

**FY 26 PAYMENT IN LIEU OF TAXES ~ VERIFICATION FORM**  
CFDA 15.226

NAME OF MUNICIPALITY	VENDOR NUMBER	TAX ID NUMBER
CONTACT NAME	CONTACT EMAIL ADDRESS	
MAILING ADDRESS	CONTACT PHONE NUMBER	
CITY, STATE, ZIP CODE	FAX NUMBER	

**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, 2025.**

**CERTIFICATION:**

As the highest ranking official, I certify the \_\_\_\_\_ 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

\_\_\_\_\_  
Printed Name and Title

**E-mail**

[caa@alaska.gov](mailto:caa@alaska.gov)

**Subject Line: Municipality Name, FY26 PILT**

**OR Mail to:**

**State of Alaska DCCED  
Payment In Lieu of Taxes  
455 3<sup>rd</sup> Avenue, Suite 140  
Fairbanks, AK 99701**