

Alaska Housing Grant Application Coversheet

<u>Organization Summary</u>		
Organization Name: _____		
Organization Mailing Address: _____		
City: _____	State: _____	Zip Code: _____
UEI Number: _____	Tax ID Number: _____	

<u>Point-of-Contact</u>	
Contact Name: _____	Position/Title: _____
Contact Phone: _____	Contact Email: _____

<u>Authorized Representative</u>	
Name of Authorized Representative: _____	
Position/Title: _____	
Phone: _____	Email: _____
Signature of Authorized Representative: _____	
Printed Name: _____	Date of Signature: _____

<u>Board of Directors Contact Information</u>	
Name of Board Contact: _____	
Position/Title: _____	
Phone: _____	Email: _____

Instructions:

Contact Name: The individual who will be the point-of-contact for application questions, recipient of application confirmation email, and technical corrections, if applicable.

Authorized Representative: Individual who has signature authority and will sign the application.

