\* Avoid errors on our part by providing critical proposal details up front \* Proposal Summary Cover Sheet

## **FY 2020 BIA Tribal Resilience Program Funding Request**

Proposal Type: (check only one)
☐ Category 1: Trainings and Workshops ☐ Category 2: Adaptation Planning and Data Development ☐ Category 4: Ocean and Coastal Management Planning ☐ Category 7: Relocation, Managed Retreat, or Protect-in-Place Planning
Please use the separate fillable application forms for <u>Category 3</u> , <u>Category 5</u> , and <u>Category 6</u> .
<b>Title:</b> Please include the tribe's name & the work product in the name: e.g. adaptation plan, relocation plan, etc. If tribe submits more than one proposal in the same category use a number: e.g. "Planning #1". Do not use BIA Tribal Resilience Program as part of the proposal title.
<b>Total Funding Requested From BIA:</b> (Maximum: \$150,000) <b>\$</b> Please include approved indirect rate in the total; rounded to the nearest dollar, do not include cents. Do not include in-kind or matching funding.
Full Name of Proposing Tribe, Tribal Organization ("Tribal Organization" defined in 25 U.S.C. 5304[1]):
Proposal Summary (limit 100 words): Please provide a brief summary that describes your proposal.
Proposed Partners (limit 100 words): State whether multiple tribes - and if so the names of those tribes - will be partnering on a proposed project to enhance strength of the project.
Does this proposal include partners that will receive funding from BIA as part of this proposal? (i.e., USGS program office or CESU partner institution)

## The estimated number of Indian people who will benefit under the proposed grant: This number is likely to be more specific than the overall number of tribal members/citizens **Proposing Tribe's DUNS** # (9 digits): Has the Tribe previously been awarded a Category 1, 2, or 4 award since 2014? See the TRP Website for previous annual award summaries: 2014, 2015, 2016, 2017/18, 2019. Yes No **Proposing Tribe Currently Enrolled in SAM?** Yes No (Required) For more information, see Request for Proposals Appendix. **Proposing Tribe Currently Enrolled with BIA in ASAP (Automated** Yes No **Standard Application for Payments?** (Required) For more information, see Request for Proposals Appendix. **ASAP Recipient ID:** Attached Cover letter with signature summarizing interest and No Yes **leadership support?** (Required, unless tribal resolution is available) **Date Submitted: Lead Contact Information:** Full Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_\_ Tribe or Org: Address: State: Zip: \_\_\_\_\_ City: **Congressional District:** Please provide the congressional district where the proposal will be conducted. This should be the state's abbreviation followed by 3 numbers (e.g. CO-007). If district is described "at large", use the numbers -001 (e.g. WY-001). Please use the proposing tribe's central office if the proposal covers a large geographic area or multiple tribes. The following website can be used to determine

the congressional district: https://www.govtrack.us/congress/members/map