I. Attachment: Application for FY23 Tribal MIPPA Funding

RE:

Due Date: July 27, 2023, 11:59 p.m., ET

To:	Yi-Hsin Yan, Grants Management Specialist Administration for Community Living, Office of Grants Management MIPPA.Grants@acl.hhs.gov	
From:	Grantee/Organization Name	
	State	
	23 OATA (Please send separate email for each application)	
	FY 2023-2026 Title VI Part A/B Grant Number (e.g. 2301AKOATA, It is not the Funding Opportunity Number)	
Application for FY 2023 MIPPA Funding in response to Funding Opportunity Number: HHS-2023-ACL-MITR-2201		
Act (MIP) funds will outreach of Native Ha Income su Where po Health Se We will p of Grants brief descreports sh 425 or Pro	questing FY 2023 funding under the Medicare Improvements for Patients and Providers PA) for Beneficiary Outreach and Assistance in the amount of at least \$2,000. These be used to coordinate at least one community announcement and one community event outreach event to inform and assist eligible American Indian, Alaska Native and awaiian elders about the benefits available to them through Medicare Part D, the Low-ubsidy, the Medicare Savings Program, or Medicare prevention benefits and screenings. ssible, we will maximize resources by collaborating with local providers, the Indian rvice, Tribal Health Services and others involved with these programs. Trovide a final SF-425 Federal Financial Report and a narrative report to the ACL Office Management within 90 days following the event. This narrative report will include a ription of the event, the date, location and number of participants. Narrative and financial all be submitted via e-mail to MIPPA. Grants@acl.hhs.gov. Include the word "FY23 SF-ogress Report: State, Name of Tribe, and [Your MIPPA Grant Number]" on the subject ese funds shall not be used for lobbying.	
Print/Type	e Name of Tribal Chair (or designee) Date	
Signature	of Tribal Chair (or designee)	
(1)		
(3)Print/Type	e ALL E-mail Address(es) to Receive the Notice of Award (NoA) for This Funding	