners you boarded in the last twelve months.
3e.	If the Tribe has **any** funding for planning, design or construction of this facility, please describe what it is and the purpose for which it has been budgeted.
3f.	List the name, address and telephone number of any firm that is now or has been retained to complete planning or design services for this project. If any planning or design work has already been completed, briefly describe the nature of the work. If this applies to you, please make sure that copies of these studies are included and marked as **Attachment A.**
3g.	Indicate whether or not the community in which the project is most likely to be located has the following types of public services. If there are problems that you are aware of, such as lack of adequate amounts of water, please briefly note these problems.

Instruction Item #	Description
	Section 4: Detention Statistics
4.a.1	Enter the three most recent complete calendar years of reported offenses by adults that you have.
4.a.2	Enter the total number of offenses committed by adults for those years. If you have not summarized this information, you may need to review actual reports to determine the number of offenses.
4.b.1	Enter the three most recent complete calendar years of reported offenses by juveniles that you have.
4.b.2	Enter the total number of offenses committed by juveniles for those years. If you have not summarized this information, you may need to review actual reports to determine the number of offenses.
4.c.1	Enter the three most recent complete calendar years of adult arrest data that you have.
4.c.2	Enter the total number of adults arrested by the Police Department for each year you have listed. You may have to count the number of arrest reports in your to get this number if you don't have monthly or annual reports.
4.d.1	Enter the three most recent complete calendar years of juvenile arrest data that you have.
4.d.2	Enter the total number of adults arrested by the Police Department for each year you have listed. You may have to count the number of arrest reports in your to get this number if you don't have monthly or annual reports.
4.e.1	Enter the three most recent complete calendar years of adult booking data that you have.
4.e.2	Enter the total number of persons booked at the facility for each year. You may have to count the number of adults in your booking logs to get this number if you don't have monthly reports.
4.e.3	Enter the three most recent complete calendar years of juvenile booking data that you have.
4.e.4	Enter the total number of persons booked at the facility for each year. You may have to count the number of juveniles in your booking logs to get this number if you don't have monthly reports.
4.f.1	Enter the three most recent complete calendar years of adult data that you have.

Instruction Item #	Description
4.f.2	Enter the average daily population (ADP) of adults in the facility for each of the last three years. You should have this information for monthly reports and budget submittals. If you don't, you should be able to get this information by several alternatives: 1) averaging daily counts which should be found in facility or supervisor's logs or 2) totaling meals served and dividing by three. If neither of these approaches is possible, (3) record the average of your count at 6 AM for the last week prior to submitting this application. If you use method (3), mark it as an estimate.
4.f.3	Enter the three most recent complete calendar years of booking data that you have.
4.f.4	Enter the average daily population (ADP) of juveniles in the facility for each of the last three years. You should have this information for monthly reports and budget submittals. If you don't, you should be able to get this information by several alternatives: 1) averaging daily counts which should be found in facility or supervisor's logs or 2) totaling meals served and dividing by three. If neither of these approaches is possible, (3) record the average of your count at 6 AM for the last week prior to submitting this application. If you use method (3), mark it as an estimate.
4.g	If you don't have a facility, or if your present facility limits or influences your arrest practices, indicate how it has influenced these practices. For example, if you can not hold juveniles in your facility, explain how this affects your juvenile arrest practices.
Section 5: Alternative Law Enforcement Facilities	
5.a	If the Tribe has other law enforcement facilities, list them by name, location, date built and one-way mileage from Tribal Police Headquarters. If there are other detention or holding facilities available to the Tribe in your region, on or off-reservation, list them by name, location and one-way mileage from Tribal Police Headquarters. Also list the cost per day (per diem) charge that the facility operator would charge the Tribe for boarding prisoners.
5.d	Although these facilities may be in your general region, they may not be **available**. For example, there may be court imposed capacity limits that make it unlikely that these facilities will hold misdemeanants. Additionally, factors like topography, road conditions and climate may have strong influences on the accessibility of these facilities.

