



COMMUNITY CARE EXPANSION PROGRAM PORTAL

1. Information

CCE Application ID

CCE-8087244733

2. Primary Applicant Information

This section is for information about the City, County, Agency, Tribal Entity, or Organization applying for funding.

Name of Entity *

999 - Native Directions Inc

Applicant Tax ID

237419354

Unique Entity Id # (Formerly DUNS)

093449163

DUNS has transitioned to UEI as of April -- if you do not have an assigned UEI # and have applied, please note that this number will be required later in the process.

3. Entity Contact Information

Street Address

City

[REDACTED]

[REDACTED]

State

County

Zip

CA

[REDACTED]

Email Address

Telephone

Website

[REDACTED]

[REDACTED]

natedirections.org

☒ Is mailing address same as physical address?

Mailing Address 1 *

Mailing Address 2

City *

[REDACTED]

[REDACTED]

[REDACTED]

State

County

Zip *

CA

Select

[REDACTED]

4. Authorized Representative

First Name *

Last Name *

Title *

Patrick

Prado

COO

Email Address *

Telephone *

[REDACTED]

[REDACTED]

5. Project Director

☐ Is this person the same as the Authorized Representative listed above?

First Name *

Gina Wasdyke

Last Name *

Gina Wasdyke

Project Director Agency or Tribal Entity Name *

Native Directions Inc

Email Address *

Telephone *

6. Applicant's Certification

Please note that this document was previously required but is no longer required. If you had already uploaded it, you will see it listed in the file table below.

File	Description	Updated On
CCE-8087244733_Native Directions New Tribal ARF Male_Form 7 Applicants Certification.pdf		08/01/2023

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6.1. What type of Entity is the Primary Applicant? *

- ☐ County
- ☐ City
- ☒ Tribal Entity
- ☐ Nonprofit Corporation
- ☐ For-Profit Corporation
- ☐ Individual or Other Private Organization

6.2. Document Upload: Articles of Incorporation

Please label all files for upload as follows: Applicant ID_Document Title.

Do not upload a password protected file.

File	Description	Updated On
Native Directions New Tribal ARF Male_Documents of Incorporation.pdf		08/01/2023

1 to 1 of 1 items

6.3. Is there a co-applicant? *

- ☒ Yes ☐ No

6.3.a. Co-Applicant Information

This section is for information about the City, County, Agency, Tribal Entity, or Organization applying for funding.

Name of Co-Applicant Entity

1754 - HomeCA Inc

Co-Applicant Tax ID

Co-Applicant Unique Entity Id # (Formerly DUNS)

DUNS has transitioned to UEI as of April -- if you do not have an assigned UEI # and have

applied, please note that this number will be required later in the process.

6.3.b. Co-Applicant Entity Contact Information

Co-Applicant Physical Address 1

City

State

County

Zip

Co-Applicant Email Address

Co-Applicant Telephone

Co-Applicant Website

☒ Is the Co-Applicant mailing address same as physical address?

Co-Applicant Mailing Address 1 *

Co-Applicant Mailing Address 2

City *

State

County

Zip *

6.3.c. Co-Applicant Authorized Representative

First Name *

Last Name *

Title *

Email Address *

Telephone *

6.3.d. If applicable, what type of entity is the co-applicant? *

- ☐ County
- ☐ City
- ☐ Tribal Entity
- ☒ Nonprofit Corporation (please provide evidence of nonprofit status)
- ☐ For-Profit Corporation
- ☐ Individual or Other Private Organization

6.3.e. Document Upload: Co-Applicant Articles of Incorporation

Please label all files for upload as follows: Applicant ID_Document Title.

Do not upload a password protected file.

File ↕	Description ↕	Updated On ↕

File

Description

Updated On

New Tribal ARF Male Best Life_Documents of Incorporation.pdf

10/14/2023



1 to 1 of 1 items

7. Are you also applying for BHCIP funding?

- ☒ Yes, I have already applied for BHCIP Launch Ready Funding
- ☐ Yes, I plan on applying for BHCIP Round 4: Children and Youth
- ☐ No

8. Describe the applicant's or developer's experience relevant to acquiring and/or rehabilitating/constructing and operating the project.
Limit 1500 words

