| Circle Traditional Council - Circle Clinic Rehabilitat  |  |     |               | ation  | FY2014 Request:<br>Reference No:                      |        | \$75,000<br>57280 |  |
|---|--|-----|---------------|--|---|--------|-------------------|--|
| AP/AL: Appropriation  |  |     |               | Project Type: Renewal and Replacement                    |   |        |                   |  |
| Category: Health/Human Services   |  |     |               | Recipient: Circle Traditional Council                    |   |        |                   |  |
| Location: Circle  |  |     |               | House District: Bering Straits/Interior Villages (HD 39) |   |        |                   |  |
| Impact House District: Bering Straits/Interior<br>Villages (HD 39)                                    |  |     |               | Contact: JoEllen Hanrahan                                |   |        |                   |  |
| Estimated Project Dates: 07/01/2013 - 06/30/2018 Contact  |  |     |               |  | t <b>Phone:</b> (907)465-2300                         |        |                   |  |
|   | ry and Staten<br>Clinic to fix saf<br>FY2014 |     |               | FY2017   | FY2018  | FY2019 | Total             |  |
| Gen Fund  | \$75,000                                     |     |               |  |   |        | \$75,000          |  |
| Total:  | \$75,000                                     | \$0 | \$0           | \$0  | \$0   | \$0    | \$75,000          |  |
| □ State Match Required ☑ One-Time Project □ Phased   0% = Minimum State Match % Required □ Amendmeter |  |     |               |  | <ul><li>Phased - unde</li><li>Mental Health</li></ul> | •      | -Going            |  |
| <b>Operating &amp; Maintenance Costs:</b>   |  |     |               |  | Amou  | unt    | <u>Staff</u>      |  |
|   |  | F   | Project Devel | •  |   | 0      | 0                 |  |
| Ongoing Operating:  |  |     |               |  | 0   | 0      |                   |  |
|   |  |     | One-Time      |  |   | 0      |                   |  |
|   |  |     |               | Totals:  |   | 0      | 0                 |  |

## Prior Funding History / Additional Information: