

Trauma Informed Behavioral Health Services Application Appendix

Additional Subrecipient Information

Please include this form for EACH Subrecipient (Subgrantee)

Name of Subrecipient: _____ FEIN: _____

Indicate the type(s) of Trauma Informed Behavioral Health Services this organization will provide:

Screening and Assessment Psychoeducation Psychological First Aid Service Linkage and
Resource Navigation Therapeutic Services Other: _____ (Specify)

What is the amount of the subaward? _____

Please provide a brief description (*up to 500 words*) of the services to be provided under the subaward.

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- Attach a copy of the Executed Subrecipient Agreement
- Attach a copy of Subrecipient Budget and Narrative