CDPH California Department of Public Health

Attachment A
GRANTEE INFORMATION SHEET

Select all that apply:

☐ **Single California public or private non-profit organization** serving and led by American Indian/Alaska Native communities (i.e. a majority of the service population and Board of Directors or staff leadership are American Indian/Alaskan Native)

☐ **Non-Profit Tribal Consortia**

☐ **Tribal Government** (make one additional selection below)

- ☐ Federally recognized CA Tribe
- ☐ Non-Federally Recognized CA Tribe

Check one or more boxes of the youth populations to be served by this project:

☐ American Indian/Alaskan Native Youth **(Required)**

☐ Rural Residents ☐ Two-Spirit/LGBTQ+ ☐ Youth from low-income households

☐ Youth with substance use challenges ☐ Youth with mental health challenges

☐ Youth with experience in the foster-care system

☐ Youth with experience in the juvenile justice system

Applicant Agency:

Agency Name: **Telephone:**

Street Address: **City:**

State: **Zip Code:** **County:**

Federal Tax ID#: **Amount Requested:** $160,000

Person with day-to-day responsibility for the project:

Name: **Pronouns:**

Title:

Telephone: **Email:**

The undersigned hereby affirms that the statements contained in the application package are true and complete to the best of the applicant's knowledge and accepts as a condition of a contract the obligation to comply with applicable state and federal requirements, policies, standards, and regulations. The undersigned recognizes that this is a public document and open to public inspection.

Name and Title:

Email: **Telephone:**

Signature: **Date:**