

City of Delta Junction





- The application will be posted online (deltajunction.us). The application process will be open for 16 days to allow all applicants time to complete and submit applications. Paper applications will be available for pickup at City Hall, 2288 Deborah St. Delta Junction, AK 99737
- Applications can be submitted via email to <u>covid19grant@deltajunction.us</u>, dropped off at City Hall, 2288 Deborah St, or mail to:

City of Delta Junction Attn: Grant Application Committee PO Box 229 Delta Junction, AK 99737

- Applications must be submitted by 4 PM on September 18, 2020.
- Only complete applications will be considered.
- Businesses and nonprofit organizations must have had been in operation on January 1, 2019 to qualify for funding.
- Applicants will be notified by email when they are approved or denied.
- This is not a competitive process.
- Grantee will be required to submit a final report by January 29, 2021 detailing how funds were used. Use of funds must comply with applicable regulations.
- All business information will be kept strictly confidential and will not be shared or used for any purpose other than evaluation of the grant award.
- Applicants may ask for up to \$10,000.





Name of business					
or nonprofit					
organization:					
Name of contact:					
Name of Contact:					
Contact telephone:					
contact telephone.					
Contact email:					
Address of					
business or					
nonprofit:					
Preferred Contact: □	l Email □ Phone				
Type of business:					
☐ Sole proprietorship					
☐ Partnership					
_					
☐ S Corporation					
☐ C Corporation					
☐ nonprofit corporation					
□ other, please	list:				





#### If your organization is a nonprofit, check which type:

☐ 501(c)(3) Charitable Organization
☐ 501(c)(5) Labor, Agricultural, or Horticultural Organization
☐ 501(c)(6) Trade/Professional Organization
☐ 501(c)(13) Cemetery Company
☐ 501(c)(19) or (23) Veterans Organization
☐ 501(e) Cooperative Hospital Service Organization
☐ Other, please list:
IRS Employer Identification Number:
Sole proprietors may provide a Social Security Number OR Individual Tax Identification Number
If your organization is a business, list all individual(s) and organization(s) that own 50 or more:
Name:
Name:





1.	Does your business/nonprofit have a physical location in the Delta Junction Area?  ☐ Yes ☐ No		
2.	Are you a sole proprietor? If "no" skip to Question 3. $\square$ Yes $\square$ No		
	<ul> <li>If your business is a sole proprietorship, did you receive at least 75% of your annual gross income from the business in 2019?</li> <li>☐ Yes ☐ No</li> </ul>		
3.	What were your 2019 gross annual revenues?		
	□\$100K or less □\$101,000 to \$500,000		
	□ \$500,001 or more.		
4.	. Is your business a franchise or chain? (Does not apply to nonprofits) $\square$ Yes $\square$ No		
5.	How has your business/nonprofit been harmed by the COVID-19 pandemic? Check all that apply:		
	$\square$ Full or partial closure due to city or state emergency order		
	$\square$ Forced to lay off or not pay one or more employees		
	☐ A loss of monthly revenue of 25% or more		
	☐ Probable closure if we do not get federal or state assistance		
	☐ For nonprofits, organization has expanded to address community health, safety, social, and/or economic needs related to COVID-19		
	☐ Other (please explain):		





6.	Does the nonprofit, business, or a listed owner have an outstanding judgment, tax liens, pending or threatened bankruptcy proceedings, pending or threatened lawsuits against them, or criminal proceedings? ☐ Yes ☐ No.  ■ If yes, please explain:			
7.	or loca grants,	organization, business, or a listed owner delinquent on any federal, state, I taxes or assessments, direct or guaranteed loans, leases, contracts, child support payments, or any other obligations?   If yes, please explain:		
8.	official	ny owner, owner's spouse, or household member work for or serve in an capacity for local or state government? ☐ Yes ☐ No.  If yes, please explain:		
9.	=	business restricted to patrons over age 18 or 21? ☐ Yes ☐ No. For example, store, bar, smoke shop, and adult entertainment.		
10	. Nonpr	ofits only, please confirm that your organization:		
		$\hfill\square$ Is directed by a volunteer board or local advisory board with a majority of members who are Alaska residents		
		☐ Has provided aid or services in the Delta Junction Area anytime between 2018 and 2020		
		☐ Has been issued an IRS determination letter of nonprofit status in 2020 or earlier (please attach proof)		





11. How much are you requesting? \$						
<ul><li>2. Have you applied for any other COVID-19 Assistance? ☐ Yes ☐ No.</li><li>If yes, please explain:</li></ul>						
13. Please explain why you are requesting the amount from question 11 (ex: provide information on average monies made during the same time frame in previous years, for an average amount, or explanation of forced closure due to state mandates):						





### DISCLAIMERS \* Please confirm your understanding of these disclaimers

- ☐Yes ☐No
- 1. Application for the grant DOES NOT GUARANTEE award of funding.
- 2. The total amount awarded will be based on funds available.
- 3. All businesses receiving funding MUST complete a W-9 prior to receipt of funding.
- 4. It is the sole responsibility of the applicant to determine or to seek independent advice to determine the tax implications to the grant funds received by the applicant.

#### **CERTIFICATION** \*

As an official signer for my nonprofit/business, I certify that all of the information provided in this application is true and accurate. I am gareeing to assist in the

verification of information, if requeste		
 Signature	Printed Name	Date