VIII. Attachment: Application for FY24 Tribal MIPPA Funding Due Date: July 31, 2024, 11:59 p.m., ET

:	Sara Vogler, Program Manager Administration for Community Living, Admir MIPPA.Grants@acl.hhs.gov	nistration on Aging
om:	Grantee/Organization Name	
	State Jo.: 23 OATA (Ple	
ant N	(Number) (State Code)	ase send separate email for each application) i. is on the Notice of Award below the "Date" HS-2024-ACL-MITR-2401".)
E: A _I	pplication for FY 2024 MIPPA Funding in respo	
Acceptance of the second of th	ders about the benefits available to them through ledicare Savings Program, or Medicare preventional maximize resources by collaborating with local ealth Services and others involved with these provided will submit a narrative report to ACL within 9 port will include a brief description of the eventual to Medicary and will be submitted via e-mail to Medicary and MIPPA Report: State, Name of Tribe, and	ance in the amount of at least \$2,000. These nunity announcement and one community American, Alaska Native and Native Hawaiian Medicare Part D, the Low-Income subsidy, the on benefits and screenings. Where possible, we all providers, the Indian Health Service, Tribal ograms. O days following the event(s). This narrative (s), date(s), location(s), and number of IIPPA.Grants@acl.hhs.gov. Include the word [Your MIPPA Grant Number]" on the subject all Report (FFR) in PMS within 120 days after the
Pr	rint/Type Name of Tribal Chair (or designee)	Date
Sig	gnature of Tribal Chair (or designee)	
	rint/Type Name of Title VI Director -and-receive the Notice of Award (NoA) email for the	E-mail Address