APPENDIX D

FY 2005 WORKSHOP ATTENDANCE REGISTRATION FORM

FY 2005 APPLICATION CHECKLIST

FY 2005 GENERAL INFORMATION PAGE

APPLICATION RECEIPT RECORD, IHS-815-1A (Rev. 2/04)

TRIBAL MANAGEMENT GRANT PROGRAM
Workshop Attendance Registration Form

I would like to attend the following workshop session(s):

_____ Minneapolis, MN – May 24-28, 2004 (Registration/Reservation deadline: May 13, 2004)

_____ Denver, CO – June 23-24, 2004 (Registration/Reservation deadline: June 14, 2004)

_____ Washington, DC – July 7-8, 2004 (Registration/Reservation deadline: June 11, 2004)

_____ Portland, OR – July 21-22, 2004 (Registration/Reservation deadline: June 21, 2004)

Tribe/Organization: _____

Mailing Address: _____

_____

_____

Telephone/Fax: _____ / _____

Email (Primary Contact): _____

Name of Participant(s): Title:

_____ / _____

_____ / _____

Will you/both of you be staying at the host hotel? Yes No

Return via fax to: Indian Health Service
ATTN: Deanna Dick
Office of Management Support
Phone: (301) 443-6290/Fax: (301) 443-2510

PLEASE REGISTER WITH MS. DICK <u>PRIOR</u> TO MAKING ANY TRAVEL ARRANGEMENTS TO ENSURE SPACE AVAILABILITY IN SELECTED SESSION(S).

FY 2005 Tribal Management Grant Application Checklist

Applicant Name: _____

ITEM	APPLICANT	IHS GRANT	IHS PROGRAM
1. Application Receipt Record	_____	_____	_____
2. FY 2005 Application Checklist	_____	_____	_____
3. FY 2005 General Information Page	_____	_____	_____
4. Current Tribal Resolution(s)			
a. Final Signed	_____	_____	_____
b. Draft Unsigned	_____	_____	_____
5. Documentation of Restored Tribes (Priority I only)	_____	_____	_____
6. Documentation of Priority II Participation	_____	_____	_____
7. Documentation of Consortium Participation	_____	_____	_____
8. SF 424	_____	_____	_____
9. SF 424A	_____	_____	_____
10. SF 424B	_____	_____	_____
11. Certifications (pages 17-19)	_____	_____	_____
12. PHS-5161 Checklist (pages 25-26)	_____	_____	_____
13. Disclosure of Lobbying Activities	_____	_____	_____
14. Table of Contents (1 page only)	_____	_____	_____
15. Abstract (1 page only - optional)	_____	_____	_____
16. Project Narrative (14 pages maximum)	_____	_____	_____
a. Introduction and Need for Assistance	_____	_____	_____
b. Project Objective(s), Approach and Results and Benefits	_____	_____	_____
c. Project Evaluation	_____	_____	_____
d. Organizational Capabilities/Qualifications	_____	_____	_____
17. Categorical Budget & Budget Justification	_____	_____	_____
18. Multi-year Summary & Budget Justification	_____	_____	_____
19. Appendices:			
a. Workplan	_____	_____	_____
b. Resumes	_____	_____	_____
c. Position Descriptions	_____	_____	_____
d. Consultant Scope of Work	_____	_____	_____
e. Indirect Cost Agreement	_____	_____	_____
f. Organizational Chart (optional)	_____	_____	_____

Applicant Reviewers Name: _____ Date: _____
IHS Grant Reviewers Name: _____ Date: _____
IHS Program Reviewers Name: _____ Date: _____

COMPLETE AND RETURN WITH FINAL APPLICATION

FY 2005 GENERAL INFORMATION PAGE

TRIBAL ORGANIZATION: _____

_____

MAILING ADDRESS: _____

_____

_____

PROJECT DIRECTOR: _____

ADDRESS: _____

_____

_____

PHONE: _____

EMAIL (if available): _____

CONTACT PERSON (if additional information is needed):

_____

PHONE: _____

FUNDS REQUESTED (each year if applicable): _____ 1st yr

_____ 2nd yr

_____ 3rd yr

Please circle appropriate response:

PROJECT PERIOD (how long will project take): 1 yr 2 yrs 3 yrs

PROJECT TYPE: Feasibility Planning Evaluation HMS

PRIORITY GROUP: Priority I Priority II Priority III

DEPARTMENT OF
HEALTH & HUMAN SERVICES

Indian Health Service
100 TMP
Rockville MD 20852

Official Business
Penalty for Private Use $300

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FIRST CLASS MAIL
POSTAGE AND FEES PAID
IHS
PERMIT 2180

NAME OF PRINCIPAL INVESTIGATION, PROGRAM DIRECTOR, PROGRAM COORDINATOR OR CANDIDATE *(Last, First, Initial)*	GRANT APPLICATION NO.
SPONSORING/APPLICANT ORGANIZATION *(Name and Address)*	
DEPARTMENT *(If applicable)*	AMOUNT REQUESTED *(This Year)*
TITLE OF PROPOSAL	DATE RECEIVED

IHS-815-1A
Rev. 2/04

APPLICATION RECEIPT RECORD

TO APPLICANT: Complete TOP and BOTTOM of this card. Address bottom section to yourself on reverse side. DO NOT TEAR. RETURN WITH APPLICATION.

SPECIFY PROGRAM BELOW

SUBMITTED BY	PRINCIPAL INVESTIGATOR, PROGRAM DIRECTOR/ COORDINATOR OR CANDIDATE
SPONSORING OR APPLICANT ORGANIZATION	NAME
DO NOT WRITE IN THIS BLOCK	DATE RECEIVED

IHS-815-1A
Rev. 2/04