



FY19 FUNDING REQUEST GUIDELINES

About the Foundation	The Healthy Alaska Natives Foundation was created in 2007 to support the vision of the Alaska Native Tribal Health Consortium (ANTHC) by raising awareness of unmet and unfunded needs of our health care system and building a broad and deep philanthropic base.
Successful requests	Successful requests will demonstrate a direct impact to patients or program participants in one of three (3) initiatives areas: <ul style="list-style-type: none"> • Patient Care • Healthy Kids • Healthy Communities
What is not allowed	<ul style="list-style-type: none"> • Administrative expenses (salaries, computers, office furniture, travel, etc.) • Prizes, gifts or raffles • Conference expenses • Research projects • Other expenses not directly related to patient and/or program needs • Already purchased items
Deadlines	All requests are screened internally by the Foundation staff and CEO, and may be approved for review by the HANF Oversight Committee of the Board of Directors. The HANF Oversight Committee meets quarterly to review funding requests. Funding requests must be submitted by 5 PM sixty (60) days prior to the Committee meeting. Requestors will be notified of the funding decision within five (5) days of the Committee meeting, either by email or telephone.
Format and Submittal	Please complete the <u>FY19 HANF Funding Request</u> form and limit your response to this one (1) page. If you have a quote for a specific expense, you may attach it. More information may be requested if necessary. Requests may be submitted via email to info@inspiringgoodhealth.org , inter-department mail at C-HANF, or in person at the Foundation offices, located on the 1 st floor of the COB.
Questions?	Contact the Foundation staff at 729-5652 or email info@inspiringgoodhealth.org .



OFFICE USE ONLY
 Funding Request #: _____

FY19 FUNDING REQUEST	
Request Date	
Division	<input type="checkbox"/> ANMC <input type="checkbox"/> DCHS <input type="checkbox"/> DEHE <input type="checkbox"/> CBSS
Department	
Contact	
Project Title	
Purpose	
Timeline	
Funding Category <small>(check one)</small>	<input type="checkbox"/> Patient Care <input type="checkbox"/> Healthy Kids <input type="checkbox"/> Healthy Communities
Funding Level	<input type="checkbox"/> Tier 1 (\$5,000 or less) <input type="checkbox"/> Tier 2 (above \$5,000)
Total Project Budget	\$
HANF Funding Request	\$
FOR OFFICE USE ONLY	
Date Reviewed	
Fund Source	<input type="checkbox"/> Unrestricted <input type="checkbox"/> Restricted
Status	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Tabled
Notes	