

Title IV-B, Subpart 1 Stephanie Tubbs Jones Child Welfare Services Disaster Relief Funding Request (CWS Disaster Relief Funds)

Applications are due to the CB Regional Offices no later than Friday, February 21, 2020.

Name of State/Territory/Tribe: _____

Agency Employee Identification Number (EIN): _____

DUNS Number: _____

Contact Person:

(for any questions on the CWS Disaster Relief Funds Request Submission)

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Funds will be distributed based on formula.

Email Address for grant award notices to be sent: _____

I certify that I am authorized to submit this request for CWS Disaster Relief Funds on behalf of the State/Territory/Tribe.

This application is submitted by State/Territory/Tribal Authorized Official:

Name: _____

Title: _____

Signature: _____

Date: _____

Signature – Jerry Milner, Associate Commissioner, Children’s Bureau

Approval Date: _____