



State of Alaska Mike Dunleavy, Governor

Department of Commerce, Community, and Economic Development Julie Sande, Commissioner

Division of Community and Regional Affairs Sandra Moller, Director



Instructions for FY 25 Community Assistance Program City Application

Due June 1, 2024:

The city is required to submit the following documents in order to apply for the FY25 CAP payment. All documents <u>must</u> be received no later than 4:30PM on <u>June 1, 2024</u>. Email is the preferred method for receiving the forms. Email forms to: <u>caa@alaska.gov</u> (See special instructions for submitting by email below.)

- ✓ Requirements and Certifications Application form (included in this packet). Check or initial each box indicating the city understands the requirements for payment. Be certain the form is signed and dated before submitting.
- ✓ Statement of Expenditures (included in this packet) of the prior year's CAP payment.
- ✓ Proposed CAP budget (included in this packet) for the coming year's CAP payment.

Due prior to CAP Payment:

The following documents are not subject to the June 1st deadline however, the required forms should be submitted at the earliest opportunity as they become available. Community assistance payment will not be distributed until the following required documents have been received to the following email:

<u>CAA@alaska.gov</u> , provide email, hard copy, or website link of:	StateAssessor@alaska.gov, forms for the most recently completed annual budget cycle as of July 1:	LBC@alaska.gov: For all changes in FY24
 ✓ FY25 Annual Budget, including non-code ordinance adopting the budget 	✓ Municipal Tax Report✓ Municipal Debt Report	 Maps and descriptions of all annexed or detached territory
✓ FY23 Annual Audit/CFS	✓ Copy of taxpayer notice	

Second class cities only: a Certified Financial Statement (CFS) is allowable in lieu of an audit only if the city has not otherwise met the audit threshold criteria. This must include a resolution approved by the governing body certifying the CFS.

Special instructions for email submission: Use the above email to provide the corresponding documents. Subject line: "Entity name – CAP – FY Document Name" Example: "Icy Borough – CAP – FY25 Application".

If unable to email, mail to: DCCED DCRA, 550 W. 7th Ave Ste 1650 Anchorage, AK 99501 or Fax: (907) 269-4539

State Assessor forms can be found at:

https://www.commerce.alaska.gov/web/dcra/OfficeoftheStateAssessor/ReportsandForms.aspx.

If there are questions, contact Lindsay Reese at (907) 269-7906 or email <u>caa@alaska.gov</u>.

Statutes, regulations, and forms are available at:

https://www.commerce.alaska.gov/web/dcra/GrantsSection/CommunityRevenueSharing.aspx

FY 2025 COMMUNITY ASSISTANCE PROGRAM REQUIREMENTS AND CERTIFICATION CITY APPLICATION DEADLINE: JUNE 1, 2024

NAME OF CITY	CONTACT NAME
MAILING ADDRESS	CONTACT EMAIL ADDRESS
CITY, STATE, ZIP CODE	CONTACT PHONE & FAX NUMBER

ACKNOWLEDGE THE REQUIREMENTS BY CHECKING OR INITIALING EACH BOX:

The community assistance payment will be used only for a public purpose as required under AS 29.60.850(a) and the city agrees to make available a service or facility with the funds under AS 29.60.855 – 29.60.879 to every person in the community.

The city will maintain, as required by 3 AAC 180.010 (4), all records relating to receipt and expenditure of a community assistance payment for at least three years, or longer if there is an unresolved audit finding, questioned costs, litigation or a grievance.

A statement of expenditures of the prior year's community assistance payment and a budget form for current year's application.

Acknowledge reports due prior to FY25 CAP payment may be released (see instructions for details):

Reports to <u>CAA@alaska.gov</u> :	Reports to <u>StateAssessor@alaska.gov</u> :	Reports to <u>LBC@alaska.gov</u> :
FY23 Annual Audit/CFS	FY24 Tax assessment and tax levy figures	Maps and descriptions of all annexed or detached territory
FY25 Annual Budget	Summary of optional property tax exemptions and estimate of revenue lost to exemptions	
	Copy of taxpayer notice	
CERTIFICATION:		
As the highest ranking official, I certify t	ne	understands the
	(Name of City)	
	ity assistance payment and agrees to con 180.010 – 900) governing the communit	
Signature	Date	

Printed Name and Title

FY 2025 PROPOSED COMMUNITY ASSISTANCE PROGRAM CAP BUDGET

Name of City

Please describe below how your organization proposes to utilize the estimated FY 2025 Community Assistance Program payment.

FUEL	\$
ELECTRICITY	\$
INSURANCE	\$
EDUCATION	\$
EMS	\$
WATER/SEWER	\$
PUBLIC SAFETY	\$
FIRE	\$
ROAD MAINTENANCE	\$
HARBORS	\$
HEALTH	\$
GENERAL ADMINISTRATION	\$
OTHER	\$
OTHER	\$
OTHER	\$
FY 2025 ESTIMATED PAYMENT	\$

FY 2024 COMMUNITY ASSISTANCE PROGRAM Statement of Expenditures for Prior Year Payment

Name of City

Please detail below how your organization utilized the FY 2024 Community Assistance Payment.

FUEL	\$
ELECTRICITY	\$
INSURANCE	\$
EDUCATION	\$
EMS	\$
WATER/SEWER	\$
PUBLIC SAFETY	\$
FIRE	\$
ROAD MAINTENANCE	\$
HARBORS	\$
HEALTH	\$
GENERAL ADMINISTRATION	\$
OTHER	\$
SAVINGS/NOT SPENT	\$
FY 2024 TOTAL PAYMENT \$	