The principals of HomeCA have over 30 years of experience in developing and operating high-quality residential care facilities for the elderly, with specialized expertise in dementia care and hospice care. Their commitment to providing safe, person-centered care in a homelike environment has earned them a reputation for excellence in the industry. Dementia is a complex and challenging condition that can impact many aspects of a senior's life, including their cognition, behavior, and emotions. The HomeCA team is well-equipped to provide specialized care and support for seniors with dementia, using evidence-based approaches to manage symptoms and promote quality of life. This includes providing specialized training for staff and creating specialized programming and environments that support the unique needs of seniors with dementia. Hospice care is another area of expertise for the HomeCA team. Hospice care is a specialized type of care that is designed to provide comfort and support to seniors who are nearing the end of their lives. This type of care requires a deep understanding of the physical, emotional, and spiritual needs of seniors, as well as the needs of their families and loved ones. The HomeCA team is highly experienced in providing compassionate and dignified hospice care, ensuring that seniors and their families receive the support they need during this difficult time. Overall, the extensive experience and expertise of the HomeCA team enable them to provide safe, high-quality care to native elders in a homelike environment, while also addressing the unique needs of elders with dementia and those in need of hospice care. By putting the needs of their native residents first, and incorporating cultural sensitivity, HomeCA will continue its reputation as a trusted provider of residential care for the elderly, with a commitment to excellence and a focus on person-centered care.

9. Does the applicant have a development team in place?

- ☒ Yes ☐ No

10. Complete the following table for the development team.

	Name	Website	Email	Phone	Address
Principal Applicant	Native Directions,	Nativedirections.c			
Legal	Ferdinand Tramp	www.trampelaw.c			
Construction Manager	ARF Design and I	ARFDD.com			
Development Management Firm					
Owner's Representative	ARF Design and I	ARFDD.com			
Architect	Anthony Lee Mul	https://www.anth			
Civil Engineer					
General Contractor	Ultimax Builder IV	maxtperalta@gm			
Specialty Consultant	ARF Design and I	ARFDD.com			

10.1. A copy of all executed contracts for hire related to your project's development team (lawyer, construction manager, development manager, architect, consultants, contractor, etc.)**Document Upload: Contracts With Development Teams**

Please label all files for upload as follows: Applicant ID_Document Title.

Do not upload a password protected file.

File	Description	Updated On	
Native Directions New Tribal ARF Male_Contracts With Development Teams.pdf		10/14/2023	

1 to 1 of 1 items

10.2. Resumes of the development team that developed the design/construction plans**Document Upload: Development Team Resumes**

Please label all files for upload as follows: Applicant ID_Document Title.

Do not upload a password protected file.


File	Description	Updated On	
Contact_Form_CD7qRlr.xlsx		10/14/2023	
Native Directions New Tribal ARF Male_Development Team Resumes.pdf		08/01/2023	

1 to 2 of 2 items

10.3. Document Upload: Operating Agreement

Please label all files for upload as follows: Applicant ID_Document Title.

Do not upload a password protected file.

File ↕	Description ↕	Updated On ↕
Proof_of_Collaboration-Native_Directions_9TObOW3.pdf		10/14/2023 

1 to 1 of 1 items

11. Which type of funding source are you applying for?

See section 3.5 of the Joint [Joint RFA](#) to learn more. *

- ☒ Capital Expansion "Full CCE"
- ☐ Pre-Development Funds Only

12. What type of Project are you applying for?

- ☐ Rehabilitation only
- ☐ Rehabilitation including acquisition
- ☒ New construction only
- ☐ New construction including acquisition
- ☐ Acquisition only

13. Project Title and Location

Project Title *	Parcel/APN#	Sponsor ID *
<input type="text" value="New Tribal ARF Male Best Life"/>	<input type="text"/>	<input type="text" value="31"/>
Street Address 1 *	Street Address 2	City *
<input type="text" value="966 Best Life Lane"/>	<input type="text"/>	<input type="text" value="Shingle Springs"/>
State	County *	Zip *
<input type="text" value="CA"/>	<input type="text" value="El Dorado"/>	<input type="text" value="95682"/>
Point of Contact *	Contact Email *	Contact Phone *
<input type="text" value="Vincent Amayun"/>	<input type="text" value=""/>	<input type="text" value=""/>

14. Describe the planned facility, including the types of services that will be offered. (Limit 2000 words.)

The Native American ARF will service up to 30 males per year. The residential treatment provided will be for intense alcohol and drug treatment in order for the individual to maintain sobriety. Our residential treatment will include substance abuse assessment, observation, individual and group substance abuse counseling, 12 step groups, mental health assessment, life skills training, vocational assessment, training, and recreational activities. The facility will be a licensed ARF providing long-term care and assistance with ADLs.

