

Coordinated Services Teams Initiative 2026 Funding Application

1. Applicant Contact Information *

Enter the name of your agency

First name

Last name

Email address

Note: Please take extra care to enter your email address correctly. Communication about this funding opportunity will be sent to this email address.

Phone number

Project Narrative

2. Describe the need and how these funds will support workforce development and training. What outcomes do you anticipate as a result of supporting workforce development? Limit of 500 words. *

3. Describe how these funds will address or improve whole family care in your Tribal nation or county. What outcomes do you anticipate as a result of enhancing whole family care? Limit of 500 words. *

Budget and Justification

4. Workforce development and training proposed budget (must equal 39% of total funds requested)

*

<input type="text"/>	\$	Salary
<input type="text"/>	\$	Fringe
<input type="text"/>	\$	Operating costs
<input type="text"/>	\$	Supplies
<input type="text"/>	\$	In-state travel
<input type="text"/>	\$	Contractual services
<input type="text"/>	\$	Training costs
<input type="text"/>	\$	Family support costs
<input type="text"/>	\$	Indirect costs
<input type="text"/>	\$	Other costs

Total : 0

5. Workforce development and training budget justification *
Provide a justification for the items that apply to your project.

*

Salary justification

Fringe justification

Operating costs justification

Supplies justification

In-state travel justification

Contractual services justification

Training costs justification

Family supports costs justification

Indirect costs justification

Other costs justification

6. Whole family care proposed budget (must equal 61% of total funds requested) *

<input type="text"/>	\$	Salary
<input type="text"/>	\$	Fringe
<input type="text"/>	\$	Operating costs
<input type="text"/>	\$	Supplies
<input type="text"/>	\$	In-state travel
<input type="text"/>	\$	Contractual services
<input type="text"/>	\$	Training costs
<input type="text"/>	\$	Family support costs
<input type="text"/>	\$	Indirect costs
<input type="text"/>	\$	Other costs

Total : 0

7. Whole family care budget justification *

Provide a justification for the items that apply to your project.

*

Salary justification

Fringe justification

Operating costs justification

Supplies justification

In-state travel justification

Contractual services justification

Training costs justification

Family supports costs justification

Indirect costs justification

Other costs justification