COMMUNITY FUNDING GRANT APPLICATION

Municipality of Skagway

PO Box 415 Skagway, AK 99840 Phone: 907-983-2297



h.rodig@skagway.org www.skagway.org

ROLLING APPLICATION PERIOD IS JANUARY 1 - NOVEMBER 15 OF EACH FISCAL YEAR						
Date of Application:		9JAN24	Fiscal Year Applying for: 2024			
Organization Name: Lyn		Lynn Canal Broadcasting	g			
Address:	PO Box	1109				
Contact:	Kyle Clay	/ton	Fax:			
Telephone: 907-713-5650		Website: khns.or	g			
Email: gm@khns.org						
Amount R	equested:	\$29,606		Application #: Maximum of 2 applications per organization per year (Max 1 for for-profit child care		
Has your organization received a Municipal contribution before: Yes If yes, please provide year(s) previous funding was received: No APPLICANT ELIGIBILITY REQUIREMENTS						
*Applications for \$5,000 or less only subject to these eligibility requirements. Organization Type:						
√ V	Not-for- OR	profit or non-profit incorporated ble organization that has been in		imum of one year;		
	For-proportion OR Other*:	fit Alaska state licensed child ca	re provider (FY21, F	Y22, & FY23);		
Must meet all the following:						
✓ ✓ ✓ ✓	Demons Agree to	services to the general public of strate fiscal responsibility and su to be subject to review and audit and that the above mentioned au	stainability*; by the Municipality o	of Skagway;		
√				use the funds in a non discriminatory		

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Date of Application	on: 9JAN24	Fiscal Year Applying for: 2024					
Organization Nan	Lynn Canal Broadcastin						
APPLICANT	ELIGIBILITY REQUIREME	CNTS (continued)					
APPLICANT ELIGIBILITY REQUIREMENTS (continued) All organizations <u>EXCEPT</u> for-profit child care providers must also meet the following:							
	e governed by a community-based vo	U = 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
NAME OF PR	OJECT OR PROGRAM:	Community programs and emergency communication					
*not applical *not applical Be Be All organization *not applical Ha	ole for applicants requesting less than \$5,000 enefit the citizens of the Municipality e sustainable beyond the support of the	roviders must also meet the following: ant's operating budget;					
Provide a Program Summary/Description:							
		ting since 1980 and serving the communities of the cal news, entertainment and education.					
Provide a descrir	ation of public benefit:						

KHNS provides 24/7 programming to the Upper Lynn Canal with over 3,200 hours or original programming each year from our many volunteer djs and staff news reporters. We provide local news with staff in Haines and Skagway Of that 3,200 hours, 640 has a minority ethnic or racial group in principal charge of production. KHNS has generators that fuel our Skagway translator and the transmitter shed and studios in Haines which provide the streaming and the broadcast to Skagway. As a result, we are prepared to be on air and of service in most emergency situations. Our Studio in Skagway allows for local residents to learn broadcasting and production and provide locally driven music programming. Our news reporter in Skagway is able to get into the heart of important Skagway news coverage. We feature weekly 15/min programs from the Klondike National Historical Park, Library, Clinic & Health Providers, Fire Department, Gardeners & various Skagway non-profits. We also conduct bi-monthly Skagway mayoral updates.

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Date of Application	9JAN24	Fiscal Year Applying for: 2024			
Organization Name:	Lynn Canal Broadcasting				
	on of volunteer involvement:				
volunteers who help both Skagway and I	with the fund drives, events and vario	40 who are seasonal or fill-in. In addition, we have ous parts of our operation as needed. KHNS has studios in east music programs at various times over the week as well			
Please list other fu	nding sources available for this pro	ogram:			
Community Founda	ition, Haines Borough Non-Profit Fun	Public Broadcasting, Rasmuson Foundation, Chilkat Valley d, Robert Wood Johnson Foundation, Press Club - every embership contributions and business sponsorship.			
*not applicable	st be included with the application to for applicants requesting less than \$5,000				
L V	Proof of organization type, including date of inception Most recent hydret (heard approved for non-profit & shoritable arganizations)				
 ✓ Most recent budget (board approved for non-profit & charitable organizations) ✓ Program or project budget (if request is not for adminstrative purposes) ✓ Most recent balance sheet report ✓ Most recent profit & loss statement 					
					✓ Mos
	Proof of Alaska state licensing for for-profit child care providers ONLY				
Kyle Clayton	Digitally signed by Kyle Clayton Date: 2024.01.09 14:22:31 -09'00'	9JAN24			
Signature		Date			

Please fill out completely and return to City Hall, PO Box 415, Skagway AK 99840 or email to h.rodig@skagway.org

For more information please call 907-983-2297