State of Alaska



Department of Military and Veterans Affairs

Division of Homeland Security and Emergency Management

P.O. Box 5750

JBER, AK 99505-5750

**Subsistence Camp Certification**

Applicant Name (must match State Individual Assistance Application name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Physical Address (not mailing address—i.e. where you live)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Subsistence Camp

 -Location of camp (coordinates, address, or description like “*brown roof, 8.5 miles upriver*”)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 -Type of Fish or Game camp is used for (like caribou, hooligan, or salmon)

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 -Time of year camp is used (example: mid-May to mid-June, etc.)

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Public Official Certification of Ownership

As a public official of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (City or Village) I hereby certify that to the best of my knowledge and belief, that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of Subsistence Camp Owner) is the legal owner of this subsistence camp under our local jurisdiction that sustained damage in the 2022 September West Coast Storm.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Public Official Signature of Public Official

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Title of Public Official Today’s Date