# CBJ UTILITY WAIVER INFORMATION SHEET

CBJ Utility Waivers are available for Juneau-based health and social service nonprofit 501(c)3 organizations that provide transition overnight accommodations. Your organization must have provided such accommodation for at least one year to be eligible for these funds.

**Email your waiver application to amy@juneaucf.org by 6:00 pm on Friday, March 5, 2027**. Awards will be made public by the end of May 2027. Questions may be directed to Amy Skilbred at 907-523-5450.

The completed grant application must include:

1. Completed application (attached)
2. CBJ Sewer & Water billing and payment history for the last 12 months

Funding will be available for July 1, 2027 through June 30, 2028. Approximately $50,000 is available to allocate for distribution, with a **maximum waiver of $10,000 for any one CBJ utility account.** Amounts in excess of $10,000 may be considered on an individual basis if funds are available. Waivers will be credited to CBJ water and sewer accounts dedicated to overnight facilities for client services.

# 2027 CBJ SEWER & WATER UTILITY WAIVER APPLICATION

Date

**ORGANIZATION INFORMATION**

Organization Name: EIN Number (Tax Identification Number):

Executive Director Name:

Contact Name: Contact Title:

Contact Phone Number: Contact Email Address:

Organization Address:

Website address:

Number of years the organization has provided transitional overnight accommodations:

Organization mission statement:

Amount Requested:

**FINANCIAL SUMMARY: Sewer & Water Expenses by Account Number**

**(List all CBJ Utility Account Numbers)**

| CBJ Utility Account # | Last Fiscal Year Expenses (actual cost) | Current Fiscal Year (estimated cost) |
|---|---|---|
| | $ | $ |
| | $ | $ |
| | $ | $ |

**OVERNIGHT SERVICES**

| | |
|---|---|
| Total number of unduplicated overnight clients served in the last 12 months | |
| Total number of beds occupied in the last 12 months | |
| Number of beds the organization provides (occupied and unoccupied combined) | |
| Number of staff that overnight at premises | |

# 2027 CBJ SEWER & WATER UTILITY WAIVER APPLICATION

Has your organization received any utility assistance or subsidy in the past? ☐ Yes ☐ No

If yes, please provide the following:

Name of Funder:

Amount Received: Fiscal Year received:

Please provide a brief description of the organization's overnight services. Include information on the need for this service and its effectiveness in meeting that need:

**WATER REDUCTION**

Please describe in a few sentences any water reduction measures or procedures your organization has employed. (Examples include such things as, installation of low flow showers, low flow toilets, maintenance procedures/inspections to keep premises water leak free, etc.)

Signature Date