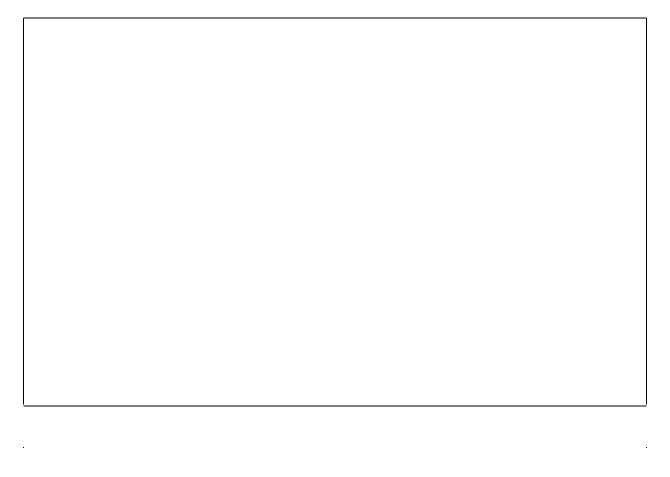
ATTACHMENT A: GRANT APPLICATION

Agency:			
Mailing Address:		Zip: Title:	
Project Name:			
Target Population: _			
Amount of Budget R	equest \$	(Max. \$330,000)	
Write a brief summa	arv of the project	services to be provided and the	

Write a brief summary of the project services to be provided and the primary location for delivery of services in 1,300 characters or less including spaces (bullets are encouraged); this summary is intended to be used as part of the project description in the grant agreement.



Attachment A: Grant Application Mental Health/Substance Misuse Disorder Mobile Case Management Request for Grant Proposals 1 of 2

Agency Status:

Recognized non-profit organization under Alaska Laws?			
□ Yes, since (year)or - □ No			
Alaska Business License Number:	Next Renewal Date:		
IRS Tax Exempt Organization?	or - 🛛 No		

Does the project involve creating, receiving, maintaining or transmitting client Health Insurance Portability and Accountability Act (HIPAA) protected health information?

 \Box Yes \Box No

CERTIFICATION: The undersigned grant applicant certifies that:

- 1. Proposed services are either new services that were not offered by the proposer in 2020, or, if they are existing services, that they were not funded by the Municipality of Anchorage in 2020;
- 2. It has not within the last three years been indicted or convicted of a criminal offense or had a civil judgment rendered against it for commission of fraud in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- 3. It has not within the last three years had one or more public transactions (Federal, State, or local) terminated for cause or default; and
- 4. It agrees to abide by the grant regulations and policies as delineated in this Request for Grant Proposal.

TO THE BEST OF MY KNOWLEDGE AND BELIEF, DATA IN THIS APPLICATION/

PROPOSAL IS TRUE AND CORRECT.

Signed by authorized representative that has the authority to bind the organization .

*Signature:_____ Date:_____

Printed Name:______ Title:_____