

**New Mexico Indian Affairs Department
FY25 Behavioral Health Services Grant Application**

GRANTEE INFORMATION

Legal Name of Tribal-Serving Organization: _____

Name of Person Submitting Form: _____
(Person who can legally sign contractual agreements on behalf of the entity)

Title: _____

E-mail: _____

Address: _____

Phone number: _____

PROJECT/SERVICE INFORMATION

Project Name (*Be specific*): _____

Requested Amount: _____

Describe how the project/service will expand behavioral health services and how the services will benefit the community or population served (*See NOFA Application Review Criteria*): _____

(Please add additional pages as necessary)

Describe how the Tribal-Serving Organization will be able to expend all funds by **June 30, 2025**:

Is an itemized budget attached? Yes No

Is a Letter of Support from Organization Leadership attached? Yes No

Signature: _____ Date: _____