TOBACCO SETTLEMENT REVENUE OVERSIGHT COMMITTEE

TOBACCO SETTLEMENT REVENUE (TSR) FUNDING REQUEST

Name of entity requesting TSR funds: New Mexico Indian Affairs Department	
Name(s) of each program for which TSR funds will be used: Tobacco Cessation & Program for which TSR funds will be used:	evention Grant Program
Description of each program, including its purpose: This funding is utilized for TCP.	P outreach.
Have you requested TSR funds prior to this request? Yes No	
Have you received TSR funds prior to this request? Yes No If yes, in what fiscal years? Since FY2005.	
What will you use the requested funds for? Please include goals and objectives. The department will utilize funds to grant out to tribal governments. These grantees will	utilzie
funds to perform tobacco cessation outreach in their communities.	
Is this a change from previous years' use? Yes No If yes, please describe the change and reason(s):	
Amount requested (Total amount, and amount for each program): \$249,300	
What other sources of funding are applied to this purpose? No other funds are utilized for this purpose.	
Name, title, telephone, email and mailing address of contact person: Drew Roybal-Chavez, ASD Manager-CFO/HR	
Phone: 505-690-2997 or Email: Drew.Roybal-Chavez3@state.nm.us	
Date:	