FY 2011
Community Revenue Sharing Program

APPLICATION FORMS

Filing Deadline: June 1, 2010

State of Alaska
Sean Parnell, Governor

Department of Commerce, Community, and Economic Development
Emil Notti, Commissioner

Division of Community and Regional Affairs
Tara Jollie, Director

STATE OF ALASKA
DEPARTMENT OF
COMMERCE
COMMUNITY AND
ECONOMIC DEVELOPMENT
Division of Community and Regional Affairs

Sean Parnell, Governor
Emil Notti, Commissioner
Tara Jollie, Director

Dear Community Official:

The Division of Community and Regional Affairs (DCRA) is pleased to provide you with the attached FY 11 Community Revenue Sharing Program application. **To participate in the FY 11 Community Revenue Sharing Program, this application must be completed and returned to the Department, postmarked no later than June 1, 2010.**

The application consists of four pages. They are:

Page 1: Cover Sheet

Page 2: FY 11 Community Revenue Sharing Budget Form

Page 3: Financial Report for FY 10 Community Revenue Sharing Payment

Page 4: Waiver of Sovereign Immunity (for Native village councils only)

Your organization must hold at least one public meeting in the community to give residents the opportunity to comment on their preferences for how the community's FY 11 payment should be spent. Notice of the meeting must be posted in three public and prominent places in the community for at least 5 days before the meeting.

The completed FY 11 community revenue sharing application should be submitted to:

Division of Community and Regional Affairs
Community Revenue Sharing Program
P.O. Box 110809
Juneau, AK 99811

Please be aware that funding for the Community Revenue Sharing Program will decline substantially in future years if the Legislature decides not to appropriate additional monies into the Community Revenue Sharing Fund. For example, with no further appropriation, payments will decline by over 33% in FY 12, 55% in FY 13, and no funding will be available for distribution in FY 14.

Should you have any questions regarding the FY 11 Community Revenue Sharing Program, please feel free to call me at 907-465-4733.

Sincerely,

Bill Rolfzen
Program Administrator

P.O. Box 110809, Juneau, Alaska 99811-0809
Telephone: (907) 465-5550 / 465-4733 Fax: (907) 465-4761 Text Telephone: (907) 465-5437
Email: questions@alaska.gov Website: http://www.commerce.state.ak.us/dcra/

FY 2011
COMMUNITY REVENUE SHARING PROGRAM

APPLICATION COVER SHEET

Name of Community | Date

Name of Native Village Council or Non Profit Corporation

Mailing Address

City, State, Zip Code | Phone

"Minimum Qualifications"	Yes	No
a. Does your organization agree to irrevocably dedicate to a public purpose its FY 11 Community Revenue Sharing payment?	☐	☐
b. Did your organization hold at least one public meeting in the community to give residents the opportunity to comment on their ideas for use of the FY 11 payment?	☐	☐
c. Did your organization post notice of the meeting in three public and prominent places in the community for at least 5 days before the meeting?	☐	☐
d. Does your organization agree to make a service or facility provided with its FY 11 payment available to every person in the community regardless of race, religion, color, national origin, age, physical handicap, sex, marital status, changes in marital status, pregnancy, parenthood, or political affiliation?	☐	☐

"Certification and Assurances"

The applicant certifies that to the best of my knowledge and belief, the information contained in this application is true and correct and the applicant agrees to comply with the laws and regulations which are used to administer Community Revenue Sharing Program funds.

Chief or President Printed Name

Chief or President Signature

FY 2011 Community Revenue Sharing Budget Form

_____

(Name of Community)

Please decribe below how your organization proposes to use its FY 2011 Community Revenue Sharing estimated payment.

FUEL	$_____
ELECTRICITY	$_____
INSURANCE	$_____
EDUCATION	$_____
EMS	$_____
WATER/SEWER	$_____
PUBLIC SAFETY	$_____
FIRE	$_____
ROAD MAINTENANCE	$_____
HARBORS	$_____
HEALTH	$_____
GENERAL ADMINISTRATION	$_____
OTHER _____	$_____
OTHER _____	$_____
OTHER _____	$_____
ESTIMATED PAYMENT	**$_____**

FY 2011 Community Revenue Sharing

Financial Report for
FY 2010 Payment

_____

Name of Community

Please decribe below how your organization spent its FY 2010 Community Revenue Sharing payment.

FUEL	$_____
ELECTRICITY	$_____
INSURANCE	$_____
EMS	$_____
WATER/SEWER	$_____
PUBLIC SAFETY	$_____
FIRE	$_____
ROAD MAINTENANCE	$_____
HARBORS	$_____
HEALTH	$_____
GENERAL ADMINISTRATION	$_____
OTHER _____	$_____
OTHER _____	$_____
OTHER _____	$_____
OTHER _____	$_____
OTHER _____	$_____
SAVINGS/NOT SPENT	$_____
TOTAL PAYMENT	**$_____**

WAIVER OF SOVEREIGN IMMUNITY FOR TRIBAL ENTITIES

RESOLUTION NO. _____

WHEREAS, the_____ (Name of Native village council) wishes to receive payment under the Department of Commerce, Community, and Economic Development Community Revenue Sharing Program in State Fiscal Year 2011; and

WHEREAS, 3 AAC 180.130 requires the entity's governing body to waive the entity's sovereign immunity from suit with respect to claims by the state arising out of activities related to the payment;

THEREFORE, BE IT RESOLVED THAT, the_____, (Name of Native village council) hereby waives its sovereign immunity and consents to suit in Alaska State Courts or in a state administrative agency proceeding for any cause of action or claim (including any claim for allowable pre-judgment or post-judgment interest, costs and attorneys fees) filed by the state arising out of or related to the payment, to enforcement of any court or agency order or judgment entered in such action or agency proceeding, and to levy and execution of any judgment entered in any such lawsuit or agency proceeding against all property and funds of the _____, (Name of Native village council) however held and wherever located.

BE IT FURTHER RESOLVED THAT: _____(Chief Administrative Officer, Chief, President) is hereby authorized to negotiate, execute, and administer any and all documents and contracts required for granting funds to the _____ (Name of Native village council) and managing funds on behalf of this entity, including any subsequent amendments to the payment agreement.

BE IT FURTHER RESOLVED THAT: This resolution shall remain in effect until the expiration of the statute of limitations on any cause of action or claim arising out of or related to the payment, including, but not limited to, any cause of action or claim related to a demand for reimbursement of program funds. Issues related to the statute of limitations shall be determined under the laws of the State of Alaska.

This resolution was adopted at a duly convened meeting of the_____(Name of Native village council) on_____, 20___and complies with all current requirements necessary for the _____(Name of Native village council) to validly waive its sovereign immunity.

IN WITNESS THERETO:

By: _____ _____

Signature Chief Administrative Officer Title

Attest: _____ _____

Signature Clerk or Secretary of Organization Title