



Northwest Arctic Borough Small Business Grant

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| FOR OFFICE USE ONLY | |
| Application # SB-20- | <input type="text"/> |
| Approved: Yes | <input type="checkbox"/> |
| Staff: | No <input type="checkbox"/> |

Welcome to the Northwest Arctic Borough's - Small Business Grant Application.

This grant is made possible through the work of Northwest Arctic Borough and Alaska Cares Act Funding. The Northwest Arctic Borough created this grant to help local businesses affected by the COVID-19 pandemic. Grants are available up to \$1,500.

The qualifications for your application include:

- Business must be a small business, defined as a business with 50 employees or less.
- Business must be a local business, physically located and operating in the Northwest Arctic Borough before March 15, 2020.
- Business must be in good standing, not federally debarred from receiving funds, and not presently a debtor in any pending bankruptcy.
- Business must have a qualified business interruption or expense caused by COVID-19 related incidents or decisions, including but not limited to local closure orders, need for personal protective equipment, social distancing requirements, capacity requirements, increased costs, disrupted supply network, etc.
- Business has not received funds for the current purpose by other COVID-19 grant programs.
- Adverse effects and expenses planned for the use of the grant must occur between March 15, 2020 and December 30, 2020.
- Business does not exist for the purpose of advancing partisan political activities or the business does not directly lobby federal or state officials, defined as having had a registered lobbyist at any point during 2020.

Application Deadline: December 14, 2020 4:30 p.m.

Identity Information:

Please enter your official business Employee Identification Number (EIN) or Social Security Number (SSN) and official business name.

Official Business Name: _____ EIN or SSN: _____

Business Owner(s) Name: _____

Type of Business (pick one):

Affected Business Address: _____

_____ Partnership

City and Zip Code of Operations: _____

_____ Corporation

Email Address: _____

_____ Sole Proprietorship

Phone Number: _____



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Grant Request Details:

Type of Industry: _____

Small Business requested amount (up to \$1,500.00): _____

How many employees does your business employ? _____

Briefly describe how COVID-19 has affected your business and your planned use of the funds. (circle all that apply):

Loss of business

Increased cost of doing business

Purchase of supplies for pandemic

Other (explain): _____

Have you received funds from any other COVID-19 related grant? Yes No

Is your business physically located, headquartered, and operating in the NWAB? Yes No

I attest to, certify, and acknowledge the following (initial):

_____ I understand the Northwest Arctic Borough will rely on this application and certifications as material representations in making a disbursement of funds to the applying entity;

_____ The grant will be used for necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19), including local closure orders;

_____ Expenses have been or will be incurred during the period that begins on March 15, 2020, and ends on December 30, 2020;

_____ The use for which the grant funds will be applied have not been covered or reimbursed by any other federal or state grant. I acknowledge that funds received pursuant to this certification cannot be used for expenditures for which an entity has received funding from any other emergency COVID-19 or other federal and state funds;

_____ That no owner of 20% or more of the business is incarcerated, on parole, or within the last 5 years for any felony has been convicted, plead guilty, plead nolo contendere, or been placed on any form of probation;

_____ The business does not exist for the purpose of advancing partisan political activities or the business does not directly lobby federal or state officials, defined as having had a registered lobbyist at any point during 2020;



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_____ Funds provided from the Northwest Arctic Borough pursuant to this certification must adhere to official federal guidance issued or to be issued on what constitutes a necessary expenditure. Any funds used in any manner that does not adhere to official federal guidance shall be returned to NWAB.

_____ Any business receiving funds pursuant to this certification shall retain documentation of all uses of the funds, including but not limited to invoices, and/or sales receipts. Such documentation shall be produced to the NWAB if requested. Additionally, uniform reports may be requested, and if requested shall be provided to NWAB to ensure the receipt, disbursement, and use of federal funds is in alignment with federal law.

APPLICANT CERTIFICATION

I, the undersigned applicant, hereby certify under penalty of perjury, that all information in this Application is true and correct to the best of my knowledge, information and belief.

I understand that all funds I receive as a result of this application must be used for COVID-19 related needs as stated above. I certify that the COVID-19 expenses I have identified will not be covered by CARES Act funds from any other source, and that I will not apply for funding from any source for costs, expenses and losses that are covered by funds received from this application. I understand that I will be required to reimburse the NWAB or U.S. government for any misuse of funds or payments made to me based on inaccurate statements or material omissions. The NWAB reserves all rights under law to recover funds paid in contravention of the program terms or by mistake of law or fact. I agree to assist the NWAB in obtaining any further verification of submitted information. I understand if my application is denied I may request a copy of the Dispute Resolution procedure from the NWAB.

Signature of Applicant

Date

Printed Name of Applicant

Position, Title, or ownership status with the business (member, owner, President, etc.)