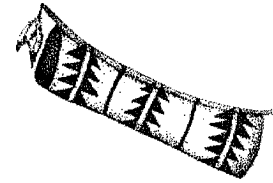




HOOPA VALLEY TRIBAL COUNCIL

Hoopa Valley Tribe
Post Office Box 1348 Hoopa, California 95546
PH (530) 625-4211 • FX (530) 625-4594
www.hoopa-nsn.gov



Chairman Joe Davis

Tribal Project Development Data & Needs Assessment Form

Date:
Tribal Department/Entity:
Address:
Contact phone:
Email Address:
Project Lead Contact:
Secondary Contact:

Project Title:
Funding Opportunity Title:
Funding Opportunity #:
Funding Opportunity Deadline:
Scope and Clear Description of Project:

Project Budget (Include any special requirements such as land, matching funds, etc.):

Timeline for Development and Implementation:

Identify tribal team members/human resources outside of your department, if any, necessary to ensure completion of the project:

Describe Grantwriting need, if any, of Department/Entity:

Describe funding needed, if any, to compensate Grantwriter:

Does this project create new employment positions and/or services? If so, how will these positions/services be sustained in the future?

Please submit to the Planning Department at: teamgoodmedicine.hvt@gmail.com

If there are any attachments necessary for this request, please email them as well.

If you have any questions or need assistance with the form please contact

Raven Wilder-Surber, Planner I at (707) 601-6509.