Aiding Wom Extended St	en From Abus ay Shelter	es, Inc	- FY2013 Request: Reference No:		\$50,000 56097		
AP/AL: Appr	opriation	Project Type: Life / Health / Safety					
Category: Health/Human Services				Recipient: AWARE			
	ineau Areawide	House District: Juneau Areawide (HD 3-4)					
Impact House District: Juneau Areawide (HD 3-4) Contact: Leg Finance							,
Estimated Project Dates: 07/01/2012 - 06/30/2017 Contact Phone: (907)465-3000							
Funding:	FY2013	FY2014	FY2015	FY2016	FY2017	FY2018	Total
Gen Fund	\$50,000						\$50,000
Total:	\$50,000	\$0	\$0	\$0	\$0	\$0	\$50,000
□ State Match Required □ One-Time Project □ Phased - 0% = Minimum State Match % Required □ Amendme				-	<ul> <li>Phased - underw</li> <li>Mental Health E</li> </ul>	•	-Going
Operating & Maintenance Costs: Project Develo				opment:	Amour	n <u>t</u>	Staff 0
Ongoing Operati				•		0	0
One-Time Si				•		0	U
				Totals:		0	0

Additional Information / Prior Funding History: