

**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 FY25 Community Assistance Program (CAP)
Reserve Application**

To receive FY25 CAP payment the Reserve is required to submit the following documents no later than 4:30 PM on June 1, 2024. Email is the preferred method for receiving the forms, see special instructions for submitting by email.

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

A community assistance payment will not be made to a Reserve unless the council waives its sovereign immunity. The provided waiver of sovereign immunity resolution must be adopted by the council and be submitted with the certification.

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 email submission:

Email to: caa@alaska.gov

Subject line: Entity name –CAP – FY Document Name Example: "Caribou Village – CAP – FY25 Application"

If unable to email, mail to: DCCED DCRA, 550 W. 7th Ave Ste 1650, Anchorage, AK 99501 Fax: (907) 269-4536

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
RESERVE APPLICATION**

DEADLINE: JUNE 1, 2024

NAME OF RESERVE	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 Native Village Council 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 reserve 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.
- Subject to AS 29.60.865(a) and 3 AAC 180.030, a community assistance payment will not be made to a reserve unless the reserve waives its sovereign immunity.
- A statement of expenditures of the prior year's community assistance payment, budget form for current year's application.

CERTIFICATION:

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

Signature

Date

Printed Name and Title

**FY 2025 PROPOSED
COMMUNITY ASSISTANCE PROGRAM BUDGET**

Name of Reserve

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 Reserve

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 _____	\$ _____

FY 2024 TOTAL PAYMENT \$ _____

WAIVER OF SOVEREIGN IMMUNITY FOR TRIBAL ENTITIES

RESOLUTION NO. _____

WHEREAS, the _____ (Name of Reserve Council) wishes to receive payment under the Department of Commerce, Community, and Economic Development Community Assistance Payment Program in State Fiscal Year 2025; and

WHEREAS, AS 29.60.865(a) and 3 AAC 180.130 requires the entity's governing body to waive the entity's sovereign immunity from legal prosecution by the state with respect to claims arising out of activities related to the payment;

THEREFORE, BE IT RESOLVED THAT, the _____, (Name of Reserve) hereby irrevocably 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 attorney 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 Reserve) however held and wherever located, provided that such execution of judgment not exceed the program payment.

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 Reserve) 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 Reserve Council) on _____, 20____ and complies with all current requirements necessary for the _____ (Name of Reserve) to validly and irrevocably waive its sovereign immunity.

IN WITNESS THERETO:

By: _____
Signature Chief Administrative Officer Title

Attest: _____
Signature Clerk or Secretary of Organization Title