## SITE CAPACITY ASSESSMENT

Indian Health Service

Substance Abuse Prevention, Treatment, and Aftercare (SAPTA)

Site Name:		Area:		
Applicant Points of Contact:		Address:		
SME/Champion/Project Lead: Secondary Contact (Succession):				
Phone (SME):		Phone (SME 2):	Phone (SME 2):	
Email:		Email:	Email:	
I have site leadership and local this project should it be selected	community support to commit 1 for funding.	it current staff time and resources to ac	complish the scope of work of	
Applicant Primary Point of Contact Signature:		Date		
2. Project Description:				
Project Title:		Proposed Begin Date	Proposed End Date	
Summary of Broad Project Scor	pe (Suicide Prevention and Substanc	e Use Disorder), Gaps Identified, and Pro	iect Goals	
		t to Federal rules and regulations):		
Anticipated Use of Project Fu Position Support:	nding (expenditures subject Materials:	t to Federal rules and regulations): Other:		