

Applicant Information & Eligibility

Name of Native Nation, Native		
organization, Urban Indian		
Organization, or collaborative		
Address		
Project Manager		
Title		
Telephone		
Email		
Tax Identification Number (TIN)		
WA UBI number **		
Statewide Vendor Number **		
Proposed Budget Year 1		
Proposed Budget Year 2		
** If you do not have these numbers at the time of your application, you will need to apply and receive them before having a contract in place with WA DOH. Allow at least 30 days to get these numbers. This can be completed after the award announcement. You can use the following links to request these numbers: • WA UBI: Registrations and filings required for businesses Washington Department of Revenue • Statewide Vendor Number: Vendor Payee Registration Office of Financial Management (wa.gov) • Follow this link for more support applying for this number: Apply for a Statewide Vendor Number		
Print Name of Authorized Signatory Signature of Authorized Signatory		
Title	Date	

1.	Do you represent an American Indian or Alaska Native Nation, Native organization, Urba Indian Organization, or a collaborative of these groups?		
		No	
		Yes	
2. Do you identify as a Native-led group?			
		No	
		Yes	
3. Do you serve and prioritize Washington's Nat		erve and prioritize Washington's Native population?	
		No	
		Yes	
4. Is your proposed project:		oposed project:	
		A project that builds upon existing maternal and infant health work in Indian Country (e.g. establishing a free-standing birth center in a community where informal homebirth is being piloted, updating an existing Native Maternal Health Strategic Plan, etc.);	
		A project that fills a maternal and infant health gap in a high-need area (e.g. developing a doula program in an area with no medical or maternity facilities, developing a Native Maternal Health Strategic Plan, etc.).	
		Unsure. Please explain:	
5.	What per	iod does your project target (select all that apply):	
		Before pregnancy	
		During pregnancy	
		Postpartum	
		Unsure. Please explain:	

6.	. What is your proposed project's area of focus (select all that apply):	
		Birth keepers and doulas
		Lactation support
		Perinatal mental health services
		Access to maternity care
		Home visiting programs for Indigenous families
		Substance use disorder treatment
		Access to cultural supports
		Support for basic needs
		Other, please explain: