

**Language Section: Power Cost Equalization**

**FY2002 Request: \$7,800,000**  
**Reference No: 34766**

**AP/AL:** Appropriation

**Project Type:** Health and Safety

**Category:** Health/Human Services

**Location:** Statewide

**Contact:** x

**House District:** Statewide (HD 1-40)

**Contact Phone:** (907)555-5555

**Estimated Project Dates:** 07/01/2001 - 06/30/2006

**Brief Summary and Statement of Need:**

x

<b>Funding:</b>	<b>FY2002</b>	<b>FY2003</b>	<b>FY2004</b>	<b>FY2005</b>	<b>FY2006</b>	<b>FY2007</b>	<b>Total</b>
AIDEA Div	\$2,500,000						\$2,500,000
AIDEA Rcpt	\$620,000						\$620,000
Gen Fund	\$4,680,000						\$4,680,000
<b>Total:</b>	<b>\$7,800,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$7,800,000</b>

<input type="checkbox"/> State Match Required	<input checked="" type="checkbox"/> One-Time Project	<input type="checkbox"/> Phased - new	<input type="checkbox"/> Phased - underway	<input type="checkbox"/> On-Going
0% = Minimum State Match % Required		<input type="checkbox"/> Amendment	<input type="checkbox"/> Mental Health Bill	

**Operating & Maintenance Costs:**

	<u>Amount</u>	<u>Staff</u>
Project Development:	0	0
Ongoing Operating:	0	0
One-Time Startup:	0	0
<b>Totals:</b>	<b>0</b>	<b>0</b>

**Additional Information / Prior Funding History:**

x