

**SITE CAPACITY ASSESSMENT**  
Indian Health Service  
Suicide Prevention, Intervention, and Postvention (SPIP)

**1. Applicant Information:**

**Site Name:**

**Area:**

**Applicant Points of Contact:**

**Address:**

SME/Champion/Project Lead:  
Secondary Contact (Succession):

Phone (SME):

Phone (SME 2):

Email:

Email:

I have site leadership and local community support to commit current staff time and resources to accomplish the scope of work of this project should it be selected for funding.

Applicant Primary Point of Contact Signature:

Date

**2. Project Description:**

Project Title:

Proposed Begin Date

Proposed End  
Date

Summary of Broad Project Scope (Suicide Prevention and Substance Use Disorder), Gaps Identified, and Project Goals

**Anticipated Use of Project Funding (expenditures subject to Federal rules and regulations):**

Position Support:

Materials:

Other:

Evaluation (DO NOT COMPLETE BELOW):

Project Feasibility based upon defined scope, gaps, goals, and planned resources.

Site opportunity for improvement is supported by site leadership in partnership with local community.

Anticipated Project Impact:

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Increased use of evidence based practices

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Increase in staff due to recruitment measures related to EBP.

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Increased care coordination.

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Other

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Improved quality of care.