

PETERSBURG BOROUGH ECONOMIC SUPPORT FOR BUSINESSES

DEADLINE TO APPLY: OCTOBER 8, 2020

BOROUGH USE ONLY	
VENDOR ID#	
ACCOUNT #	285-250-501377
GRANT AMOUNT	\$
APPROVAL	
DATE	

APPLICANT INFORMATION

Business Name: _____

Physical Address: _____

Contact Name: _____

Contact Mailing Address: _____

City: _____ Zip Code: _____

Contact Phone Number: _____

Contact Email Address: _____

GENERAL PROGRAM GUIDELINES

Businesses suffering a gross sales decline of 20% or at least \$10,000 during April, May, June of 2020 compared to the same three-month period in 2019 due to the Covid-19 public health emergency are eligible to apply for a grant. Grant awards are based on a percentage of decline in gross sales. This program is limited to for-profit businesses.

ELIGIBILITY CRITERIA - PLEASE CHECK YES OR NO FOR EACH STATEMENT BELOW. A "YES" ANSWER INDICATES THAT THE ELIGIBILITY STATEMENT IS CORRECT. IF ANY ANSWER IS "NO", PLEASE PROVIDE FURTHER INFORMATION BELOW.

1. My business was established and licensed by the State of Alaska as a for-profit business prior to March 11, 2020 and registered with the Petersburg Borough Finance Office prior to March 11, 2020.	YES ____ NO ____
2. My business has on average 25 employees (full-time equivalent) or fewer.	YES ____ NO ____
3. My business has no Petersburg Borough lien for unpaid sales taxes or other outstanding debt and is not in violation of a payment agreement with the Borough.	YES ____ NO ____
4. No business owner, or any paid director, employee, employee's spouse, or employee's household member works for or serves in an official capacity for local or state	YES ____

government?	NO ____
5. My business has a physical presence in the Petersburg Borough for the sale of goods or services.	YES ____ NO ____
6. My business is currently not in bankruptcy proceedings.	YES ____ NO ____
7. My business is not a marijuana business licensed under Alaska Statute 17.38	YES ____ NO ____
8. My business, or any of its owners, is not presently suspended, debarred, proposed for debarment, declared ineligible, or voluntarily excluded from participation in a federal assistance program by any Federal department or agency.	YES ____ NO ____

Further Information for any "NO" response:

FISCAL IMPACT

Please enter your business' gross sales. Using the BOROUGH SALES TAX OR TRANSIENT ROOM TAX REPORTS, add the figures from row 1, TOTAL SALES from April, May and June returns for 2019 and then for 2020. If you have multiple businesses or locations under one EIN, please combine sales figures and report the total for the maximum grant award.

APRIL, MAY, JUNE 2019: _____

APRIL, MAY, JUNE 2020: _____

REVENUE DECLINE (\$): _____

Application will not be processed until applicant is current with sales/transient room tax reports and payments. To avoid delays, please submit outstanding reports to the Finance Office ASAP.

____ Check here if you are a new business established after January 1, 2019; a seasonal business that does not operate in April, May or June; or a business with an exempt product line or customer base and would like your application reviewed on a case-by-case basis.

Briefly describe how your business operations have experienced economic harm by COVID-19:

CERTIFY AND SIGN

I certify that the business listed herein has been negatively impacted by (check ALL that apply):

- the COVID-19 pandemic;
- the State-mandated closure of certain businesses;
- voluntary closure of the business to promote social distancing;
- decreased customer demand due to the pandemic; or
- other actions taken to prevent the spread of the virus.

I understand submitting an application does not guarantee an award and if I am awarded a grant, the amount awarded is public record. Other business information provided is confidential except to the extent necessary to audit the program or comply with State public records laws.

I understand that it is the sole responsibility of the business to determine, or to seek independent advice regarding, the tax implications of receipt of funds. The business agrees that the Petersburg Borough will be held harmless from any claim arising from this application and any funding received and waives and releases any such claim.

I further certify that I am: 1. A principal officer, general partner, or an owner of the named business; 2. Authorized to apply on behalf of the business; and 3. All the information provided herein is true and accurate. I understand I may be required to return grant funds awarded based on false or inaccurate information.

SIGNED: _____ DATE: _____

PRINTED NAME: _____

TITLE: _____

Please submit completed and signed application and W-9 form:

MAIL: Economic Support Grant, PO Box 329, Petersburg, AK 99833

HAND-DELIVER: Finance Office, Municipal Building, Petersburg, AK

EMAIL: grants@petersburgak.gov