Instructions for FY 25 Community Assistance Program
City Application

Due June 1, 2024:

The city is required to submit the following documents in order to apply for the FY25 CAP payment. All documents must be received no later than 4:30PM on June 1, 2024. Email is the preferred method for receiving the forms. Email forms to: caa@alaska.gov (See special instructions for submitting by email below.)

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

Due prior to CAP Payment:

The following documents are not subject to the June 1st deadline however, the required forms should be submitted at the earliest opportunity as they become available. Community assistance payment will not be distributed until the following required documents have been received to the following email:

CAA@alaska.gov, provide email, hard copy, or website link of:	StateAssessor@alaska.gov, forms for the most recently completed annual budget cycle as of July 1:	LBC@alaska.gov: For all changes in FY24
✓ FY25 Annual Budget, including non-code ordinance adopting the budget ✓ FY23 Annual Audit/CFS	✓ Municipal Tax Report ✓ Municipal Debt Report ✓ Copy of taxpayer notice	✓ Maps and descriptions of all annexed or detached territory

Second class cities only: a Certified Financial Statement (CFS) is allowable in lieu of an audit only if the city has not otherwise met the audit threshold criteria. This must include a resolution approved by the governing body certifying the CFS.

Special instructions for email submission: Use the above email to provide the corresponding documents. Subject line: "Entity name – CAP – FY Document Name" Example: "Icy Borough – CAP – FY25 Application".

If unable to email, mail to: DCCED DCRA, 550 W. 7th Ave Ste 1650 Anchorage, AK 99501 or Fax: (907) 269-4539

State Assessor forms can be found at:
https://www.commerce.alaska.gov/web/dcra/OfficeoftheStateAssessor/ReportsandForms.aspx.

If there are questions, 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/GrantsSection/CommunityRevenueSharing.aspx

FY 2025 COMMUNITY ASSISTANCE PROGRAM
REQUIREMENTS AND CERTIFICATION
CITY APPLICATION
DEADLINE: JUNE 1, 2024

NAME OF CITY City of Aniak	**CONTACT NAME** Lenore Kameroff
MAILING ADDRESS PO Box 189	**CONTACT EMAIL ADDRESS** cityofaniak@gmail.com
CITY, STATE, ZIP CODE Aniak AK 99557	**CONTACT PHONE & FAX NUMBER** 907-675-4481 / 907-675-4486

ACKNOWLEDGE THE REQUIREMENTS BY CHECKING OR INITIALING EACH BOX:

- [x] The community assistance payment will be used only for a public purpose as required under AS 29.60.850(a) and the city 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.
- [x] The city 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.
- [x] A statement of expenditures of the prior year's community assistance payment and a budget form for current year's application.
- [x] Acknowledge reports due prior to FY25 CAP payment may be released (see instructions for details):

Reports to CAA@alaska.gov:

- [x] FY23 Annual Audit/CFS
- [ ] FY25 Annual Budget

Reports to StateAssessor@alaska.gov:

- [ ] FY24 Tax assessment and tax levy figures
- [ ] Summary of optional property tax exemptions and estimate of revenue lost to exemptions
- [ ] Copy of taxpayer notice

Reports to LBC@alaska.gov:

- [ ] Maps and descriptions of all annexed or detached territory

CERTIFICATION:

As the highest ranking official, I certify the City of Aniak (*Name of City*) understands the 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

David Bonanno, Mayor

Printed Name and Title

FY 2024 COMMUNITY ASSISTANCE PROGRAM
Statement of Expenditures for Prior Year Payment

City of Aniak
Name of City

Please detail below how your organization utilized the FY 2024 Community Assistance Payment.

FUEL	$ 3,992-
ELECTRICITY	$ 4,978-
INSURANCE	$ 10,273-
EDUCATION	$ 4,664-
EMS	$
WATER/SEWER	$ 2,730-
PUBLIC SAFETY	$
FIRE	$ 487-
ROAD MAINTENANCE	$ 5,792-
HARBORS	$
HEALTH	$
GENERAL ADMINISTRATION	$ 26,887-
OTHER Heating Fuel	$ 16,691-
OTHER Equipment Fuel	$ 4786-
OTHER	$
OTHER	$
OTHER	$
SAVINGS/NOT SPENT	$
FY 2024 TOTAL PAYMENT	**$ 81,280-**

FY 2025 PROPOSED
COMMUNITY ASSISTANCE PROGRAM CAP BUDGET

City of Aniak
Name of City

Please describe below how your organization proposes to utilize the estimated FY 2025 Community Assistance Program payment.

FUEL (gas)	$ 4,566
ELECTRICITY	$ 5,216
INSURANCE	$ 7,333
EDUCATION	$
EMS	$
WATER/SEWER	$ 10,710
PUBLIC SAFETY	$
FIRE	$ 600
ROAD MAINTENANCE	$ 5,997
HARBORS	$
HEALTH (landfill)	$ 4,741
GENERAL ADMINISTRATION	$ 24,069
OTHER Heating Fuel	$ 9,250
OTHER Equipment Fuel	$ 2,600
OTHER	$
FY 2025 ESTIMATED PAYMENT	**$ 75,082**