

**Hospice of Anchorage - Camp Erin Grief Camp**

**FY2012 Request: \$10,000**  
**Reference No: 53798**

**AP/AL:** Appropriation  
**Category:** Health/Human Services  
**Location:** Anchorage Areawide

**Project Type:** Construction  
**House District:** Anchorage Areawide (HD 17-32)

**Impact House District:** Anchorage Areawide (HD 17-32)

**Contact:** Leg Import

**Estimated Project Dates:** 07/01/2011 - 07/01/2016 **Contact Phone:** (907)555-5555

**Brief Summary and Statement of Need:**

Leg Import

<b>Funding:</b>	<u>FY2012</u>	<u>FY2013</u>	<u>FY2014</u>	<u>FY2015</u>	<u>FY2016</u>	<u>FY2017</u>	<u>Total</u>
Gen Fund	\$10,000						\$10,000
<b>Total:</b>	\$10,000	\$0	\$0	\$0	\$0	\$0	\$10,000

<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	0
<b>Totals:</b>	<b>0</b>	<b>0</b>

**Additional Information / Prior Funding History:**