

FY 21 PAYMENT IN LIEU OF TAXES ~ VERIFICATION FORM
CFDA 15.226

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|-----------------------|-----------------------|---------------|
| 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, 2020.

CERTIFICATION:

As the highest ranking official, I certify the _____ understands
(Name of Municipality)
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, FY21 PILT

Or

Mail

State of Alaska DCCED

Payment In Lieu of Taxes

PO Box 110809 Juneau AK 99811