

**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: \_\_\_\_\_

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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: \_\_\_\_\_

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**Approval:**

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

Approval Date: \_\_\_\_\_