

Fiscal Year 2020 Title IV-B, Subpart 2 Kinship Navigator Funding Request

Applications are due to the CB Regional Offices no later than April 3, 2020.

Name of State/Territory/Tribe: _____

Agency Employee Identification Number (EIN) _____

DUNS Number: _____

Contact Person:

(for any questions on the Kinship Navigator 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 FY 2020 Kinship Navigator Funds on behalf of the State/Territory/Tribe.

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

Name: _____

Title: _____

Signature: _____

Date: _____

Approval:

Signature - Jerry Milner, Associate Commissioner, Children's Bureau

Approval Date: _____