

False Pass Dock Facility Forklift Purchase**FY2004 Request:****\$25,000****Reference No:****38057****AP/AL:** Appropriation**Project Type:** Equipment**Category:** Health/Human Services**Recipient:** City of False Pass**Location:** False Pass**Contact:** Geri Henricksen**House District:** Bristol Bay/Aleutians (HD 37)**Contact Phone:** (907)465-4814**Estimated Project Dates:** 07/01/2003 - 06/30/2008**Brief Summary and Statement of Need:****Dock Facility Forklift Purchase**

Funding:	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	Total
Muni Match	\$25,000						\$25,000
Total:	\$25,000	\$0	\$0	\$0	\$0	\$0	\$25,000

<input type="checkbox"/> State Match Required	<input checked="" type="checkbox"/> One-Time Project	<input type="checkbox"/> Phased - new	<input type="checkbox"/> Phased - underway	<input type="checkbox"/> On-Going
0% = Minimum State Match % Required		<input type="checkbox"/> Amendment	<input type="checkbox"/> Mental Health Bill	

Operating & Maintenance Costs:

	<u>Amount</u>	<u>Staff</u>
Project Development:	0	0
Ongoing Operating:	0	0
One-Time Startup:	0	
Totals:	0	0

Additional Information / Prior Funding History: