

APPENDIX A  
DEPARTMENT OF HEALTH & SOCIAL SERVICES  
GRANT APPLICATION

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<b>1. Name of Program on the Request for Proposals for which this application is submitted.</b>	
<b>2. Name of Applicant Organization</b>	
<b>3. Street Address of Applicant Agency</b>	<b>4. Phone</b>
	<b>5. Fax</b>
<b>6. Mailing Address of Applicant Agency</b>	<b>7. Agency Website Address</b>
<b>8. Applicant's Project Name</b>	
<b>9. Project Location/Service Delivery Area</b>	
<b>10. Service Facility Name &amp; Address (if different than agency name &amp; mailing address)</b>	<b>11. Project Contact Phone</b>
	<b>12. Project Contact Fax</b>
<b>13. Project Contact (if different from Project Director in item 22 below)</b>	<b>14. Project Contact E-Mail Address</b>
<b>15. Applicant Agency Budget Period (for audit information)</b>  Beginning: _____ Ending: _____	<b>16. Proposed State Budget year(s) and State Funds Requested</b>  FY _____ \$ _____ and FY _____ \$ _____
<b>17. Type of Application;</b> <b>New:</b> (new project or 1 <sup>st</sup> year of multi-year app.) (check type of app.) <b>Continuation:</b> (continuing year of multi-year app.)	<b>18. Type of Organization: [check eligibility type]</b> <b>Non-Profit:</b> (include proof of nonprofit status)
<b>19. Employer Identification Number (EIN)</b>	<b>AK Native Tribe:</b> (include Waiver of Sovereign Immunity) <b>Government:</b>

**CONTACT INDIVIDUALS**

<b>20. Authorizing Person, Name and Title</b>	<b>Phone</b>
	<b>Fax</b>
	<b>Email</b>
<b>21. Financial Manager, Name and Title</b>	<b>Phone</b>
	<b>Fax</b>
	<b>Email</b>
<b>22. Project Director, Name and Title</b>	<b>Phone</b>
	<b>Fax</b>
	<b>Email</b>

The undersigned (authorized official signing for the applicant organization) certifies that the statements made in this application document and attached proposal are true, complete, and accurate to the best of his or her knowledge.

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

