

**Agency: Department of Health and Social Services**

**Project Title:**

**Project Type: Other**

# Eligibility Information System

**State Funding Requested: \$8,738,478**  
One-Time Need

**House District: Statewide (1-40)**

**Brief Project Description:**

To leverage 90/10 matched financing for its eligibility information system.

**Funding Plan:**

Total Project Cost:	\$62,417,700
Funding Already Secured:	(\$53,679,222)
FY2013 State Funding Request:	(\$8,738,478)
Project Deficit:	\$0

**Detailed Project Description and Justification:**

(Enter)

**Project Timeline:**

(Enter)

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

(Enter)

**Grant Recipient Contact Information:**

Name: (Enter)  
 Title: (Enter)  
 Address: (Enter)  
 (Enter), Alaska 99999  
 Phone Number: 0-  
 Email: (Enter)

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

Contact Name: (Enter)  
 Contact Number: 0

*For use by Co-chair Staff Only:*

\$8,738,478  
 Approved

3:18 PM 5/2/2012