



## **Tribal Health Improvement Program Tier Request Form**

***1. Health Focus Area to be addressed (including why the need exists in your area):***

***2. Program Description (prefer that at least some components be evidence-based, but not required; describe all staffing, components and timelines for implementation for each component):***

***3. Population that will be targeted/reached (include number of population affected, specific groups targeted, will this program benefit other health disparity areas):***

***4. Outcome/Goals of the Program (both short and long term):***

***5. Program Measurements (both sort and long term):***

***Submitted by:***

***Date:***

***Tribe:***

***Email or Physical Address:***

***Phone:***

***Fax:***

***Department Approval:***

**Date:**

***Tribe Approval:***

**Date:**