Instruction Item #	Description
Attachment B	Be sure that **Attachment B** (the scaled map of the area to be served) shows clearly the Reservation(s), the service area boundaries and the location of Tribal Police Headquarters.
Section 6: Related Non-Detention Facilities	
6	List other on-reservation facilities whose use is related to adult or juvenile detention. For example, for juvenile detention, related facilities would include youth shelters, youth crisis centers and residential treatment facilities. For adults, related facilities would include residential treatment programs (including detoxification centers) and half way houses.
Section 7: Project Endorsements	
7	Make sure that you have the following attachments to support this section of the application: **Attachment C** - Tribal Resolution of support for this application **(MANDATORY FOR ALL TRIBAL PROJECTS)** **Attachment D** - Area Director letter of support for this application **(MANDATORY FOR ALL BUREAU PROJECTS)** **Attachment E** - Letters of support from persons listed in this section. **Attachment F** - List of PONI Planning Team members
Section 8: Population	
8.a	Explain who the population to be served by the facility is.
8.b	This item should be available from Tribal government or the BIA. In this box, enter the Indian service population on or near the reservation. *Note: Your application will be evaluated only against other applicants.*
8.c.1,2	This item should be available from Tribal government or the BIA. In this box, enter the Indian and Non-Indian population who live on the reservation. If you have information that is more recent that the latest federal census, record that information and indicate the source.
8.d	This item should be available from Tribal government or the BIA. In this box, enter the total population to be served by the facility.

Instruction Item #	Description
Section 9: Regionalization and Joint Use	
9.b	Complete this box **only** if you want to approach this application as a regional facility with one or more other tribes. If you think that this will be your approach, you **must** list the names and telephone numbers of a contact person for each of the other tribes involved in the project. **Attachment G requires** that you attach resolutions of support from other Tribes or entities that are interested in participating with you in a joint application for a regional project.
Section 10: Replacement or Renovation of Existing Facility	
10.d	If your facility has been renovated, please describe what was done. Please indicate an approximate cost and the date of the renovation.
Section 11: Facility Capacity	
11.a	One of the required attachments of your current facility is a diagram of the floor plan of your facility (**Attachment H**). This need not be an architectural drawing although, if you have one, that will meet the requirements of this section. The fire evacuation diagrams that are posted in the facility are ideal. On the diagram, assign a letter (A, B, etc.) to each cell or other area in which you **house** inmates. In this column, record the letters that you have listed on your facility diagram.
11.b	In this column, record the number of inmates that you typically assign to this cell.
11.c	Enter the function of this cell. Some sample cell functions are holding, female cell, male serving cell, male pretrial cell, isolation, drunk tank, juvenile cell, etc.
11.d	Record the length and width of the cell in feet.
Section 12: Facility Problems	
12.b	If your facility has been closed by Federal Court, Tribal Court, Environmental Health, the Division of Safety Management or **any other agency or circumstance**, describe why the facility was closed, when this occurred, how long it lasted, and the agency responsible for the closure. It would also be helpful to have the name, address and telephone number of a contact person at the closing agency. Be sure to include a copy of your latest health and or safety inspection as **Attachment I.**

Instruction Item #	Description
12.d	If your facility is under a court order, list the citation, the major elements of the court order and the date when this order was imposed. Attach a copy of the court order as **Attachment J.**
12.f	Review the checklist on the following page before writing the answer to this question. You may be able to shorten the narrative considerably. Use this section to address items that are **not** included on the checklist, such as inoperative equipment, heating and cooling problems, etc.
12.k	If your facility has experienced a suicide or attempted suicide, list the approximate date of and circumstances involved in each suicide or attempt. If physical plant conditions **in any way influenced the suicide or staff's ability to detect and prevent it**, please describe the contributing conditions.
12.m	If your facility has experienced a major fire (something other than a small fire in a trash can), list the approximate date of and circumstances in each event.
12.o	If physical plant conditions **in any way influenced the fire and staff's ability to detect and respond to it**, please describe the contributing conditions.
12.q	If the facility was significantly damaged by the fire, please describe the damage.
12.s	If your facility has experienced any significant problems with things like locks, doors, heating, cooling, windows, etc., in the last five years, describe these problems, your efforts to remedy them and the results.
12.v	If your facility has experienced any significant inmate/inmate or inmate/staff assaults (resulted in injury) in the last three years, list the approximate date, nature of the assault (inmate/inmate or inmate/staff), the number of inmates and staff involved and the results. Indicate how physical plant conditions influenced these assault, i.e., because of blind spots, inoperative cameras, etc.

