

APPLICATION FOR

		2. DATE SUBMITTED 02/24/2015	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 Organized Village of Kake		Organizational Unit Administration	
Address (city, state, and zip code) 541 Keku Road P.O. Box 316 Kake, Alaska 99830-0316		Name and telephone number of the person to be contacted on matters involving this application Dawn Jackson (907) 785-6471	
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 92-0074844		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 Organized Village of Kake Alcohol & Substance Abuse Program	
12. AREAS AFFECTED BY PROJECT Kake, Alaska			
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	\$340,104	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	\$340,104	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 Gary Williams		b. Title Executive Director	c. Telephone number (907) 785-6471
d. Signature of Authorized Representative		e. Date Signed	