

 ${\tt PLEASE\ COMPLETE\ ALL\ FIELDS\ IN\ THE\ SPACES\ PROVIDED\ (Request\ form\ must\ be\ completely\ filled\ out)}$ 

1. CONTACT INFORMATION:								
Name of Person Submitting Application:		Department/Program		Phone Number:	Email:			
Traine of Ferson Submitting Application.		Dopartment regram		Thorie Humber.	Linaii			
Person Responsible for Program Reporting Require	ements:		Person Responsible for Financial Reporting Requirements:					
		I Don't Know				I Don't Know		
2. PROJECT INFORMATION:								
Grant/Solicitation Title:						Grant Type: (check all that apply)		
Grand Solicitation True.						Grant Type: (check all that apply)		
						Competitive/Discretionary		
Grant Solicitation Number:	Grant Solicitation Number: Funding Agency Name and Contact Information:					Continuation		
	Agency Contact Name:					Cooperative Agreement		
Grant Due Date and Time:						Contract		
Grant Due Date and Time.	Agency Name:					Formula Grant		
	Λddra	cc·				Formula Grant		
Due:	Addie	33				Pass-thru Grant		
	City, S	State, Zip:			State Grant			
	,	. ,						
Time:	Phone	e #:				Private Foundation Grant		
	Email.					I Don't Know		
Please use Central Time	Email:							
3. GRANT APPLICATION INFORMATION:								
					_			
Do you mail the application and attachments through the US Postal Service to the funding agency? YES NO I Don't Know								
		0 1/50		15 ""				
Do you email the application and attachments to the	e fundin	g agency?: YES	NO	I Don't Know				
De vers and the annihable of the state of th	D	tal anale as Counts on Ch	10. 0	Nallian Carant Callatian - 2		EC NO I Death Versus		
Do you send the application through a Federal Age	ncy Por	tai, such as Grants.gov, Giv	is, Grants C	inline, or Grant Solutions?	Y	ES NO I DON'T KNOW		
If yes, name the portal used:								
ii yos, namo dio portai asca.								
Name of the Project:								
Provide brief description of Project:								
Trovide brief description of Froject.								
REQUIREMENT: Please attach the required draft of a Tribal Resolution to this Application								
REQUIREMENT: Please draft a Tribal Council Motion to accompany the resolution to this Application								
Tribal Council Committee Program applying for gra	nt repor	ts to: HEV	/ Ju	udicial Economics	<u>.                                    </u>			
NOTES:								

4. FINANCIAL AND BUDGET INFORMAT	TION							
Project Start date:	Project Start date:		Program/Department funding under Corrective Action? YES					
Project End Date:			NO					
Does the funding course allow for indirect costs (IDC)?			Does the funding source require a cost share/matching requirement?					
Does the funding source allow for indirect costs (IDC)?			Does the funding source require a cost share/matching requirement?					
YES NO			YES					
How will IDC be (charged) (calculated)?			NO					
Written in as part of the Funding Amount Requested (Grant Budget)			In-kind Match, or					
Received as a separate award (Modification)			Cash Match, Amount					
Is there a limit on the amount of IDC that can be applied?			Please explain your source(s) for a cash, or in-kind match?					
YES								
NO								
If limit on IDC, what is the limit? Will you be hiring any additional staff for this p	project, if yes please explain how many	and titl	es?					
Trum you be immig any additional evan ter time p	nojest, ii jes prodes explain nen manj	a.ra						
Does the proposed project require any additional office space, if yes where will the staff person(s) be located?								
Does the proposed project require any additio	nai office space, if yes where will the st	an per	son(s) be located?					
Estimated Budget per project year	Funding Amount Requested		Estimated Tribal Cash Match	Estimated Total Cost of Project				
Year One								
Year Two								
Year Three								
Year Four								
Year Five								
Total Project Period								
Will a consultant(s)/contractor be hired under	this project?	If yes, estimated amount of consultant agreement/contract:						
YES NO								
5. FINANCE OFFICE USE ONLY (This see	ction to be completed by Chief Finance	Officer)						
Initial contact with funding agency:		Funding Agency Contact:						
Date:		Name and Title:						
Phone#:		Funding Agency Name:						
Will funds be disbursed on a reimbursement or advance basis?								
will rulius be disbursed on a reimbursement of advance dasis?			Reimbursement Basis Cash Advance Basis					
CFO Signature/Date:			When will drawdowns be completed? Monthly □ Quarterly □ Semi-annually □ Annually □					
CFO NOTES:	L							
GRANTS COMMITTEE RECOMMENDATION:								
Grants Management Committee Meeting	Minutes attached. Recommendation:		Grant is RECOMMENDED	Grant NOT recommended				
Committee reason for this decision:								