

APPLICATION FOR

		2. DATE SUBMITTED 02/23/2015	APPLICATION IDENTIFIER	
1. TYPE OF SUBMISSION Application Non-Construction		3. DATE RECEIVED BY STATE	STATE APPLICATION IDENTIFIER	
		4. DATE RECEIVED BY FEDERAL AGENCY	FEDERAL IDENTIFIER	
5. APPLICANT INFORMATION				
Legal Name Native Village of Afognak		Organizational Unit Administration		
Address (city, state, and zip code) 115 Mill Bay Road, Suite 201 Kodiak, Alaska 99615-0000		Name and telephone number of the person to be contacted on matters involving this application Melissa Borton (907) 486-6357		
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 92-0164005		7. TYPE OF APPLICANT Indian/Native American Tribal Government (Federally Recognized)		
8. TYPE OF APPLICATION New		9. NAME OF FEDERAL AGENCY Bureau of Justice Assistance		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE Number: 16.608 CFDA Title: Justice Systems, and Alcohol and Substance Abuse Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT Native Village of Afognak will reduce the number of American Indian/Alaska Native youth with substance abuse issues in Kodiak by acquiring and implementing an evidence based program that combines ethnic and		
12. AREAS AFFECTED BY PROJECT Kodiak Island Native youth.				
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICT(S) OF		
Start Date: 10/01/2015	Ending Date: 09/30/2018	a. Applicant AK00	b. Project AK00	
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$552,856	Program is not covered by E.O. 12372		
b. Applicant	\$0			
c. State	\$0			
d. Local	\$0			
e. Other	\$0			
f. Program Income	\$0	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
g. Total	\$552,856	N		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS REQUIRED.				
a. Typed Name of Authorized Representative Loretta Nelson		b. Title Chairwoman		c. Telephone number (907) 486-6357
d. Signature of Authorized Representative			e. Date Signed	