Department of Commerce, Community and Economic Development

FY 25 PAYMENT IN LIEU OF TAXES ~ VERIFICATION FORM

CFDA 15.226

NAME OF MUNICIPALITY	VENDOR NUMBER	TAX ID NUMBER
CITY OF ANIAK	CIA84062	92-0044123
CONTACT NAME: Lenore Kameroff	CONTACT EMAIL ADDRESS: cityofaniak@gmail.com	
MAILING ADDRESS: PO BOX 189	CONTACT PHONE NUMBER: 907-675-4481	
CITY, STATE, ZIP CODE: ANIAK, AK 99557	FAX NUMBER: 907-675-4486	

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 City of Aniak 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 _____

David Bonanno
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