



# MATANUSKA-SUSITNA BOROUGH

## Department of Finance

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[www.matsugov.us](http://www.matsugov.us)

### COMMUNITY ASSISTANCE PROGRAM – MSB APPLICATION

Fiscal Year(s):

APPLICANT INFORMATION	
Organization Name	Organization Email
Mailing Address	City / State / Zip
Primary Contact Name	Email / Phone
Secondary Contact Name	Email / Phone

The applicant above intends to use Community Assistance Program funds for the public purpose(s) described below (attach additional pages as needed):

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**ALTERNATE DESIGNEE** - In the event the community council is dissolved, unable to fulfill their responsibilities required of the program, or for any reason chooses not to participate, the council may recommend an alternate designee (non-profit entity registered with the State of Alaska) that the CAP funds can be redirected to (attach additional pages as needed).

Alternate No. 1 Name	Alternate No. 1 Phone
Alternate No. 1 Contact Name	Alternate No. 1 Email
Alternate No. 1 Proposed Use:	
Alternate No. 2 Name	Alternate No. 2 Phone
Alternate No. 2 Contact Name	Alternate No. 2 Email
Alternate No. 2 Proposed Use:	
Signature of Community Council Authorized Representative	Date