15. Budget Template: Pre-Development and Feasibility Funding

All applicants must upload the [Full CCE Budget template](#). If you require assistance completing this budget form, or any of the other forms or attachments for this application, please email Support@cceprogram.com.

Only excel files will be accepted.

For a 508 compliant version of this template, contact Support@cceprogram.com.

File	Description	Updated On
CCE-8087244733_New Tribal AFR Male_Budget (1).xlsx		10/14/2023

16. Please identify the source(s) and amount of cash and/or in-kind contributions —such as land or existing structures— that fulfill the match requirement. Services are not allowed as match. (See [Joint RFA Section 3.3.](#)) Please check the box(es) that apply to the current application request and include the funding amount requested for each phase: *

	Total Funding Amount Requested	Total Match Funds Being Used	Source
<input type="checkbox"/> Feasibility			
<input type="checkbox"/> Pre-Development			
<input type="checkbox"/> Development Planning			
<input type="checkbox"/> Acquisition (including Land)			
<input type="checkbox"/> Rehabilitation of Existing Facility for Expansion			
<input checked="" type="checkbox"/> New Construction	\$4,175,915.00	\$470,000.00	Land
<input type="checkbox"/> Construction Permits & Fees			
<input type="checkbox"/> COSR			
<input type="checkbox"/> Other Project Costs			
	TOTAL \$ 4,175,915.00	TOTAL \$ 470,000.00	

Total Project Cost \$ 4,645,915.00

Match % of Project Cost 10 %

17. Which of the following best describes the project's construction type?

Construction Type *

New ground-up construction (e.g., a new facility or new setting being built)

18. Will the applicant need to purchase land for the proposed project?

☐ Yes ☒ No

Enter values for square footage as numbers only: e.g., 1,354 sq ft should be entered as 1354. Square footage should be for the project scope only.

Total Project Square Footage *

5100

18.1.a. If the project is new construction (i.e., a new facility or new setting being built), how many individuals from the target populations will it serve annually?

Annual
Capacity

30

Number of
Beds *

0

Number of
Units *

0

19. Please check the box(es) that apply to the current application request and include the funding amount requested for each phase:

These options are limited based on the response to the question above.

Only whole numbers are allowed (no decimals). Numbers should be the same values in the corresponding sections on the required Budget Template document. The totals and match percentage will be automatically calculated.

See Sections 3.4 and 3.5 of the [Joint RFA](#) for additional information. *

☐ Peer Respite

☐ Recovery Residence/sober living homes

☒ Adult residential facilities (ARFs)

☐ Residential Care facilities for the elderly (RCFEs)

☐ Permanent Supportive Housing that serves the needs of seniors and adults with disabilities (including models that provide site-based care, such as Program for All Inclusive Care for the Elderly [PACE] and the Assisted Living Waiver programs)

☐ Other residential care settings that serve the target population, including recuperative care sites

4,175,915

Total

\$ 4,175,915

20. Does the applicant have evidence of site control? Site control must include one of the following: *

- ☒ Clear title with no encumbrances or limitations that would preclude the proposed use (fee title)
- ☐ An existing long-term lease with provisions to make improvements on the property
- ☐ A leasehold estate held by a tribal entity in federal tribal trust lands property, or a valid sublease thereof that has been or will be approved by the Bureau of Indian Affairs BHCIP/CCE Joint RFA Application 9
- ☐ A fully executed option to purchase, sales contract, or other enforceable agreement to acquire the property
- ☐ A Letter of Intent (LOI) that outlines the terms of a sale or lease contract, providing that a fully executed option will be completed within 60 days
- ☐ A fully executed option to lease, or similar binding commitment from the property owner to agree to a long-term lease
- ☐ No

21. Document Upload: Site Control Documents

Please label all files for upload as follows: Applicant ID_Document Title.

Do not upload a password protected file.

File	Description	Updated On	
Native Directions New Tribal ARF Male_Site Readiness.pdf		08/01/2023	
NEW_81722_Grant_Deed_966_Best_Life.pdf		04/24/2024	
NEW_82422_966_Best_Life_Certified_Appraisal.pdf		04/24/2024	
NEW_82422_Cost_Estimate_Best_Life_ARF.pdf		04/24/2024	

1 to 4 of 4 items

21.1. If the applicant does not have evidence of site control, please describe the plan and timeline for obtaining site control, and provide supporting evidence and a memorandum of understanding (MOU) or partnership agreement between site owner/applicant.

(Limit 2000 words)

22. Document Upload: Plan to Obtain Site Control

Please label all files for upload as follows: Applicant ID_Document Title.

Do not upload a password protected file.

File	Description	Updated On	
Contract_F_2.10.22_Native_Directions_and_ssZXT0b.pdf		04/24/2024	
HomeCA_Certificate_of_Good_Standing_9.2_bmBdP3n.pdf		04/24/2024	
Partnership_F_02.10.22_Native_Directions_JCOMdhS.pdf		04/24/2024	
Plan_to_obtain_site_control_HZZ66Uz.pdf		04/24/2024	

1 to 4 of 4 items

23. Please provide a detailed narrative description of the proposed project's construction and design, including how the design will serve the target population(s).

Please describe any preliminary site plans, design drawings, and/or construction plans for the proposed project. This may include cost estimates with valid budgetary numbers from an architect, engineer, or licensed general contractor. If no construction plan is yet in place, please submit a valid Rough Order of Magnitude (ROM) cost estimate from an architect, engineer, or licensed general contractor.

Please include a description of site amenities (examples: community and common areas, laundry, gated access, security, recreational areas, pool, community garden, etc.) and sustainable and green building elements.

Please describe any site mitigation requirements and complex or costly structural or site/topographical requirements. The narrative should also include an explanation of any required demolition and off-site improvements, as well as a detailed construction breakdown of these expenses.

(Limit 2000 words)

The facility on 966 Best Life Lane will create a 3500 sq ft one story facility, 1600 sq ft staff housing, and 600 sq. ft ADU for counseling and classrooms. The proposed project will provide housing and services for 30 Native Americans adult facility.

Rough Order of Magnitude Estimate (provided by Ultimex Builders)

Phase: Design = \$281,435

Phase: Pre-Construction & Procurements = \$2,187,300

Phase: Construction = \$1,896,160

Phase: Post-Construction = \$233,000

Total Budget: \$4,597,895

24. Please upload the following documents:

24.1. Completed Schematic Design Checklist

Document Upload: Schematic Design Checklist

Please label all files for upload as follows: Applicant ID_Document Title.

Do not upload a password protected file.

[Form-3_Schematic-Design-Checklist](#)

[SCHEMATIC-DESIGN-CHECKLIST \(Excel\)](#)

File	Description	Updated On	
New Tribal ARF Male Best Life_ Form 3 Schematic Design Checklist.xlsx		10/14/2023	

1 to 1 of 1 items

24.2. Any preliminary site plans, design drawings, or construction drawings for the proposed project— these may include schematic designs, architectural drawings, construction blueprints, and/or other renderings (please limit each file size to less than 20 MB)

Document Upload: Preliminary Site Plans, Design Drawings, or Construction Drawings

Please label all files for upload as follows: Applicant ID_Document Title.

Do not upload a password protected file.

File	Description	Updated On	
Native Directions New Tribal ARF Male_Preliminary Site Plans Design_Drawings_Construction Drawings 2.pdf		10/14/2023	
Native Directions New Tribal ARF Male_Preliminary Site Plans Design_Drawings_Construction Drawings.pdf		10/14/2023	

1 to 2 of 2 items

24.3. Please fill out and upload the schedule for design, acquisition of the property, and/or development or rehabilitation. Design, acquisition, or development/rehabilitation should begin within 6 months of funding award, subject to achieving necessary permits and approvals.

Document Upload: Form 4: Design, Acquisition, and Construction Milestone Schedule

Please label all files for upload as follows: Applicant ID_Document Title.

Do not upload a password protected file.

Template (excel format): Design, Acquisition, and Construction Milestone Schedule

File	Description	Updated On	
New Tribal ARF Male Best Life_Form 4 Design, Acquisition, and Construction Milestone Schedule.xlsx		10/14/2023	

1 to 1 of 1 items

25. Does the applicant have all needed local, regional, and state approvals, will-serve letters, and building permits? *

☐ Yes ☒ No

26. List all approvals and permits that will be required to complete the project, and describe your strategy for obtaining them.

(Limit 2000 words)

1. Approval from the Native Directions Board (secured)
2. Permit to start construction. Will notify the county of the urgency of the project (to be submitted)
3. Our consultant will set up a meeting with the Director of Healthcare Services for El Dorado County to introduce Native Directions and HomeCA and provide information of the various projects we are planning to initiate in the county.
4. We are also going to notify the Fire Department and do a pre inspection prior to applying for a DSS license to operate as an ARF. We have consulted with a Fire Captain to help us with the new fire safety requirements.

