



**Office of the Tribal Liaison
1000 NE 10th Street, Room 503.1
Oklahoma City, OK 73117
Tel: (405) 271-5170**

**Collaboration Proposal Form
(For OSDH key stakeholders and partners)**

Thank you for including us in your important initiative. To help us better understand your proposal and serve your needs, please fill out this form and email to StephenW@health.ok.gov.

Date of request:

Type of review requested (check one):

Standard review – Review on a monthly basis; scheduled review dates are on our webpage.

Expedited review – Review within three business days upon receipt of proposal; Division Director's signature is needed.

Tribal Nation/Organization/Department:

Contact name:

Telephone number:

Email address:

Public health priority that your initiative will address (check all that apply):

Wellness (commercial tobacco use & obesity)

Public Health Accreditation

Maternal and Child Health

Community Development

Chronic Disease

Others (please specify)

Initiative brief background (feel free to include links as resources):

Describe specifically what you need from the Office of the Tribal Liaison to implement your initiative (what, when, where, who, how, and why):

Do you or do you know if your department, organization, or tribal nation have previous collaboration(s) with the Oklahoma State Department of Health?

No

Yes, please briefly describe:

We appreciate your valuable time and information.