



**CITY OF KOTZEBUE  
RESOLUTION 24-12**

**“A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF KOTZEBUE AUTHORIZING THE CITY MANAGER OR HER DESIGNEE TO COMPLETE THE STATE OF ALASKA FY25 CAP APPLICATION”**

**WHEREAS,** the State of Alaska, DCCED, has a Community Assistance Program (“CAP”) in which the City of Kotzebue has participated for many years; and,

**WHEREAS,** the applications for this CAP are due on or before June 1, 2024 for FY2025.

**NOW, THEREFORE, BE IT RESOLVED,** that the City Council of the City of Kotzebue authorizes the City Manager or her designee to complete the CAP application process on or before June 1, 2024 for the FY2025 CAP funds for the City of Kotzebue.

**PASSED AND APPROVED** by a duly constituted quorum of the City Council of the City of Kotzebue, Alaska, this 22<sup>nd</sup> day of February 2024.

**CITY OF KOTZEBUE**

\_\_\_\_\_  
Saima Chase, Mayor

[SEAL]

ATTEST:

\_\_\_\_\_  
Rosie Hensley, City Clerk

Attachment: Exhibit "A" – SOA DCCED CAP [5 Pages]

**Department of Commerce,  
Community and Economic  
Development  
FY25 Community Assistance Program  
(CAP)**

**APPLICATION DUE NO LATER THAN  
JUNE 1, 2024**



**State of Alaska  
Mike Dunleavy, Governor**

**Department of Commerce, Community,  
and Economic Development  
Julie Sande, Commissioner**



**Division of Community and Regional Affairs  
Sandra Moller, Director**



**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](mailto: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 1<sup>st</sup> 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:

<a href="mailto:CAA@alaska.gov">CAA@alaska.gov</a> , provide email, hard copy, or website link of:	<a href="mailto:StateAssessor@alaska.gov">StateAssessor@alaska.gov</a> , forms for the most recently completed annual budget cycle as of July 1:	<a href="mailto:LBC@alaska.gov">LBC@alaska.gov</a> : For all changes in FY24
<ul style="list-style-type: none"> <li>✓ FY25 Annual Budget, including non-code ordinance adopting the budget</li> <li>✓ FY23 Annual Audit/CFS</li> </ul>	<ul style="list-style-type: none"> <li>✓ Municipal Tax Report</li> <li>✓ Municipal Debt Report</li> <li>✓ Copy of taxpayer notice</li> </ul>	<ul style="list-style-type: none"> <li>✓ Maps and descriptions of all annexed or detached territory</li> </ul>

*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. 7<sup>th</sup> 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](mailto: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 Kotzebue	CONTACT NAME Teresa Baldwin
MAILING ADDRESS PO Box 46	CONTACT EMAIL ADDRESS tbaldwin@kotzebue.org
CITY, STATE, ZIP CODE Kotzebue, AK 99752	CONTACT PHONE & FAX NUMBER 907-442-3401 / 907-442-3742

ACKNOWLEDGE THE REQUIREMENTS BY CHECKING OR INITIALING EACH BOX:

- 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.
- 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.
- A statement of expenditures of the prior year’s community assistance payment and a budget form for current year’s application.
- Acknowledge reports due prior to FY25 CAP payment may be released (see instructions for details):

Reports to [CAA@alaska.gov](mailto:CAA@alaska.gov):

- FY23 Annual Audit/CFS
- FY25 Annual Budget

Reports to [StateAssessor@alaska.gov](mailto: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](mailto:LBC@alaska.gov):

- Maps and descriptions of all annexed or detached territory

**CERTIFICATION:**

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

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.

2/8/2024

Signature

Date

Teresa Baldwin, City Manager

Printed Name and Title



**FY 2025 PROPOSED  
COMMUNITY ASSISTANCE PROGRAM CAP BUDGET**

**City of Kotzebue**

**Name of City**

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

FUEL	\$ _____
ELECTRICITY	\$ _____
INSURANCE	\$ <u>836,849.00</u>
EDUCATION	\$ _____
EMS	\$ _____
WATER/SEWER	\$ _____
PUBLIC SAFETY	\$ _____
FIRE	\$ _____
ROAD MAINTENANCE	\$ _____
HARBORS	\$ _____
HEALTH	\$ _____
GENERAL ADMINISTRATION	\$ _____
OTHER _____	\$ _____
OTHER _____	\$ _____
OTHER _____	\$ _____
<b>FY 2025 ESTIMATED PAYMENT</b>	<b>\$ <u>836,849.00</u></b>

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

**Name of City**

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

FUEL	\$ _____
ELECTRICITY	\$ _____
INSURANCE	\$ <u>75,552.21</u>
EDUCATION	\$ _____
EMS	\$ _____
WATER/SEWER	\$ _____
PUBLIC SAFETY	\$ _____
FIRE	\$ _____
ROAD MAINTENANCE	\$ _____
HARBORS	\$ _____
HEALTH	\$ _____
GENERAL ADMINISTRATION	\$ _____
OTHER _____	\$ _____
OTHER _____	\$ _____
OTHER _____	\$ _____
OTHER _____	\$ _____
OTHER _____	\$ _____
SAVINGS/NOT SPENT	\$ _____
<b>FY 2024 TOTAL PAYMENT</b>	<b>\$ <u>75,552.21</u></b>