Instruction Item #	Description
	Section 13: Facility Staffing
13.a	List only full-time detention staff. If you don't have full-time detention staff, please address this issue in your program narrative. Be sure that a copy of your latest staffing, operations and maintenance budget are included as **Attachment K.** List the staff who work in detention by title and then count the number of detention staff you have with that title. For example, you might list: detention officer, 4; detention supervisor, 1; cook, 1.5, etc.
	Section 14: Brief Program Narrative
Section 14	**Please limit your narrative to two typed pages, exclusive of foot notes from the preceding application.** The program narrative helps reviewers understand what you want to do and why that is important to you. The program narrative should address the following topics **if there additional points not covered elsewhere in the application:** (a) <u>What problems are you trying to solve by building?</u> For example, are you building because of crowding? physical plant conditions? (b) <u>How have you been dealing with these problems in the past?</u> For example, if you have boarding juveniles in another location, explain how this has worked, what it has cost, and what problems (if any) you have experienced with this approach to the problem. (c) <u>What is the scope of this planning project?</u> For example, should this application address adult detention, juvenile detention, police facilities, courts, etc? (d) <u>Of these, what are the priorities?</u> For example, are you most concerned about adult or juvenile detention or police facilities? (e) <u>How would this element that you are requesting "fit" within your existing system of police, detention and court services? What links to other services, such as shelter care, does this facility have?</u> For example, if you are requesting juvenile detention, how could this facility work effectively with already existing juvenile services to improve the overall level of service provided to youth? (f) <u>What will happen if you do not provide this facility?</u> For example, in the case of juveniles, will you continue to house them in the adult facility? Will you hold them until a relative can be found? What are the implications of these practices?

Instruction Item #	Description
Section 14	(g) <u>What alternatives have you already considered to solve these problems?</u> For example, if you have developed a probation program to deal with juveniles rather than place them in the detention facility, describe what you are doing. (h) <u>What is your strategy for staffing and operating this facility?</u> For example, you may be considering boarding juveniles for other jurisdictions for a per diem cost. (i) <u>Any other pertinent points that you want to make.</u>

Application Form

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED	Applicant Identifier N/A

1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE N/A	State Application Identifier N/A

1. TYPE OF SUBMISSION:

Application
- ☒ Construction
- ☐ Non-Construction

Preapplication
- ☐ Construction
- ☐ Non-Construction

3. DATE RECEIVED BY STATE N/A	State Application Identifier N/A
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier N/A

5. APPLICANT INFORMATION

Legal Name:	Organizational Unit:
Address (give city, county, state, and zip code):	Name and telephone number of the person to be contacted on matters involving this application (give area code)

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

N/A ☐☐ - ☐☐☐☐☐☐☐

7. TYPE OF APPLICANT: (enter appropriate letter in box) **K**

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District

H. Independent School Dist.
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (Specify): _____

8. TYPE OF APPLICATION:

☒ New   ☐ Continuation   ☐ Revision

If Revision, enter appropriate letter(s) in box(es): ☐ ☐

A. Increase Award   B. Decrease Award   C. Increase Duration

D. Decrease Duration   Other (specify):

9. NAME OF FEDERAL AGENCY:

BUREAU OF INDIAN AFFAIRS
DEPARTMENT OF THE INTERIOR

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: ☐☐☐ • ☐☐☐

TITLE: N/A

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

13. PROPOSED PROJECT: N/A	14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant
		b. Project

15. ESTIMATED FUNDING: N/A

a. Federal	$	.00
b. Applicant	$	.00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program Income	$	.00
g. TOTAL	$	.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE_____

b. NO. ☒ PROGRAM IS NOT COVERED BY E.O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

Federally recognized Indian Tribes are exempted from the requirements of Executive Order 12372.

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? N/A

☐ Yes   If "Yes," attach an explanation.   ☐ No

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 AWARDED

a. Typed Name of Authorized Representative	b. Title	c. Telephone number
d. Signature of Authorized Representative		e. Date Signed

INSTRUCTIONS FOR THE SF 424

This is a standard form used by applicants as a required facesheet for preapplications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

Item: Entry:

1. Self-explanatory.

2. Date application submitted to Federal agency (or State if applicable) & applicant's control number (if applicable).

3. State use only (if applicable).

4. If this application is to continue or revise an existing award, enter present Federal identifier number. If for a new project, leave blank.

5. Legal name of applicant, name of primary organizational unit which will undertake the assistance activity, complete address of the applicant, and name and telephone number of the person to contact on matters related to this application.

6. Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.

7. Enter the appropriate letter in the space provided.

8. Check appropriate box and enter appropriate letter(s) in the space(s) provided:

   — "New" means a new assistance award.

   — "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date.

   — "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation.

9. Name of Federal agency from which assistance is being requested with this application.

10. Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.

11. Enter a brief descriptive title of the project. if more than one program is involved, you should append an explanation on a separate sheet. \` appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project.

Item: Entry:

12. List only the largest political entities affected (e.g., State, counties, cities).

13. Self-explanatory.

14. List the applicant's Congressional District and any District(s) affected by the program or project.

15. Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15.

16. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

17. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.

18. To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)

PONI Supplemental Application Instructions

1. Please complete this form in accordance with the attached instructions.

2. The Application Packet you receive from the Bureau of Indian Affairs should contain the following parts:
    a. Standard Form 424,
    b. Supplemental PONI Application,
    c. Applicable regulations for PONI Application, and
    d. Copy of the Federal Register Notification.

3. The application you return must contain the following elements:
    a. Completed Standard Form 424,
    b. Completed Supplemental PONI Application,
    c. Completed Brief Program Narrative,
    d. Requested Attachments,
    e. Completed Attachment Checklist, and
    f. Tribal Resolution of Support (**if Tribal**), or
    g. Area Director Letter of Support (**if Bureau**).
    Please use the Application Checklist to ensure that all the necessary items are included.

PONI Application Checklist

Required Item	Checklist
Completed Standard Form 424	Check here: _____
Tribal Resolution of Authorization to Contact Person (**if Tribal**)	Check here: _____
Area Director Letter of Authorization to Contact Person (**if Bureau**)	Check here: _____
Completed Supplemental PONI Application	Check here: _____
Completed Brief Program Narrative	Check here: _____
Requested Attachments	Check here: _____
Completed Attachment Checklist	Check here: _____
Tribal Resolution of Support (**if Tribal**)	Check here: _____
Area Director Letter of Support (**if Bureau**)	Check here: _____

Section 1: Tribal Identification

a. Tribe Name	b. Telephone ( ) - _____ c. FTS ( ) - _____
d. Mailing Address	

e. (1) City	f. State	g. Zip
h. Name of Area Office		
i. Name of Agency		
j. Name of Reservation		

Section 2: Contact Information

a. Name	b. Title
c. Telephone ( ) - _____	FTS ( ) - _____
d. Mailing Address	

e. City	f. State	g. Zip

Section 3: Background Information

a. What type of facility or facilities are you applying for?		
b. Do you have an adult facility now?	Yes	No
c. Do you have a juvenile facility now?	Yes	No
d. If not, what do you currently do with persons arrested?		
e. What funding does the Tribe have to contribute to this project?		

f. If planning or design services have been provided already, what work was done?

g. In the location in which the facility is most likely to be located are the following public services available? Could they support the law enforcement facility?

	Yes/No	Comment
Water	_____	_____
Sewer	_____	_____
Electricity	_____	_____
Gas	_____	_____
Telephone	_____	_____
Access roads	_____	_____
Available Land	_____	_____
Housing for Staff	_____	_____

Section 4: Detention Statistics

a. Adult Reported Offenses		b. Juvenile Reported Offenses	
1. Year	2. Adult Reports	1. Year	2. Juvenile Reports

c. Adult Arrests		d. Juvenile Arrests	
1. Year	2. Adults Arrested	1. Year	2. Juveniles Arrested

e. Facility Bookings		f. Facility Average Daily Population (ADP)	
1. Year	2. Adults Booked	1. Year	2. Adult ADP

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3.	Year	4. Juveniles Booked	3.	Year	4.	Juvenile ADP

g. How do facility conditions or your lack of a facility influence your arrest and booking practices?