27. Does the applicant have documentation of all required behavioral health facilities and services certifications/licenses, including those required by the appropriate state department? *

☐ Yes ☒ No

If the project can't be licensed/certified by the state or at the local level until it is completed, please list the relevant licensing/certification timelines and requirements. (Limit 500 words.) Please note: As part of the technical assistance that will be made available, applicants will be guided through the licensure and certification process to prepare them for the possibility of being successfully licensed or certified. *

(Limit 500 words)

It will be licensed through DSS as a ARF for Native American males. It takes approximately 3-6 months (depending on workload) to get licensed and program certified with DSS.

If you do not have one or more of the requested documents available, please share your timeline for completing them in the box below. Otherwise, enter "NA"

(Limit 2000 words)

We consulted with our legal team and we were advised to not enter into any written contract with the members of the development team and the construction team until we receive approval of the grant for legal reasons, except for ARF Design and Development as the company agreed to a contingency fee.

28. Does your project support efforts to ensure care can be provided in most appropriate and least restrictive settings to support community integration, choice, and autonomy and/or reduce homelessness?

☒ Yes

☐ No

Please describe:

(Limit 1500 words)

The ARF for Native American Males will provide person-centered care in a residential setting that provides housing and long-term care and services.

29. Identify each of the States Priorities your project is targeting (RFA Section 1.2), and describe how the project will meet these priorities. *

State Priorities	Is your project targeting this priority?	If yes, please describe how your project will meet this state priority:
Invest in behavioral health and community care options that advance racial equity	<input checked="" type="radio"/> Yes <input type="radio"/> No	The proposed project will invest in behavioral health and community care options that advance racial equity by creating an adult residential facility program exclusive to Native American females. The service will be open to all Native American females regardless of the county. With this new service it will lower hospitalization, homelessness, and institutionalization of Native Americans.
Seek geographic equity of behavioral health and community care options	<input checked="" type="radio"/> Yes <input type="radio"/> No	The proposed project will invest in behavioral health and community care options that advance racial equity by creating an adult residential facility program exclusive to Native American females. The service will be open to all Native American females regardless of the county. With this new service it will lower hospitalization, homelessness, and institutionalization of Native Americans.
Address urgent gaps in the care continuum for people with behavioral health conditions, including seniors, adults with disabilities, and children and youth	<input checked="" type="radio"/> Yes <input type="radio"/> No	The proposed project will invest in behavioral health and community care options that advance racial equity by creating an adult residential facility program exclusive to Native American females. The service will be open to all Native American females regardless of the county. With this new service it will lower hospitalization, homelessness, and institutionalization of Native Americans.

State Priorities	Is your project targeting this priority?	If yes, please describe how your project will meet this state priority:
Increase options across the life span that serve as an alternative to incarceration, hospitalization, homelessness, and institutionalization	<div><input checked="" type="radio"/> Yes</div> <div><input type="radio"/> No</div>	The proposed project will invest in behavioral health and community care options that advance racial equity by creating an adult residential facility program exclusive to Native American females. The service will be open to all Native American females regardless of the county. With this new service it will lower hospitalization, homelessness, and institutionalization of Native Americans.
Meet the needs of vulnerable populations with the greatest barriers to access, including people experiencing homelessness and justice involvement	<div><input checked="" type="radio"/> Yes</div> <div><input type="radio"/> No</div>	The proposed project will invest in behavioral health and community care options that advance racial equity by creating an adult residential facility program exclusive to Native American females. The service will be open to all Native American females regardless of the county. With this new service it will lower hospitalization, homelessness, and institutionalization of Native Americans.
Ensure care can be provided in the least restrictive settings to support community integration, choice, and autonomy	<div><input checked="" type="radio"/> Yes</div> <div><input type="radio"/> No</div>	The proposed project will invest in behavioral health and community care options that advance racial equity by creating an adult residential facility program exclusive to Native American females. The service will be open to all Native American females regardless of the county. With this new service it will lower hospitalization, homelessness, and institutionalization of Native Americans.
Leverage county and Medi-Cal investments to support ongoing sustainability	<div><input checked="" type="radio"/> Yes</div> <div><input type="radio"/> No</div>	The proposed project will invest in behavioral health and community care options that advance racial equity by creating an adult residential facility program exclusive to Native American females. The service will be open to all Native American females regardless of the county. With this new service it will lower hospitalization, homelessness, and institutionalization of Native Americans.

