

ATTACHMENT A: GRANT APPLICATION

Agency: _____

Mailing Address: _____ Zip: _____

Grant Administrator: Name: _____ Title: _____

Phone#: _____ Fax #: _____ Email: _____

Project Name: _____

Target Population: _____

Amount of Budget Request \$ _____ (Max. \$330,000)

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.

Agency Status:

Recognized non-profit organization under Alaska Laws? <input type="checkbox"/> Yes, since (year) _____ -or- <input type="checkbox"/> No Alaska Business License Number: _____ Next Renewal Date: _____ IRS Tax Exempt Organization? <input type="checkbox"/> Yes IRS # _____ -or- <input type="checkbox"/> No
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Does the project involve creating, receiving, maintaining or transmitting client Health Insurance Portability and Accountability Act (HIPAA) protected health information?

Yes 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:_____