

**Department of Commerce,
Community and Economic
Development
FY25 Community Assistance Program
(CAP)**

**APPLICATION DUE NO LATER THAN
JUNE 1, 2024**



**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 2025 Community Assistance Program Requirements and Certification
Non-Profit Application

The non-profit's requirements and certification application must be received no later than June 1, 2024. Please check or initial each box indicating your organization understands the requirement for receiving the community assistance payment. Be certain the form is signed and dated before submitting.

The requirements and certification form may be submitted by electronic mail received no later than 4:30PM on June 1st. This is the preferred method for receiving the form. Email forms to: caa@alaska.gov (See special instructions for submitting by email below.)

Community Assistance Program regulations (3 AAC 180) effective December 22, 2017, require all entities to submit a statement of expenditures of the prior year's community assistance payment and the budget for the current year's payment. A statement of expenditures form and budget form are provided.

Special Instruction for submitting by electronic mail

Emailed documents are submitted to: caa@alaska.gov

Subject line: "Entity name – CAP – FY Document Name" Example: "Icy Borough – CAP – FY25 Application".

Mail: DCCED DCRA, 550 W. 7th Avenue Ste 1650, Anchorage, AK 99501 Fax: 907-269-7906

If there are questions concerning the Community Assistance Program, please contact Lindsay Reese at (907)269-7906 or email caa@alaska.gov.

Statutes, regulations, and forms are available at:

<https://www.commerce.alaska.gov/web/dcra/GrantandFunding/CommunityRevenueSharing.aspx>

**FY 2025 COMMUNITY ASSISTANCE PROGRAM
REQUIREMENTS AND CERTIFICATION
NON-PROFIT APPLICATION**

DEADLINE: JUNE 1, 2024

NAME OF NON-PROFIT	CONTACT NAME
ADDRESS	CONTACT EMAIL ADDRESS
CITY, STATE, ZIP	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 non-profit 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 non-profit must be in good standing with the Division of Corporations, Business and Professional Licensing. (<https://www.commerce.alaska.gov/web/cbpl/>)
- The non-profit 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.

CERTIFICATION:

As the highest ranking official, I certify _____ understands the
(Name of Non-Profit)
requirements for receiving the community assistance payment and agrees to comply with the laws and
regulations (AS 29.60.850-879; 3AAC 180.010-900) governing the community assistance funds.

Signature

Date

Printed Name and Title

**FY 2025 PROPOSED
COMMUNITY ASSISTANCE PROGRAM BUDGET**

Name of Non-Profit

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 Non-Profit

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 _____	\$ _____
OTHER _____	\$ _____
OTHER _____	\$ _____
SAVINGS/NOT SPENT	\$ _____

FY 2024 TOTAL PAYMENT \$ _____