



FUNDING REQUEST GUIDELINES

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| Healthy Alaska Natives Foundation's Purpose | The Healthy Alaska Natives Foundation's (HANF's) purpose is to support Alaska Native people, Tribes and Tribal Health Organizations in pursuit of Alaska Native Tribal Health Consortium's (ANTHC's) vision that Alaska Native people are the healthiest in the world. HANF does this through board led, donor-centric fundraising and grant making in support of Alaska Native people. |
| Funding Priorities | Successful funding requests will demonstrate how the proposed project directly impacts Alaska Native people, programs, or places with a focus on Healthy Patients, Healthy Kids, and Healthy Communities. Preference is given to projects that align with HANF's current priorities: improved access to care, children, behavioral health, and rural healthcare. |
| Funding Limitations | Healthy Alaska Natives Foundation prefers not to fund: <ul style="list-style-type: none"> • Conferences • Positions and benefits • Indirect costs • Training • Research • Office supplies (ex. office equipment, cell phones, chairs, etc.) • Sponsorships • Door prizes and raffles • Already purchased items • Other expenses not directly related to patient and/or patient needs HANF will fund requests for individual support. Payments are cut directly to vendors who provide the services or support requested. |
| How to Apply | Please complete the HANF Funding Request form attached. <ul style="list-style-type: none"> • Please include a detailed budget. • Please include supporting documents (quotes, estimates). Completed funding requests that include a Funding Request Form, budget, and supporting documents can be submitted: <ul style="list-style-type: none"> • Via email to info@healthyalaskanatives.org • Mail or deliver to HANF at 4500 Diplomacy Drive, Suite 566, Anchorage AK, 99508 |
| Next Steps | HANF staff will notify applicants of the funding decision within thirty days of a completed application. |
| Reporting | All funding requests require post-award reporting and thank you letters. |
| Questions? | Contact the Foundation staff at 729-5652 or email info@healthyalaskanatives.org . |

| FUNDING REQUEST | |
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| Request Date | |
| Organization Name | |
| Point of Contact, Phone, Email | |
| Project Title | |
| Brief Statement of Purpose. | |
| How does this project align with HANF's purpose and funding priorities? Please be specific. Refer to page one of this Funding Request Form and clearly demonstrate how your request aligns with HANF's purpose and priorities. | |
| How many Alaska Native people will this project impact? | |
| Project Timeline | |

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|----------------------|----|
| Total Project Budget | \$ |
|----------------------|----|

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|----------------------------|----|
| Amount Requested from HANF | \$ |
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|-------------------------|---|---------------------------|-------------|--------------|
| Budget for this Request | Please provide a project budget below. Include as much detail as possible. Funding approval may be delayed if this information is not provided. | | | |
| | ITEM | QUANTITY | COST | TOTAL |
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| | | Total Direct Costs | | |

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|--------------------------|----|
| Other Sources of Funding | \$ |
|--------------------------|----|

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| Will this program continue beyond the project period? | |
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| What is your plan to sustain the project costs after this grant, if awarded, ends? | |
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| Authorizing Official Name, Title and, Signature | Name: Title: Signature |
| Project Readiness | Have you attached quotes or invoices for the funding request: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please collect invoices/quotes for the funding request. Your application will not proceed without this information. If yes, who are the vendors, and what is the amount to be paid to each vendor? <hr/> <hr/> <hr/> <hr/> |
| Agreement | I understand the funds that will be granted to me are donor funds and as such, I have a responsibility to ensure the funds are used in the manner outlined in this application. I further understand that I will be required to submit a final report at the end of the project timeline explaining the impact of the funding. |
| FOR OFFICE USE ONLY | |
| Date Reviewed | |
| Fund Source | <input type="checkbox"/> Unrestricted <input type="checkbox"/> Restricted Fund: _____ |
| Status | <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Tabled |
| Approved by | |