

City of Bethel

CARES Act



Bethel Business Recovery Grant Application

Section 1 - Applicant Information

Business Name:

Business Owner Name(s):

Applicant/Contact Name/Title:

Applicant/Contact Phone Number:

Applicant/Contact Email Address:

Business Physical Address:

Mailing Address:

Type of Business:

IRS Taxpayer Identification Number or Last 4 digits of SSN:

Section 2 - Eligibility

- | | | |
|--|------------------------------|-----------------------------|
| 1. My business has a permanent physical or employee or owner presence in the City of Bethel for the sale of goods or provision of services. ^a | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. My business has a valid business license with the City of Bethel which was established with the City of Bethel no later than January 1, 2020. ^b | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3. My business is compliant with sales tax filings. ^c | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4. My business has no outstanding debt with the City of Bethel prior to 8/1/19. ^c | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 5. I intend to remain in business into 2021. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 6. My business is a C Corporation traded on a U.S. stock exchange or a corporate-equivalent entity traded on a foreign stock exchange, and owned in whole or majority-owned by such a publicly traded corporation. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 7. My business is a national chain that owns and operates a premise in the City of Bethel (individually owned-and-operated local franchises are eligible). | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 8. My business has a City lien. ^c | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 9. My business is out of compliance with a City repayment plan. ^c | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 10. My business is currently in bankruptcy proceedings. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 11. My business is a marijuana business licensed under Alaska Statute 17.38. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

a. Business owner does not have to reside in the City of Bethel.
b. Seasonal businesses that may have reported no operations in January 2020 are NOT excluded.
c. Businesses that have entered into a payment plan for outstanding City debt 8/1/19 or later and are adhering to the plan are eligible, so long as the City has not placed a lien on that business and the plan is in compliance or the debt paid by the time the grant is distributed.

Businesses with specific circumstances that are not covered by the grant program criteria will be encouraged to contact Bethel Community Services Foundation. BCSF staff will work with the city review committee to determine the level of grant award for which they may qualify.

Section 3 - COVID-19 Impact and Revenue Information

Was your business impacted by the COVID-19 public health emergency and are you in need of economic assistance? YES NO

In what ways was your business economically impacted? *(Impacts may include but are not limited to, loss of sales due to mandatory shutdown measures, additional operating expenses of reopening and protecting staff and the public, including funds already spent for those purposes.)* Minimum 2 sentences in the space below, please.

What was the 2019 gross revenue for your business? \$ _____

Gross revenue is the sum of all money generated by a business without taking into account any part of that total that has been or will be used for expenses. Note: If you do not file sales tax returns with the City of Bethel, the City will require alternative documentation to verify 2019 revenue (see FAQ page).

Section 4 - Grant Request Information

Total Grant Requested: \$ _____

See maximum grant amount that can be requested per the gross revenue range in table below. A lesser amount can be requested if the amount available exceeds the financial impact of COVID-19 on the business.

Range (based on 2019 gross revenue*)	Grant Award
\$5,000 - \$24,999	\$1,500
\$25,000 - \$49,999	\$5,000
\$50,000 - \$99,999	\$10,000
\$100,000 - \$249,999	\$15,000
\$250,000 - \$499,999	\$20,000
\$500,000 and above	\$25,000

How will grant funds be used? *(Examples include but are not limited to: operating expenses, mortgage/rent, payroll, PPE, facility modifications to comply with social distancing, inventory replacement/acquisition, etc.)* Minimum 2 sentences in the space below, please.

Please help us understand the local impacts of COVID-19. Does your business need more financial assistance than it is eligible to receive from this range? YES NO

If YES, how much *additional* funding would help your business with COVID-19 impacts?

\$ _____

Please select all COVID-19 relief funding that you have applied for and/or received (or been approved to receive) and indicate the specific dollar amount, below:

AK CARES Grant	\$ _____	Received	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Economic Injury Disaster Loan (EIDL)	\$ _____	Received	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Paycheck Protection Program (PPP)	\$ _____	Received	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other grants	\$ _____	Received	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If you've received other relief funding, please explain how/why additional relief funding is needed:

This business will be able to fully expend funds by December 15, 2020. YES NO

Section 5 - Application Instructions

Submit application in any of the following ways:

1. **Online** at bcsfoundation.org/covidbusiness/
2. **In-Person** at the BCSF office at 1795 Chief Eddie Hoffman Highway
3. **USPS** Mail to BCSF at PO Box 2189 Bethel, AK 99559. Application must be postmarked by 5 p.m. on August 10, 2020
4. **Email** to covidbusiness@bcsfoundation.org
5. **Fax** to BCSF office at 907-543-1826

Need help? Contact Kate at covidbusiness@bcsfoundation.org or call the BCSF office at 907-543-1812.

