

FY 25 PAYMENT IN LIEU OF TAXES ~ VERIFICATION FORM
CFDA 15.226

NAME OF MUNICIPALITY	VENDOR NUMBER	TAX ID NUMBER
CONTACT NAME	CONTACT EMAIL ADDRESS	
MAILING ADDRESS	CONTACT PHONE NUMBER	
CITY, STATE, ZIP CODE	FAX NUMBER	

Eligibility requirements Per 3 AAC 152.100:

To be eligible to receive a distribution under the payment in lieu of taxes in the unorganized borough program a city must:

1. Be located within the circumference of the boundaries of a federally designated area in the unorganized borough;
2. Be incorporated as a city under AS 29.04.010 – 29.04.020 before July 1 of the state fiscal year in which the distribution is requested;

Please submit this form no later than May 31, 2024.

CERTIFICATION:

As the highest ranking official, I certify the
understands the requirements for receiving the Payment in Lieu of Taxes (PILT)
funding and agrees to comply with all laws and regulations governing the PILT
program.

Signature (*Highest Ranking Official*)

Date

Printed Name and Title

E-mail

caa@alaska.gov

Subject Line: Municipality Name, FY25 PILT

OR Mail to:

**State of Alaska DCCED
Payment In Lieu of Taxes
455 3rd Avenue, Suite 140
Fairbanks, AK 99701**