|  |  |  |
| --- | --- | --- |
| DEPARTMENT OF HEALTH SERVICES  Office of the Secretary  F-00943 (05/2023) | | state of wisconsin  Tribal Affairs Office |
| exhibit ii2024 tribal work plan | | |
| SECTION I | | |
| Name – Program | | |
| Choose or Enter Name | | |
| Time Period | | Funding Amount |
| Choose Date From – Choose Date To | | $Enter Amount in Dollars Only |
| SECTION II | | |
| **Name – Tribe** | | |
| Choose One | | |
| Mailing Address – Tribal Administration | | |
| Enter Street Address | | |
| Enter City, WI Enter Zip Code | | |
| General Telephone Number | General Email Address | |
| Enter xxx-xxx-xxxx | Enter Email | |
| **Name – Tribal Program Manager** | | |
| Enter Name | | |
| Mailing Address – Tribal Program Manager | | |
| Enter Street Address | | |
| Enter City, WI Enter Zip Code | | |
| Telephone Number | Email Address | |
| Enter xxx-xxx-xxxx | Enter Email | |
| **Name – Tribal Program Fiscal Manager** | | |
| Enter Name | | |
| Mailing Address – Tribal Program Fiscal Manager | | |
| Enter Street Address | | |
| Enter City, WI Enter Zip Code | | |
| Telephone Number | Email Address | |
| Enter xxx-xxx-xxxx | Enter Email | |
| **Name – Tribal Report Coordinator** | | |
| Enter Name | | |
| Telephone Number | Email Address | |
| Enter xxx-xxx-xxxx | Enter Email | |
|  | | |