

**FY 2016
Community Revenue Sharing
Program**

APPLICATION FORMS

Filing Deadline: June 1, 2015



State of Alaska
Bill Walker, Governor

Department of Commerce, Community,
and Economic Development
Fred Parady, Acting Commissioner

Division of Community and Regional Affairs
Lawrence Blood, Acting Director



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

Department of Commerce, Community,
and Economic Development

DIVISION OF COMMUNITY AND REGIONAL AFFAIRS

P.O. Box 110809
Juneau, Alaska 99811-0809
Main: 907.465.4733
Programs fax: 907.465.4761

January 15, 2015

Dear Community Official:

The Division of Community and Regional Affairs (DCRA) is pleased to provide you with the attached FY 16 Community Revenue Sharing Program application. **To participate in the FY 16 Community Revenue Sharing Program, this application must be completed and returned to the Department, postmarked no later than June 1, 2015.**

The application consists of four pages. They are:

Page 1: Cover Sheet

Page 2: FY 16 Community Revenue Sharing Budget Form

Page 3: Financial Report for FY 16 Community Revenue Sharing Payment

Page 4: Waiver of Sovereign Immunity (for Native village councils only)

Your organization must hold at least one public meeting in the community to give residents the opportunity to comment on their preferences for how the community's FY 16 payment should be spent. **Notice of the meeting must be posted in three public and prominent places in the community for at least 5 days before the meeting.**

Please be aware that funding for the Community Revenue Sharing Program may decline substantially in future years if the Legislature decides not to appropriate additional monies into the Community Revenue Sharing Fund. For example, with no further appropriation, payments will decline by over 33% in FY17, 55% in FY18, and no funding will be available for distribution in FY19.

Should you have any questions regarding the FY16 Community Revenue Sharing Program, please contact me at 907-465-4733. The completed FY16 Community Revenue Sharing application should be submitted to:

Division of Community and Regional Affairs
Attn: Danielle Lindoff
Community Revenue Sharing Program
P.O. Box 110809
Juneau, AK 99811

Sincerely,

A handwritten signature in blue ink that reads "Danielle Lindoff".

Danielle Lindoff
Acting Program Manager
Local Government Specialist V

FY 2016

**COMMUNITY REVENUE SHARING PROGRAM
APPLICATION COVER SHEET**

_____ Name of Community	_____ Date
_____ Name of Native Village Council or Non Profit Corporation	
_____ Mailing Address	_____ Phone
_____ City, State, Zip Code	_____ Fax
_____ Printed Full Name of Designated CRS Contact	_____ Primary Contact E-Mail

"Minimum Qualifications"

Yes No

- a. Does your organization agree to irrevocably dedicate to a public purpose its FY16 Community Revenue Sharing payment?
- b. Did your organization hold at least one public meeting in the community to give residents the opportunity to comment on their ideas for use of the FY16 payment?
- c. Did your organization post notice of the meeting in three public and prominent places in the community for at least 5 days before the meeting?
- d. Does your organization agree to make a service or facility provided with its FY16 payment available to every person in the community regardless of race, religion, color, national origin, age, physical handicap, sex, marital status, changes in marital status, pregnancy, parenthood, or political affiliation?
- e. Is your organization in **"Good Standing"** with the Division of Corporations, Business, and Professional Licensing (non-profits only)?
<http://commerce.alaska.gov/CBP/Main/CBPLSearch.aspx?mode=Corp>

"Certification and Assurances"

The applicant certifies that to the best of my knowledge and belief, the information contained in this application is true and correct and the applicant agrees to comply with the laws and regulations which are used to administer Community Revenue Sharing Program funds.

Chief or President
Printed Name, Title

Chief or President
Signature

FY 2016 COMMUNITY REVENUE SHARING

Financial Report for FY 2015 CRS Payment

Name of Community

Please detail below how your organization spent its FY 2015 Community Revenue Sharing payment.

FUEL \$ _____

ELECTRICITY \$ _____

INSURANCE \$ _____

EDUCATION \$ _____

EMS \$ _____

WATER/SEWER \$ _____

PUBLIC SAFETY \$ _____

FIRE \$ _____

ROAD MAINTENANCE \$ _____

HARBORS \$ _____

HEALTH \$ _____

GENERAL ADMINISTRATION \$ _____

OTHER _____ \$ _____

SAVINGS/NOT SPENT \$ _____

FY 2015 TOTAL PAYMENT

**WAIVER OF SOVEREIGN IMMUNITY FOR TRIBAL ENTITIES
RESOLUTION NO. _____**

WHEREAS, the _____ (Name of Native village council) wishes to receive payment under the Department of Commerce, Community, and Economic Development Community Revenue Sharing Program in State Fiscal Year 2016; and

WHEREAS, 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 Native village council) 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 attorneys 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 Native village council) 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 Native village council) 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 Native village council) on _____, 20____ and complies with all current requirements necessary for the _____(Name of Native village council) 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