

ATTACHMENT A: HSCMG APPLICATION

Agency: _____

Mailing Address: _____ Zip: _____

Grant Administrator: Name: _____ Title: _____

Phone#: _____ Fax #: _____ Email: _____

Project Name: _____

Target Population: _____

Amount of FY2023 Budget Request \$ _____ (Min. \$50,000 / Max. \$150,000)

(For the purposes of this application, the same budget identified for FY2023 will be applied to FY2024.)

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

All projects must address the two eligibility criteria described in Part I, Section 3.16.

Check the box(es) applicable for the submitted project proposal:

Criterion 1:

- The project provides an “essential human service” whose unavailability would subject persons needing the service to serious mental or physical hardship (AS 29.60.650).

Criterion 2:

The project fits into at least one of the following categories:

- Basic provision of food
- Basic provision of temporary/emergency shelter and related services
- Health support services (excluding services or the portion of services reimbursable by Medicaid, Medicare or other third-party payor)
- Protective legal services for children and adults in need
- Provision of housing services in conjunction with stabilization resources for homeless or crisis involved adults and families transitioning from shelter, crisis or other emergency level of service

CERTIFICATION: The undersigned grant applicant 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 of the Board of Directors.

*Signature: _____ Date: _____

Title: _____ Printed Name: _____