



## Thriving Communities Grants Program Application

The Thriving Communities Grants Program is made available with funding provided by the State of Alaska Department of Health COVID-19 Health Equity grant.

**Application deadline: June 16, 2023**

**Project timeline: July 1, 2023 – May 31, 2024**

- 1) Application worksheet
  - a. Organization Information
  - b. Project Narrative and Timeline
  - c. Budget and Budget Narrative
- 2) Attachment by Applicant: 501©(3) documentation (if applicable)
- 3) Optional - Attachment by Applicant: Letters or resolutions of Tribal and/or community support for project.

**Please submit by email to Thriving Communities Grants Team at [grants@ruralcap.org](mailto:grants@ruralcap.org).**

### A. ORGANIZATION INFORMATION

Legal Name of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_

Village/City/Town: \_\_\_\_\_ State: AK Zip: \_\_\_\_\_

Organization EIN Number (if applicable): \_\_\_\_\_

Non-profit status:

Federally Recognized Tribe  IRS 501 (c) (3) – Attach copy of certification

Other (explain): \_\_\_\_\_

Head of Organization: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Organization Mission Statement & Services Overview: \_\_\_\_\_



**B. PROJECT NARRATIVE & TIMELINE**

Project Title: \_\_\_\_\_

**Project Personnel**

Please provide information for all key personnel who will be working on this grant-funded project.

Name & Title: \_\_\_\_\_ Role in Project: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Name & Title: \_\_\_\_\_ Role in Project: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Name & Title: \_\_\_\_\_ Role in Project: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Name & Title: \_\_\_\_\_ Role in Project: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

**Alaska Region(s) Served** (Check all that apply.)

- Ahtna Region (Southcentral interior)
- Aleut Region (Aleutian Chain)
- Arctic Slope Region (North Slope)
- Bering Straits Region (Seward Peninsula/Norton Sound)
- Bristol Bay Region (Bristol Bay)
- Calista Region (Yukon-Kuskoskwim River Delta/Kuskokwim Mountains)
- Chugach Region (Kenai Peninsula/Prince William Sound)
- Cook Inlet Region (Southcentral)
- Doyon Region (Interior)
- Koniag Region (Kodiak Archipelago)
- NANA Region (Northwest)
- Sealaska Region (Southeast)
- Statewide



# RurAL CAP

Rural Alaska Community Action Program, Inc.

731 E. 8<sup>th</sup> Avenue  
Anchorage, AK 99501  
907.279.2511  
[www.ruralcap.org](http://www.ruralcap.org)

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**Grant Category** - Please select the category that best identifies your project. See Grant Guidelines for explanation and examples.

Economic Stability

Health Care Access and Quality

Social and Community Context/Support

Education Access and Quality

Neighborhood and Built Environment

**Project Narrative** - Please provide a brief summary of your planned project activities.

**How will this grant help your organization and your community to thrive?**



**Project Timeline** - Please detail the timeline of activities below.

<b>Month</b>	<b>Activity/activities</b>	<b>Person(s) responsible</b>
<b>July 2023</b>		
<b>August 2023</b>		
<b>September 2023</b>		
<b>October 2023</b>		
<b>November 2023</b>		
<b>December 2023</b>		
<b>January 2024</b>		
<b>February 2024</b>		
<b>March 2024</b>		
<b>April 2024</b>		
<b>May 2024</b>		



**Community partners** - What organizations and individuals in your community will support this project?

**C. BUDGET AND BUDGET NARRATIVE**

Please describe the cost of the project and use the line items (categories) below. ABSOLUTELY no food or construction can be reimbursed by this award. Travel can include a per diem rate of \$60/day as well as lodging costs.

Line Items	Budget Amount	Account Title	Narrative Description Please describe each item and cost
100	\$ _____	<b>Personnel Services</b> (staff wages, fringe)	
200	\$ _____	<b>Travel</b>	
300	\$ _____	<b>Facility</b>	
400	\$ _____	<b>Supplies</b>	
500	\$ _____	<b>Equipment</b>	



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<b>600</b>	\$ _____	<b>Other</b> (stipends go here)	
<b>700</b>	\$ _____	<b>Indirect</b>	
<b>Total</b>	\$ _____	N/A	N/A

### Requested Award Amount

Funding ranges from \$5,000 to \$250,000. If the project can't be funded entirely, what is the minimum amount needed?

Amount requested: \_\_\_\_\_ Minimum amount needed: \_\_\_\_\_

### Signature

Signature of Authorized Official: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**\*DISCLAIMER THAT INFORMATION PROVIDED IS TRUE AND INFORMATION MAY BE RELEASED FOR PUBLICATION (IF AWARDED). ALLOWS RURAL CAP TO VERIFY INFORMATION PROVIDED\***