

Leg Add-on Language: Life Alaska Donor Services, Inc

FY2010 Request:

\$8,000

Reference No:

48475

AP/AL: Appropriation

Project Type: To be determined

Category: To be determined

Recipient: Life Alaska Donor Services, Inc

Location: Statewide

Contact: Amanda Ryder

House District: Statewide (HD 1-40)

Contact Phone: (907)465-2506

Estimated Project Dates: 07/01/2010 - 06/30/2015

Brief Summary and Statement of Need:

Leg Add-on

Funding:	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015	Total
Anatomical	\$8,000						\$8,000
Total:	\$8,000	\$0	\$0	\$0	\$0	\$0	\$8,000

<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: