

AASTEC Tribal Epidemiology Center Public Health Infrastructure Program

FY2021 TRIBAL SUB-AWARD APPLICATION FORM

General Information	
Tribe Name	
Lead Program	
Mailing Address	
City, State, Zip	
Phone	
Fax	
Primary Contact for this Project	
This person is responsible for day-to-day operations of the project. This person will be contacted with updates concerning the project.	
Name	
Title/Program	
Email	
Mailing Address	
City, State, Zip	
Office Phone	
Cell Phone	
Fax Number	
Fiscal Information	
This person will submit the requested financial documents needed for the disbursements of funds.	
Name	
Title	
Email	
Office Phone	
Cell Phone	
Fax	
EIN	

Authorized Representative

This person has the authority to submit this application on behalf of the tribe and sign agreements with the Albuquerque Area Indian Health Board if an award is made.

Name	
Title	
Email	
Office Phone	

Signature

Date

(Authorized Representative)

Thank you for your interest in this funding opportunity. You will receive a receipt of submission within 48 hours. If you do not receive an e-mail verifying receipt of your submission, please contact Lucinda Cowboy at 505/269-9947 or lcowboy@aaihb.org.

PART 1. PROJECT ACTIVITIES

Please check all activities that you propose to implement. All applicants must select at least two activities.

ACTIVITY 1: Tribal Public Health Preparedness Plans/Policies/Protocols	
<input type="checkbox"/>	Establish or enhance a public health preparedness plan for your tribal community to strengthen tribal public health system infrastructure in preparation for public health emergencies, including the current COVID-19 pandemic.
ACTIVITY 2: COVID-19 Recovery Plans	
<input type="checkbox"/>	Establish a COVID-19 resiliency and recovery plan that outlines steps that the community will take during and after the pandemic to better recover from its social, economic, and emotional impacts, restore wellness, and empower the community to support long-term resiliency and capacity to weather future events.
ACTIVITY 3: COVID-19 Vaccination Plans	
<input type="checkbox"/>	Develop a community COVID-19 vaccination plan in partnership with local, state, and federal entities.
ACTIVITY 4: COVID-19 Response Evaluation	
<input type="checkbox"/>	Conduct a comprehensive evaluation of tribal COVID-19 response activities that identifies a) key successful strategies and assets; b) key service gaps, resource needs, and lessons learned; and c) recommendations for quality improvement in response to the COVID-19 pandemic and future public health threats/emergency.

PART 2. PROJECT NARRATIVE

Please respond to each of the following two questions.

**How do you plan to implement the two core activities in your community?
(*maximum 500 words*)**

**How would you describe your organizational and community readiness to implement
this project? (*maximum 500 words*)**

PART 3. PROJECT BUDGET

Please complete and submit this budget template with your application. The three deliverables listed in the first rows of the template are required from all applicants (i.e., submit MOA, mid-term, and final progress report). Please select and list additional deliverables for your project using the examples on the prior page or creating your own.

Provide a justification for any activity exceeding the suggested amounts on the prior page. This information should be provided in the **Additional Information** section at the bottom of this page.

Deliverables / Activity	Amount Requested
Submit MOA	\$2,000
Submit mid-term progress report	\$2,000
Submit final progress report	\$2,000
Total Amount Requested	

Additional Information

Please include a budget justification for any activity that exceeds the suggested amounts provided in the RFA supporting documents.

PART 4. PARTNER TABLE

All project activities should include the involvement of a diverse group of tribal stakeholders as a multidisciplinary team. Examples might include representatives from the following entities in your community: tribal leadership, clinic/hospital staff, education/school administrators, health boards, CHR, SDPI, behavioral health, social services, wellness centers, cultural and language programs, senior centers, housing, environment, elders, law enforcement, court, youth programs, etc. Please list your proposed partners in the table below.

	PROPOSED PARTNER (list program/organization)
1.	Click here to enter text.
2.	Click here to enter text.
3.	Click here to enter text.
4.	Click here to enter text.
5.	Click here to enter text.
6.	Click here to enter text.
7.	Click here to enter text.
8.	Click here to enter text.
9.	Click here to enter text.
10.	Click here to enter text.

TRIBAL RESOLUTION OR LETTER OF SUPPORT

Please include a letter of support or tribal resolution on official tribal letterhead as an attachment to your application.

All applications must be received at the Albuquerque Area Indian Health Board (AAIHB) by 5:00 PM (MST) on Friday, December 18, 2020. Exceptions cannot be made.