



CENTRAL COUNCIL

Tlingit and Haida Indian Tribes of Alaska

Business & Economic Development Department • Andrew P. Hope Building
 320 West Willoughby Avenue • Juneau, Alaska 99801 • Fax 888.322.6407

Tlingit & Haida CARES Small Business Grant Application

The Tlingit & Haida CARES Small Business Grant Application is to be completed by the Applicant or authorized representative of the Applicant and submitted to Tlingit & Haida. Failure to submit the information requested will result in a delay in processing and may result in a denial of the application. All applications will be processed in the order received. You will receive an email or phone confirmation when your application has been received.

TRIBAL CITIZEN OR AUTHORIZED REPRESENTATIVE INFORMATION				
Tribal Enrollment Number			Requested Grant Amount	
Applicant/Authorized Representative Name		Date of Birth		Social Security Number
Job Title		Home Phone	Cell Phone	Work Phone
Mailing Address			City	State Zip
Are You a U.S. Citizen? Yes No		Is the business at least 50% tribally owned by the applicant? Yes No		
APPLICANT BUSINESS INFORMATION				
Business TIN (EIN,SSN)	Length of Ownership (Years/Months) /	Permit No. if Applicable	DBA or Trade Name if Applicable	
Business Legal Name				
Name of Primary Contact if Different From Business Owner				
Business Address			City	State Zip
Business Phone		Business Fax	Business Email Address	
Industry Type (select one)				
Business Type (check one)				
Sole Proprietor		Independent Contractor		Other _____
Partnership		Commercial Fishing		
LLC		Eligible Self-Employed Individual		

Tlingit & Haida CARES Small Business Grant Application (Cont.)

Purpose of Funds (may select more than one)	
<p>Funds must be used by the applicant only to pay the following COVID-19 emergency related expenses (see list of eligible expenses below). Only those eligible expenses incurred subsequent to March 11, 2020, or reasonably expected to be incurred by December 30, 2020 are eligible for payment. Funds must be expended in compliance with federal law.</p>	
<p>Payroll costs and expenses</p> <p>Payment of short term (< 24 months) or credit card debt incurred by the applicant to pay eligible expenses</p> <p>Rent or mortgage payments (unless otherwise waived by lessor/lender)</p>	<p>Utilities payments</p> <p>Purchase of personal protective equipment required by the business</p> <p>Business related equipment</p> <p>Expenses incurred to replenish inventory or other necessary re-opening expenses</p>
<p><i>Complete and provide a list of expenses on Schedule of Eligible Expenses form.</i></p>	

<p>This information is requested for purposes of data collection only and your answers will not be considered in determining your eligibility for a grant.</p>	Yes	No
--	-----	----

1. Average number of full time equivalent employees in calendar year 2019: _____
2. Would the use of funds help create jobs in your community?
If yes, how many? _____
3. Would the use of funds help retain jobs in your community?
If yes, how many? _____
4. Are you an officer, director, or member of a supervisory committee of Tlingit & Haida, or are you a family member or do you share a household with a Tlingit & Haida employee?
If yes, how are you related? _____
5. Has the Applicant received a Small Business Administration (SBA) Paycheck Protection Program loan (PPP), an SBA Economic Injury Disaster Loan (EIDL), or other federal program funding under the CARES Act?

NOTE: Tlingit & Haida CARES Grant funds cannot be used to pay expenses already paid through PPP, EIDL, etc.

6. Is the business included in the Certified Tribal Artist program?

Tlingit & Haida CARES Small Business Grant Application (Cont.)

By signing Below, You Make the Following Representations, Authorizations, and Certifications

The authorized representative of the Applicant must certify in good faith to all of the below by initialing next to each one.

_____ My business has been adversely economically injured due to the COVID-19 health emergency and requires small business relief under the Tlingit & Haida CARES Small Business Grant program based upon its ability to pay any of the following: payroll costs and expenses; payment of any short term (< 24 months) or credit card debt incurred by the applicant to support the applicant's business during the emergency; rent or mortgage payments (unless otherwise waived by lessor/lender); utility payments; purchase of personal protective equipment required by the business; business related equipment; and/or expenses incurred to replenish inventory or other necessary re-opening expenses.

_____ My business had 50 or fewer full time equivalent employees as of March 11, 2020, is licensed to do business, and was established prior to March 11, 2020.

_____ The grant proceeds will be used only for the payment of eligible expenses as described in the Schedule of Eligible Expenses attached to this application and in compliance with federal law. I understand that if the funds are knowingly used for unauthorized purposes, Tlingit & Haida may pursue recovery of grant amounts and/or civil or criminal charges. I understand I am required to return any unused funds to Tlingit & Haida.

_____ I am not engaged in any activity that is illegal under federal, state or local law. (Marijuana related businesses are not eligible)

_____ I acknowledge and understand that Tlingit & Haida will confirm the grant amount using the Schedule of Eligible Expenses and supporting documentation.

_____ I understand, acknowledge and agree that Tlingit & Haida may request additional information for the purposes of determining eligibility, and that my failure to provide the information requested may result in a denial of the grant.

_____ I acknowledge that all funds must be spent on eligible expenses on or before December 30, 2020.

_____ I have read the statements included in this document and I understand them.

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 Tlingit & Haida CARES Small Business Grant program will rely on the accuracy of the application and supporting materials and certifications. Any misrepresentation or inaccurate information may result in a repayment of funds.

