



# **ECONOMIC SUPPORT FOR BUSINESSES GRANT REPORT**

Legal name of Business: \_\_\_\_\_

Name of contact: \_\_\_\_\_

Contact telephone: \_\_\_\_\_ Contact email: \_\_\_\_\_

## **Use of Grant Funds**

1. Did business spent 100% of the grant award?  Yes  No

If NO, unspent grant funds must be returned to the Petersburg Borough prior to December 30, 2020.

Amount being returned: \$ \_\_\_\_\_

2. How were Economic Support grant funds spent? Check all that apply:

**Business Owner Wages.**

Pay period covered using grant funds (e.g. October 1-31): \_\_\_\_\_

**Payroll.**

Number of Employees: \_\_\_\_\_

Pay period(s) covered using grant funds (e.g. March 15-December 30): \_\_\_\_\_

**Rent or mortgage for business facilities.**

Months paid using grant funds (e.g. August, September): \_\_\_\_\_

**Utilities, telephone, heat, water, internet.**

Months paid using grant funds: \_\_\_\_\_

**Personal Protective Equipment.**

Type of equipment purchased (masks, sanitizer): \_\_\_\_\_

**Business-related equipment and services** (Equipment and services vital to continue standard operation of the organization as it was before the COVID-19 public health emergency, or equipment or services necessary for adapting to amended organizational operations during or after the COVID-19 public health emergency)

Describe equipment/services purchased:

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

**Expenses necessary to replenish inventory or other necessary re-opening expenses** (Inventory vital to continue standard operation of the organization as it was before the COVID-19 public health emergency, or inventory necessary to adapt to amended organizational operations during or after the COVID-19 public health emergency).

Please describe:

\_\_\_\_\_

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**Other eligible expense.**

Please describe:

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***RECORDS.***

As a reminder, the terms of the Grant Agreement requires recipients to retain financial and other records relating to the performance of this Award for a period of six (6) years from the date funds are received, or until final resolution of any audit findings, claims, or litigation related to the grant, whichever is later. If Grantee is a non-profit entity, it is Grantee’s obligation to comply with all applicable audit guidelines, including 2 CFR Part 200.

***SIGNATURE***

I certify that the information submitted in this application is true and correct to the best of my knowledge and that I am an authorized representative of this business. I understand that the Petersburg Borough will rely on the accuracy of the responses provided in this report. Any misrepresentation or inaccurate information may result in Recipient being required to repay to the Borough all funds received.

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Signature of Authorized Representative of Applicant

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Date

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Print Name

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Title

**EMAIL REPORT TO:** [lcabrera@petersburgak.gov](mailto:lcabrera@petersburgak.gov)

**MAIL TO:** Economic Support Grant, PO BOX 329, Petersburg, AK 99833

**HAND-DELIVER TO:** Finance Office, 2<sup>nd</sup> Floor Municipal Building