

Organization Name: _____

Project Title: _____

Address: _____

Contact Person & Title: _____

Phone Number: _____ **Email address:** _____

Total funding amount requested: _____ **Total Project costs** *(if different from amount requested)*: _____

Section 1: Project Overview

1. Please describe the problem you want solved and a description of your proposed project to solve the problem.

2. Provide a *detailed* schedule for each step of your project in the table below. Note that the anticipated state date is 4/1/2023 and the end date is 3/31/2024. Be Specific.

[illegible]



5. Do you plan to collaborate with any other entities in the community to complete this project (e.g. Village/Regional Corporation, regional health organization, city government)?

- ☐ Yes*
☐ No
☐ Not applicable

**If "Yes", please provide a Letter of Cooperation from each organization as an attachment to your application.*

Section 2: Attachments

REQUIRED

<input type="checkbox"/>	Complete Application
	Describing your project and key steps and milestones you expect to complete during the project period.
<input type="checkbox"/>	Budget (Attachment A)
	Costs should be researched. Quotes are helpful. Your total project cost may exceed the grant funding if another local entity, such as the village corporation, wishes to contribute financially to the project. There is a separate budget category for matching funds. If you do not have a federally negotiated indirect cost rate, you may use no more than 10% of the modified direct costs.
<input type="checkbox"/>	Negotiated Indirect Cost Rate Agreement (if applicable)
	Negotiated Indirect Cost Rate Agreement (NICRA) is a document published to reflect an estimate of indirect cost rate negotiated between the Federal Government and a Grantee's organization which reflects the indirect costs (facilities and administrative costs) and fringe benefit expenses incurred by the organization. In the absence of a NICRA, the grantee can use the de minimis rate of 10% of modified total direct costs.
<input type="checkbox"/>	Letters of Support (if applicable)
	A written agreement between organizations in the community working together on the project. The letter should identify the initiative and tell why both organizations are coming together to support the project. Use bullet points to list key activities each organization will contribute to the project.

OPTIONAL

<input type="checkbox"/>	Photos, letters of support, or other supplementary attachments are welcome but not required.
	Determination for funding will not be influenced by the optional attachments. Photos, letters of support and other supplementary attachments may help reviewers understand your solid waste or resilience concerns.

Application Submission & Program Contacts

<p>Any questions, please contact: 4043 Oxenia O'Domin – Program Manager / Phone: 907-729-3492 Email: orodomin@anthc.org</p> <p>ANTHC Tribal Capacity & Training Program 4500 Diplomacy Drive, Ste. 420 Anchorage, AK 99508</p>	<p>Applications must be received by March 13, 2023 5:00pm</p>
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