State Priorities

Is your project targeting this priority?

If yes, please describe how your project will meet this state priority:

Leverage the historic state investments in housing and homelessness



Yes



No

The proposed project will invest in behavioral health and community care options that advance racial equity by creating an adult residential facility program exclusive to Native American females. The service will be open to all Native American females regardless of the county. With this new service it will lower hospitalization, homelessness, and institutionalization of Native Americans.

30. Describe how the proposed project will expand community capacity for serving the target populations and address urgent gaps in the care continuum.

Under CCE, the target population includes seniors and adults with disabilities who require long-term care supports, giving priority to applicants and recipients of Supplemental Security Income/State Supplementary Payment (SSI/SSP) and/or Cash Assistance Program for Immigrants (CAPI) benefits who are at risk of or experiencing homelessness.

Please include data that demonstrates the project's need. This may include, for example, a county needs assessment, a facility wait list, the number of comparable facilities in the area, or other quantifiable documentation.

(Limit 2000 words)

The proposed project will create community capacity of Native American males. Substance abuse and addiction are major concerns amongst Native American males. Results from the 2018 NSDUH show that nearly 1 in 5 Native American adults (ages 18-25 years) has substance use disorder, including 11% with illicit drugs and 10% with alcohol. California has the largest number of Native Americans with a population of 757,628. Of that number, 10% of Native Americans has a substance use disorder which roughly translates to 75,762 individuals that are eligible for SUD services.

31. Does the proposed project commit to serving applicants and recipients of SSI/SSP or CAPI benefits?



Yes



No

31.1. Of the population that will be served by your project, what is the projected percentage of SSI/SSP or CAPI applicants or recipients? Provide current (if applicable) and projected percentages:

Current percentages

Projected future percentages

SSI/SSP *

0 %

100 %

CAPI *

0 %

100 %

32. Describe how the project will address inequities for the target population(s) and meet the needs of individuals from diverse backgrounds. Examples of types of diversity include race, religion, country of origin, language, disabilities, culture, economic background, gender, sex, and behavioral health. The description should include supporting evidence of the strategies' effectiveness, if available.

(Limit 2000 words)

The project will address inequities amongst Native Americans, with access to ARF resources and programs that provides cultural sensitivity practices.

33. For the racial and ethnic populations that will be served, provide your best estimate of the percentage of the total people of each population. (Percentages must add up to 100%. Enter "0" if the population will not be served.) *

	Percent
African American/Black: %	<input type="text" value="0 %"/>
Asian American/Pacific Islander: %	<input type="text" value="0 %"/>
Latino/Hispanic: %	<input type="text" value="0 %"/>
Non-Hispanic/Latino: %	<input type="text" value="0 %"/>
Native American/Alaska Native: %	<input type="text" value="100 %"/>
White: %	<input type="text" value="0 %"/>
Mixed race: %	<input type="text" value="0 %"/>
Other : %	<input type="text" value="0 %"/>

Total	100 %
<div>(Limit 2000 words)</div> <div></div>	

34. How have you verified that your projected percentages reflect the community you plan to serve, and how will you measure successful utilization? Please include any data sources used for comparison.

(Limit 2000 words)

Data has shown that 10% of Native Americans have a substance use disorder, 4% of Native Americans have an illicit drug use disorder, 7.1% of Native Americans have an alcohol use disorder. Nearly 25% of Native Americans report binge drinking in the past month. Native Americans are more likely to report drug abuse in the past month (17.4%) or year (28.5%) than any other ethnic group.

Successful utilization measure will include ASI score will show a significant change between admission and discharge from each program. Based on California American Indian/Alaska Native Data Sources, the data statistics shows a decrease of recidivism rates among Native Americans in the jail system related to drug and alcohol addiction.

35. Do you have one or more letter(s) of support?

☒ Yes ☐ No

35.1. Document Upload: Letter(s) of Support

Please label all files for upload as follows: Applicant ID_Document Title.

Do not upload a password protected file.

File	Description	Updated On	
[9.25.23]	NewTribal_HomeCA_Letter of Support.pdf	10/14/2023	
	ARF Signatures Of Support - Jan 26 2024 - 3-50PM (1).pdf	01/29/2024	

1 to 2 of 2 items

36. Original Submitter

Original submitted by *

Original submission date *