Signature of Applicant or Authorized Representative

Date

Print Name

Title

If this application is denied, Tlingit & Haida will notify the applicant or authorized representative via email or mail and set forth the specific reasons for the denial.



CENTRAL COUNCIL

Tlingit and Haida Indian Tribes of Alaska

Business & Economic Development Department • Andrew P. Hope Building
320 West Willoughby Avenue • Juneau, Alaska 99801 • Fax 888.322.6407

Schedule of Expenses

Applicant Name _____ **Date:** _____

This Schedule of Expenses form is required to complete the Tlingit & Haida CARES Small Business Grant application. Please read and complete the form in its entirety.

1. **Provide** a list of expenses (see below for a list of eligible COVID-19 expenses). A new form may be used if expenses exceed spaces provided.

- » Payroll costs and expenses
- » Payment of short term (< 24 months) or credit card debt incurred by the applicant to support the applicant’s business during the emergency
- » Rent or mortgage payments (unless otherwise waived by lessor/lender)
- » Utilities payments
- » Purchase of personal protective equipment required by the business
- » Business related equipment
- » Expenses incurred to replenish inventory or other necessary re-opening expenses

2. **Attach** supporting documentation for each expense. Acceptable documentation includes: official bank/credit card statements (no screenshots, must have financial institution logo, account # and name of applicant), invoice, purchase order, lease agreement, mortgage statement, payroll expense report, accounts payable, utility bills and written expenses (include to who and amount). For reimbursement of paid expenses include receipt and bank statement for confirmation.

3. Funding can be mailed to the address provided on the application or direct deposited pursuant to the Vendor Setup Form. For mailed checks, Tlingit & Haida is not responsible for lost or stolen checks or the duration of time it takes to reach applicant.

CERTIFICATION

My business has been adversely economically injured due to the COVID-19 health emergency and requires small business relief under the Tlingit & Haida CARES Small Business Grant program for expenses such as payroll costs and expenses; payment of any short term (< 24 months) or credit card debt incurred by the applicant to support the applicant’s business during the emergency; rent or mortgage payments (unless otherwise waived by lessor/lender); utility payments; purchase of personal protective equipment required by the business; business related equipment; and/or expenses incurred to replenish inventory or other necessary re-opening expenses. I certify that these expenses are COVID-19 emergency related expenses that were incurred by the business or held in arrears.

Applicant Signature _____ **Date:** _____



CENTRAL COUNCIL

Tlingit and Haida Indian Tribes of Alaska

Business & Economic Development Department • Andrew P. Hope Building
 320 West Willoughby Avenue • Juneau, Alaska 99801 • Fax 888.322.6407

Tlingit & Haida CARES Small Business Grant Checklist

To expedite the process, review this checklist carefully as it lists what is needed for a successful application submission. Incomplete application packages may result in the application being returned for completion. The Tlingit & Haida CARES Small Business Grant is offered to qualified tribal citizens regardless if enrolled in existing programs (ex. PPP and EIDL), and will be operated on an equal access/non-preferential (i.e. first-come, first-served basis).

Completed Tlingit & Haida CARES Small Business Grant Application (form COVID-19THGNT001)

Completed Schedule of Expenses (form COVID-19THGNT002) with Supporting Documents

Required Business Documentation (see below)

Business Type & Required Documentation	
<p>Sole Proprietor</p> <ul style="list-style-type: none"> • Business License <p>Partnership/Limited Partnership</p> <ul style="list-style-type: none"> • Business License • Certificate of Limited Partnership/LLP Registration (if applicable) <p>Corporation/LLC</p> <ul style="list-style-type: none"> • Articles of Incorporation or Organization/ Certificate of Incorporation 	<p>Independent Contractor</p> <ul style="list-style-type: none"> • Business License <p>Commercial Fishing</p> <ul style="list-style-type: none"> • Commercial Fishing Permit <p>Eligible Self-Employed Individual</p> <ul style="list-style-type: none"> • Business License <p>Other: _____</p> <ul style="list-style-type: none"> • Other: _____

Vendor Setup Form (See Following Page)



Request for Vendor Setup

(This form is used in lieu of the W9 form published by the Internal Revenue service)

All required forms must be completed and signed before payment is issued

New **Update**

Legal Name (as shown on your tax return)	Social Security Number
Business Name (if different from above)	EIN (for businesses)
Mailing Address: _____ City: _____ State: _____ Zip: _____	Telephone Number: _____ Email Address: _____

VENDOR TYPE

Non Taxable		1099 Vendor (Taxable)	
<input type="checkbox"/> Client	<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Landlord	<input type="checkbox"/> Daycare Provider
<input type="checkbox"/> Employee	<input type="checkbox"/> Corporation	<input type="checkbox"/> Attorney	<input type="checkbox"/> Medical Provider
<input type="checkbox"/> Council Delegate	<input type="checkbox"/> Government	<input type="checkbox"/> Sole Proprietor/Partnership	
<input type="checkbox"/> Other (Specify)		<input type="checkbox"/> Other (specify)	

Certification:

Under penalties of perjury, I certify that:

- 1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me and
- 2) I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding and
- 3) I am a US person (including a US Resident alien)

Certification instructions: You must cross out 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Signature _____ **Date** _____

Penalties

Failure to furnish TIN: If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50.00 for each such failure unless your failure is due to a reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding: If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500.00 penalty.

Criminal penalty for falsifying information: Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs: If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Finance Only	
Debarment Certification:	Date