

**Agency: Commerce, Community and Economic Development****Grants to Named Recipients (AS 37.05.316)****Grant Recipient: Alaska Medicare Clinic****Federal Tax ID: 23-0542419****Project Title:****Project Type: New Construction and Land Acquisition**

# Alaska Medicare Clinic - Facility Installation

**State Funding Requested: \$500,000**  
One-Time Need**House District: Anchorage Areawide (16-32)****Brief Project Description:**

Medicare clinic.

**Funding Plan:**

Total Project Cost:	\$2,000,000
Funding Already Secured:	(\$1,000,000)
FY2013 State Funding Request:	<u>(\$500,000)</u>
Project Deficit:	\$500,000

*Funding Details:**FY 2012 1,000,000***Detailed Project Description and Justification:**

Funds were expected through an appropriation of \$500,000 from the Federal delegation for start up costs for the clinic, these funds were not realized. \$500,000 completes the project which is already serving medicare patients and has the capacity to serve more. Continuing operational costs are being supported through receipts and medicare reimbursement.

**Project Timeline:**

2013

**Entity Responsible for the Ongoing Operation and Maintenance of this Project:**

Alaska Medicare

**Grant Recipient Contact Information:**

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Has this project been through a public review process at the local level and is it a community priority?  Yes  No