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**Seattle Indian Health Board, Urban Indian Health Institute**

**Application: Partnership for Chemical Dependency Treatment Programming (PCDTP)**

**Section I. Contact Information**

Organization Information

Name Click here to enter text.

Address Click here to enter text.

Main phone Click here to enter text.

Contact Person Information

Name Click here to enter text.

Title Click here to enter text.

Phone Click here to enter text.

Email Click here to enter text.

**Section II. UIHO Background, Motivation and Capacity**

1. Briefly describe the chemical dependency and/or substance abuse treatment services or programs currently available at your organization. (5 pts)

Click here to enter text.

2. Why is your organization interested in participating in the PCDTP project? (5 pts)

Click here to enter text.

3. How will participating in the partnership opportunity benefit your organization at this time? (5 pts)

Click here to enter text.

4. Please indicate the staff you intend to include in the PCDTP project and their availability for project activities (described in the Funding Opportunity Announcement). Include three staff members, ideally an administrator, service provider and service support professional. (5 pts)

Click here to enter text.

5. Explain how all participating staff will collaborate during each activity of the Partnership including: internal planning, introductory teleconference, organizational readiness assessment webinar, strategic planning workshop, and a follow up debriefing interview. Identify which staff member will be the lead participant. (5 pts)

Click here to enter text.

6. UIHI will cover applicable travel, lodging, per diem and hosting stipend for one-day strategic planning workshop. Which location would you prefer for the one-day strategic planning workshop?

[ ]  At the partner UIHO

[ ]  At our organization (we can provide meeting space and tour of our services)

[ ]  At UIHI in Seattle

**How to Apply**

Complete the application and submit by email or fax by **December 6th** to:

Urban Indian Health Institute, Seattle Indian Health Board with the subject heading **PCDTP Application** to:

**Email:** emmas@uihi.org; **Fax:** 206-812-3044