Section 5: Alternative Law Enforcement Facilities

a. Does the Tribe have any other law enforcement facilities?	Yes	No

b. If so, list these facilities, their age, and location.

Facility	Location	Date Built	Miles One Way

c. List any other detention or holding facilities in the region that may be available to the Tribe.

Facility	Location	Per Diem	Miles One Way

d. How available and readily accessible are these facilities to you?

Section 6: Related Non-Detention Facilities

Facility	Type	Location

Section 7: Project Endorsements

a. List the title, name and telephone number of people who endorse this application?

Title	Name	Telephone
Tribal Chairman		
Chair - Tribal Law & Order Committee		
Tribal Police Chief		
Detention Supervisor		
Tribal Judge		
BIA Area Director		
BIA Agency LES Special Officer		
BIA Agency Superintendent		
BIA Area Law Enforcement Special Officer		
Indian Health Service Area Director		
Indian Health Service Unit Director		
BIA Area Facilities Manager		
Others as appropriate:		

Section 8: Population

a. Describe the population that is to be served by the facility.

b. Indian Service Population on or near the Reservation.	Date
c. Total Reservation Population (last federal census) (1) Indian (2) Non Indian	Date
d. Total Population to be Served	Date

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Section 9: Regionalization and Joint Use		
Attachment G: Resolutions of Support from Interested Parties *Attach Tribal Resolutions of Support from parties interested in participating in a regional or joint use facility.*		
a. Is this application for more than one tribe or governmental entity?	Yes	No
b. If so, list the Tribes, Tribal organizations, and/or governmental entities. Contact Person and Telephone Number		

Section 10: Replacement or Renovation of Existing Facility		
a. If you are requesting replacement or renovation of a facility, when was it built?		
b. Has it been renovated?	Yes	No
c. List the date(s) of renovation		
d. What was done?		
e. Does your BIA Area or Agency Office intend to renovate this facility?	Yes	No

Section 11: Facility Capacity

Attachment H: Facility Diagram
Attach a plan, blue print or drawing of the floor plan of your facility.

On the lines below, list each cell, the number of inmates you house in it, its function in your facility and its dimensions.

a. Cell Identifier	b.# Inmates Housed	c. Function	d. Dimensions	
			Length	Width
Total				
BIA Central Office Use Only				

Section 12: Facility Problems

Attachment I: Health and Safety Reports
Attach the latest health and safety inspection report(s).

Attachment J: Court Order(s)
Attach copies of any court order(s) that your facility has been under.

a. Has the facility ever been closed?	Yes	No

b. If so, when, why and by what agency?

c. Is the facility or Tribe under court order?	Yes	No

d. List the court of jurisdiction, case citation and major findings of the court order.

Court of Jurisdiction	Case Citation	Major Findings
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

e. Is any part of your facility non-compliant with the Bureau of Indian Affairs Standards for Detention Facilities?	Yes	No

f. If so, what are the problem areas?

g. Please complete the following checklist of spaces required by the BIA standards? Do you have:

1. Properly functioning and maintained toilets and washbasins in all inmate activity areas? Yes ___ No ___

2. An intake and release area located inside the secure perimeter of the facility, but outside the inmate living quarters? Yes ___ No ___

3. Rooms for the segregation of with health or behavioral problems? Yes ___ No ___

4. Two single occupancy cells that can be continually observed by staff for housing of mentally disordered, seriously ill, non-ambulatory or suicidal inmates? Yes ___ No ___

5. Protective holding cells for intoxicated individuals? Yes ___ No ___

6. Two exits from each cell block? Yes ___ No ___

7. A security perimeter with vehicle and/or pedestrian sallyports? Yes ___ No ___

8. A safe and secure place to store chemical agents, restraining devices and other security equipment? Yes ___ No ___

9. Dayrooms separate from inmate sleeping areas? Yes ___ No ___

10. Indoor and outdoor exercise space? Yes ___ No ___

11. A kitchen of at least 200 square feet? Yes ___ No ___

12. Space for staff, such as a break room? Yes ___ No ___

13. Space for the public, such as a waiting area? Yes ___ No ___

14. At least one multi-purpose room available for programs? Yes ___ No ___

15. A room or closet with sink for storage of cleaning supplies? Yes ___ No ___

16. Space for the storage of clothing, bedding and facility supplies? Yes ___ No ___

17. A well-ventilated, secure space for the storage of inmate personal property? Yes ___ No ___

18. Separate living areas for male and female inmates? Yes ___ No ___

19. Handicap accessible for both inmates and staff? Yes ___ No ___

20. Dining room of at least 15 square feet per occupant? Yes ___ No ___

21. Visiting area that is observable but allows for privacy during visits? Yes ___ No ___

22. Central medical examining room? Yes ___ No ___

23. Air conditioning if inmate areas can not be adequately ventilated? Yes ___ No ___

24. Equipment to maintain essential lights, power and communication in an emergency? Yes ___ No ___

25. Laundry facilities? Yes ___ No ___

26. Showers for inmate use? Yes ___ No ___

h. Have you been told that your facility does not comply with applicable federal and/or Tribal building codes?	Yes	No

i. If so, what are the problem areas and what is the source of your information?		
j. Have you had a suicide(s) or attempted suicide(s) in the facility in the last three years?	Yes	No
k. If so, please briefly explain the circumstances and location for each suicide.		
l. Have you had a major fire in the facility in the last three years?	Yes	No
m. If so, what were the circumstances and the results?		
n. Did the fire result from a facility deficiency?	Yes	No
o. If so, please describe.		
p. Did the fire cause a facility deficiency?	Yes	No
q. If so, please describe.		

r. Have you experienced significant problems in your building with things like locks, doors, heating, cooling, windows, etc., during the last five years?	Yes	No
s. If so, what were they and what were the results?		
t. Have you had a significant inmate/inmate or inmate/staff assault in the facility in the last three years?	Yes	No
u. Was this a result of a physical plant problem, such as "blind spots"?	Yes	No
v. If so, please describe.		

Section 13: Facility Staffing

Attachment K: Detention Budget

Attach a copy of the current detention budget.

a. How many staff are currently assigned to work full-time in detention?		
b. Do these staff also have radio dispatch responsibilities?	Yes	No

c. List detention staff by title.

Title/Position	# of Staff
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Section 14: Summary Program Narrative

_____ _____ _____
Signature   Title   Date

NOTE! You must be authorized by the Tribe to sign and complete this application!

PONI Supplemental Application Attachment Checklist

This checklist of required attachments is included for your convenience. Please be sure that all the attachments are labelled. If an item does not apply to your situation, write not applicable in the Check-Off Column.

Attachment Label	Description	Check-off
A - Previous studies (if applicable)	Any previous detention studies completed for this project.	Check here: _
B - Map	Map of reservation showing service area boundaries.	Check here: _
C - Tribal Resolution	Tribal resolution of support for the development of this facility. **Mandatory for tribal projects.**	Check here: _
D - Area Director Letter	Letter of support for the development of this facility from the Area Director. **Mandatory for bureau projects.**	Check here: _
E - letters of endorsement	Attach letters of endorsement from parties noted in this section.	Check here: _
F - PONI Planning Team	List PONI Team members.	Check here: _
G - Resolution of Support for Regional Facility (Other Parties)	Resolutions of support from other parties interested in participating with you in a regional facility.	Check here: _
H - Facility Diagram	Floor plan, blueprint, or drawing of the floor plan of your facility.	Check here: _
I - Health and Safety Inspection	Copy of the latest Division of Safety Management, IHS or Tribal Sanitarian or Environmental Health Report; if you have any other inspections (such as a State or County Health Department or a corrections inspection of any type), include it.	Check here: _
J - Court order (if applicable)	Court order(s) if your facility is or has been under court order.	Check here: _
K - Detention Budget	Copy of the current detention budget.	Check here: _