Translated applications can be made available upon request.

Applications may be amended before the deadline. Incomplete applications will be rejected. The grant funds received by a business must be fully expended by December 15, 2020. Checks not cashed within 90 days will be voided.

Section 6- Questions

Questions about the grant program, application process or application status must be directed to Kate McWilliams at Bethel Community Services Foundation, by phone at 907-543-1812 or by email at covidbusiness@bcsfoundation.org. If the demand for grants exceeds the City's available funds, the City reserves the right to adjust funding.

Section 7 - Certifications and Signature

By signing this application, I certify, on behalf of myself and the applicant/business, the following under penalty of perjury:

1. That the information provided in this application is true and accurate to the best of my knowledge, information and belief.
2. My business has suffered economic hardship/impacts due to the COVID-19 pandemic.
3. I intend to remain in business into 2021.
4. I understand and agree that if the business closes permanently before receiving the Bethel Business Recovery Grant or does not open within 90 days of the grant fund distribution date, I must return the grant funds to the City of Bethel.
5. I understand that if I receive a grant check, it must be cashed within 90 days or it will be voided.
6. I acknowledge that the funds will be spent by the required deadline of Dec. 15, 2020. I agree to assist in the verification of information provided in this application and to provide additional information to the City, or its auditors or contractors if requested.
7. That if my business has received COVID-19 relief funds from other sources, my business is still in need of additional relief funds from the Bethel Business Recovery Grant Program.
8. I acknowledge that the funds being provided are federal and and that it is the sole responsibility of the applicant to determine and to seek independent advice as to the tax and auditing implications to the applicant and its owners upon receipt and use of the funds.
9. I understand and agree that any Bethel Business Recovery Grant funds determined to have been used for a purpose not authorized by the CARES Act must be returned to the City and that I am liable for such funds. Additionally, any funds not expended by December 15, 2020 will be returned to the City by December 18, 2020.
10. I understand that the City may publish or publicly release a list of grant recipients, including the amount of individual grant awards. Information I submit to the City as part of this application may be subject to inspection and release as part of a public records request (confidential information will be redacted).
11. The applicant shall maintain documentation following generally accepted accounting principles for how the funds are expended, including but not limited to financial records, payroll records or receipts. Grantee will provide documents to the City if requested.
12. I agree to indemnify and hold harmless the City of Bethel, its directors, officers and employees for any Bethel Business Recovery Grant funds the applicant receives from the City that the federal government, State of Alaska or City of Bethel determined were not used for eligible expenditures.
13. I certify that I have the authority to legally bind the applicant.

If all of the above outlined requirements are not met in full or if any information provided on the application is found to be false or incorrect, the applicant will be deemed immediately in default and all funds must be returned to the City within 30 days of written notification of default. I agree that, if the applicant accepts a Bethel Business Recovery Grant, the applicant is bound by the obligations and liabilities described in this application and that the City of Bethel shall have the right to enforce these obligations and liabilities in any manner provided by law.

The undersigned represents, warrants and certifies that the information provided herein is true, correct and complete. I understand that this application, combined with award of a Bethel Business Recovery Grant, constitute a binding contract and shall be deemed a valid original instrument if delivered electronically (e.g. facsimile, PDF via email/online submission, stamp, etc.).

Signed: _____

Date: _____

Print Name: _____

Title: _____

Applicant Filing Checklist

- Application W9

<https://www.irs.gov/pub/irs-pdf/fw9.pdf>

Tax Return (Businesses that have 2019 Sales Tax Returns filed with the City of Bethel do not need to attach an additional document. Businesses that do NOT file a sales tax return with the City of Bethel should provide a copy of their most recent federal income tax return or other proof of revenues prepared by a third-party preparer, per the Handbook FAQ page.)

For City Review Committee

- Application was received on time
 Application is complete (including W9)
 Applicant meets eligibility requirements

Reviewer Notes:

Reviewer Initials: _____