

The Kuskokwim Corporation
P.O. Box 227
Aniak, Alaska 99557
Ph: 907-675-4275



Municipal Needs Assessment

Date _____

Name of Entity Requesting Assistance _____

Phone Number _____ Email _____

Address _____

Positions: _____

Educational and/or Vocational Training Needs:

Are you in need of assistance finding training programs? (Yes) (No)

Are you in need of assistance finding funding & resources? (Yes) (No)

Form Completed by: _____

TKC Employee Assisting: _____

Please allow up to 30 days from request for processing