



Shareholder Small Business COVID-19 Grant Relief Program Application

Through the CARES Act and the Coronavirus Relief Fund, Chugach Alaska Corporation is able to offer direct relief assistance to shareholders whose small businesses have been impacted by the COVID-19 public health emergency. This program is intended to provide economic relief to shareholder-owned small businesses that have experienced financial hardships or incurred necessary expenses related to the COVID-19 public health emergency from March 1, 2020 through the application deadline of October 31, 2021.

Applications will be accepted through October 31, 2021 and payments will be made on or before November 30, 2021.

Submit applications by email: COVID19Relief@Chugach.com, fax: (907) 261-8896, or by mail.

Applications can be mailed to: Attn: Shareholder Services – COVID-19 Relief
Chugach Alaska Corporation
3800 Centerpoint Drive, Suite 1200
Anchorage, Alaska 99503

Eligibility Criteria:

Shareholder-Owned Licensed Small businesses with an Taxpayer Identification Number (TIN) – including C-corps, S-corps, Partnerships, LLCs, Nonprofits (501(c)3, 501(c)6, and 501(c)19 organizations), sole proprietorships and commercial fishermen impacted by COVID-19 that meet the following criteria:

- Business was licensed and established before March 1, 2020;
- Business either:
 - Has 50 or fewer full-time or equivalent employees; or
 - If the business is commercial fishing, the Shareholder Commercial fishermen held and either (i) fished a Limited Entry Permit or Interim Use Permit issued by the Commercial Fisheries Entry Commissioner (CFEC) in 2020 or (ii) were not able to fish under that permit in 2020 due to COVID-19;
- Commercial Fisherman:
 - Held a Limited Entry Permit or Interim Use Permit issued by the Commercial Fisheries Entry Commissioner (CFEC) for 2020, and
- Can certify that the amount requested:
 - Will be used for necessary expenditures incurred due to the public health emergency with respect to COVID-19, including reimbursing the business for necessary expenditures incurred due to the public health emergency with respect to COVID-19 prior to receipt of the grant;
 - Were or will be incurred during the period that begins on March 1, 2020 and ends on December 31, 2021; and



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- The financial hardship or COVID-19 related expense for which they are seeking assistance has not been accounted for or reimbursed by any other Alaska Native Corporation, tribal government, local or state government, or other CARES Act program, such as the Paycheck Protection Program or CARES Act grants from tribes or local governments.

Eligible Business Expenses include:

- Payroll costs and expenses directly incurred due to COVID-19 negative impacts;
- Rent or mortgage payments for business facilities (unless otherwise waived by lessor/lender);
- Utilities payments;
- Purchases of personal protective equipment required by the business and/or remodeling, equipment, fixtures, and other changes to the business's operations that were necessary due to COVID-19 and/or to respond to public health mandates or recommendations related to COVID-19;
- The purchase of business-related equipment;
- Expenses incurred to replenish inventory or other necessary re-opening expenses; and
- Lost revenue due to the COVID-19 public health emergency, including reduced revenue due to a reduction in customers even in the absence of stay-at-home order or other public mandate mandating closure of business.
- Financial hardship or expenses caused by or related to COVID-19 that has not already been accounted for or reimbursed by any other Alaska Native Corporation, tribal government, local government, or other CARES Act program (such as the Paycheck Protection Program or CARES Act grants from tribes or local governments).

Required Documentation:

- Completed and Signed Application
- Copy of Business License/Commercial Fishing License
- Completed Vendor Questionnaire Form, to be completed with business information.
- Most Recent IRS Form W-9, to be completed with business information.



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* Required Questions

Shareholder Small Business COVID-19 Grant Relief Program Application for COVID-19 Economic Relief

*Name of Business: _____

*Legal Owner: _____

*Address: _____

*City: _____ *State: _____ *Zip Code: _____

*Phone Number: _____ *Email: _____

*Date of Birth: _____ *SSN Last 4 digits: _____

* 1. I am a current Shareholder: Yes No

* 2. Business was licensed and established on or before March 1, 2020, or you had taken substantial steps prior to March 1, 2020 to open your business: Yes No

*3. Enter your Taxpayer Identification Number (TIN) below. For individuals, this is generally your social security number (SSN) or for other entities, it is your employer identification number (EIN)
Taxpayer Identification Number (TIN): _____ **or**

Employer Identification Number (EIN): _____

*4. Average (annualized) number of Full-Time equivalent Employees: _____

5. If Commercial Fisherman, did you hold a Limited Entry Permit or Interim Use Permit issued by the Commercial Fisheries Entry Commissioner (CFEC) for 2020 and either (i) fished under that permit in 2020, or (ii) were not able to fish under that permit in 2020 due to COVID-19?

Yes No

*6. Are the expenses and losses for which assistance is sought with this application incurred, or to be incurred, during the period March 1, 2020 through December 31, 2021? Yes No

*7. Small Business Type:

C-Corps, S-Corps, Partnerships, LLCs or Sole Proprietorships

Nonprofit 501(c)3, 501(c)6 or 501(c)19

Commercial Fishermen

Other, please specify: _____



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***8.** How has your business been harmed by the COVID-19 pandemic? (Please check all that apply)

- Full or partial closure due to the COVID-19 public health emergency;
 - A loss of revenue;
 - Incurred expenses due to COVID-19, including expenses to respond to public health mandates and/or recommendations; or
 - Other (please describe _____)
-

***9.** I am experiencing or have experienced the following impacts from March 1, 2020 through December 31, 2021 as a result of the COVID-19 public health emergency as follows (Please check all that apply):

- Payroll costs and expenses directly incurred due to COVID-19 negative impacts;
- Unbudgeted necessary expenditures incurred due to the public health emergency with respect to COVID-19;
- Payment of credit card or charge accounts for eligible expenses incurred during the eligible timeframe and charged to a credit card or charge account (a copy of the credit card or charge account statement is required for verification, and eligible expenses should be highlighted on the document);
- Rent or mortgage payments for business facilities (unless otherwise waived by lessor/lender);
- Utilities payments;
- Purchase of personal protective equipment required by the business and/or remodeling, equipment, fixtures, and other changes to the business's operations that were necessary due to COVID-19 and/or to respond to public health mandates or recommendations related to COVID-19;
- Purchase of business-related equipment;
- Expenses incurred to replenish inventory or other necessary re-opening expenses;
- Expenses incurred necessary to perform telework related to my employment such as increased internet, computer equipment purchases, system upgrades and office equipment and supplies;



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Lost revenue due to the COVID-19 public health emergency, including reduced revenue due to a reduction in customers even in the absence of stay-at-home order or other public mandate mandating closure of business; or

For any other financial hardships not covered in the above options, please explain: _____

***10.** Have you received assistance from any federal, state, or local governmental program related to the COVID-19 public health emergency such as unemployment compensation, payroll protection plan disbursements, etc. or have you applied for and received assistance from any other Alaska Native Corporation or Tribe?

Yes No

Answering yes will not automatically preclude you from receiving a grant from the Shareholder Small Business COVID-19 Relief Grant Program. This information is requested because you cannot receive a grant from the Shareholder Small Business COVID-19 Relief Grant Program for expenses or financial hardship that was already accounted for or reimbursed by any CARES Act program administrated by another Alaska Native Corporation, tribal government, or local, state, or federal government, (such as the Paycheck Protection Program or CARES Act grants from tribes or local governments).

If yes, please provide details and amount, including the expenses for which assistance was provided: _____

***11. Certification**

As an official signer, I certify that all of the information provided in this application is true and accurate. I understand that any misrepresentation or inaccurate information may result in a repayment of grant funds. I certify that no expense or financial hardship for which this grant is sought has been accounted for or reimbursed by any other Alaska Native Corporation, tribal government, local government, or other CARES Act program (such as the Paycheck Protection Program or CARES Act grants from tribes or local governments). I agree to retain reasonable documentation of the expenses that any grant funds are used for a minimum of five years and to assist Chugach Alaska Corporation with any further information necessary for verification of submitted information upon reasonable request.

Signature _____ Date _____

Please remember to submit applications with the required documents:



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- Most Recent IRS Form W-9, to be completed with business information.

Vendor Questionnaire & Payment Information

For this section you will need:

- A signed copy of IRS form W-9. Navigate to the following website to access IRS Form W-9 (<https://www.irs.gov/pub/irs-pdf/fw9.pdf>)
- Banking information including routing and account numbers

***1. Vendor Legal Name**

***2. Vendor Mailing Address**

Country

Address

Address Line 2 (optional)

City

State, Province, or Region

Zip or Postal Code

***3. Is Vendor Mailing Address the Same as the Vendor Physical Address? ***

Yes

No

***4. Vendor Physical Address ***

Country

Address

Address Line 2 (optional)

City

State, Province, or Region

Zip or Postal Code

***5. Vendor Contact Name**

First Name

Last Name

***6. Vendor Contact Phone Number**

***7. Vendor Contact Email Address ***

email@example.com

***8. IRS Form W-9. Please complete and provide a signed copy of IRS Form W-9. ***

Navigate to the following website to access IRS Form W-9 (<https://www.irs.gov/pub/irs-pdf/fw9.pdf>)

Please do not redact critical information.

***9. All payments will be made via Electronic Funds Transfer.**

I am able to provide banking information in order to receive payment

I do not have a bank account. Please contact me for payment arrangements

***10. Name of account holder**

First Name

Last Name

***11. Account type (checking or savings)**

Checking

Savings

***12. Bank Name**

***13. Bank Address**

Country

Address

Address Line 2 (optional)

City

State, Province, or Region

Zip or Postal Code

***14. Bank Details (US) Question**

Routing Number

Confirm Routing Number

Account Number

Confirm Account Number



Routing #

Account #