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| DEPARTMENT OF HEALTH SERVICESOffice of the SecretaryF-00943 (05/2023) | state of wisconsinTribal 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 |
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