

Ketchikan Senior Center - Equipment and renovation**FY2005 Request:****\$25,000****Reference No:****39833****AP/AL:** Appropriation**Project Type:** Equipment**Category:** Health/Human Services**Recipient:** Ketchikan Senior Center**Location:** Ketchikan**Contact:** Tom Lawson**House District:** Ketchikan (HD 1)**Contact Phone:** (907)465-2506**Estimated Project Dates:** 07/01/2004 - 06/30/2009**Brief Summary and Statement of Need:**

Leg Add on

Funding:	<u>FY2005</u>	<u>FY2006</u>	<u>FY2007</u>	<u>FY2008</u>	<u>FY2009</u>	<u>FY2010</u>	<u>Total</u>
DEED CIP	\$25,000						\$25,000
Total:	\$25,000	\$0	\$0	\$0	\$0	\$0	\$25,000

<input type="checkbox"/> State Match Required	<input 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
Totals:	0	0

Additional Information / Prior Funding History: