



AGREEMENT REQUEST FORM – NON MEDICAL

CONTACT INFORMATION

Date		Name of Organization			
Contact Name		Email		Phone Number	
Title, Name, & Email of Organization’s Authorized Signer					
Official Mailing Address for Legal Documents			City, State, Zip		

PROPOSED SERVICES

Describe the services your organization would be providing:

Does the organization require anything from AHD or our contractors to provide services?

- | | |
|---|--|
| <input type="checkbox"/> Internet access | <input type="checkbox"/> Private meeting space |
| <input type="checkbox"/> Table and chairs | <input type="checkbox"/> Other, please list: _____ |

NOTICES

NOTICE 1: Partner organizations will be required to complete a Memorandum of Agreement. This will include the organization agreeing not to discriminate on the basis of race, color, religion, national origin, ancestry, age, sex, sexual orientation, gender identity, marital status, or physical or mental disability.

NOTICE 2: Partner organizations will be required to provide proof of insurance levels. These will be determined by the Municipal Risk Department once the nature of the services to be provided is understood. Insurance up to the limits below **may** be required.

INSURANCE REQUIREMENTS

- A. Agency shall provide a Certificate of Insurance as proof that it carries Workers’ Compensation insurance (if required by law to carry Workers’ Compensation Insurance), and at least \$500,000 Employer’s Liability insurance when carrying Workers’ Compensation insurance.

SUBMISSION

1. Submit documents to housingandhomelesservices@anchorageak.gov
2. The department will review your request and reach out with the next steps.