**Strong Spirits, Strong Bodies: Advancing Teen Health Equity for Native Youth**

**FY26** **Project Grant Application**

**APPLICANT INFORMATION:** *Person who will be managing the award on behalf of the Applicant, this is the main point of contact for IAD.*

Legal Name of Tribal Government: Click or tap here to enter text.

Name of Person, Title and Program Submitting Application: Click or tap here to enter text.

E-mail: Click or tap here to enter text.

Address: Click or tap here to enter text.

Phone number: Click or tap here to enter text.

**SIGNATORY INFORMATION:** *Person who can legally sign contractual agreements on behalf of the Applicant*

Name of Signatory: Click or tap here to enter text.

E-mail: Click or tap here to enter text.

Address: Click or tap here to enter text.

Phone number: Click or tap here to enter text.

**LEGAL SUFFICIENCY INFORMATION:** *Person who will be reviewing contractual agreements for legal sufficiency on behalf of the Applicant.*

Name of Legal Counsel: Click or tap here to enter text.

E-mail: Click or tap here to enter text.

Address: Click or tap here to enter text.

Phone number: Click or tap here to enter text.

**PROJECT/SERVICE INFORMATION**

Project Name (*Be specific*): Click or tap here to enter text.

Requested Amount (*should align with IAD budget request form*): $ Click or tap here to enter text.

Identify and address how Applicant will use funds to promote the holistic health and development of Native youth by providing culturally relevant education on puberty, hygiene, and wellness for both adolescent males and females. This grant aims to foster self-awareness, reduce stigma around male development and menstruation, and improve overall health literacy. Projects should support positive identity development, ensure access to essential hygiene and menstrual products, and deliver culturally relevant education to equip Native youth with the knowledge, tools, and dignity they need to thrive. (See Purpose and application requirements detailed in the Notice of Funding Availability)

Click or tap here to enter text.

Describe how the Applicant will expend all funds by **June 30, 2026:**

Click or tap here to enter text.

**APPLICATION CHECKLIST**

[ ]  Application fully completed

[ ]  IAD Budget Request Form

[ ]  Letter of Support from Tribal Leadership

Signature: Date: