



**STATE OF ALASKA**  
**Division of Homeland Security and Emergency Management**

**NOTICE OF INTENT TO ACCEPT GRANT AWARD**

<b>State Grant No:</b>		
Recipient Address	Issuing Office Address	
	Department of Military and Veterans Affairs Division of Homeland Security and Emergency Management P.O. Box 5750 JBER, Alaska 99505-5750 <a href="http://ready.alaska.gov/grants.htm">http://ready.alaska.gov/grants.htm</a>	
This is notice of the _____ intent to accept the _____ <small>(Jurisdiction Name) <span style="float:right">(Grant Number)</span></small> Grant. Before this award can be accepted, (please select one of the following)		
	Approval must be garnered through our local government. The requirement for this process is located in the following local government document – _____ citation # _____. This process will <small>(Document Name or Number) <span style="float:right">(If applicable)</span></small> take longer than the 30-day period of acceptance within this grant award.	
	Our primary Signatory Officials must approve and sign the Award. Currently they are absent and will not be avail during the 30-day period of acceptance with in this grant award.	
We request a _____ day extension of the acceptance period to seek proper approval. <small>(# of days)</small> It is understood if we are unable to obtain acceptance by the extension date the grant award will be rescinded. <p align="center"><b><i>If approved, you will receive written notification within three working days.</i></b></p>		
Signature of Jurisdiction Signatory Official	Date:	Phone: _____
		Fax: _____
Printed Name and Title:	Email:	

*October 2022*

**Email [mva.grants@alaska.gov](mailto:mva.grants@alaska.gov) or fax form 907-428-7009**

For DHS&EM Use Only	
Mail Receipt Date:	Requested # Days:
30-Day Period End Date:	Extended Period End Date:
Approval Signature:	Approval Date: