



COVID-19 TARGETED VISITOR INDUSTRY SMALL BUSINESS EMERGENCY GRANT APPLICATION

This program is aimed at assisting those businesses hardest hit, forced to close, those remaining closed or will have minimal activity due to COVID-19 impacts. The Economic Development Committee (EDC) looked at directly targeting businesses in the Tourism Industry that closed and will operate at severely reduced capacity with minimal business due to international and national declarations and state mandates. The program focuses on visitor industry businesses that are the most critically impacted, including excursions, restaurants and bars, accommodations, and non-essential retail businesses. Each eligible business will receive \$3000. This program will be first come, first served based on receipt of a completed application until funding runs out for this program. The deadline for applications is September 15, 2020. Funding assistance will be paid by check which must be cashed within 90 days of issuance and by December 31, 2020.

Signed applications may be submitted to City Hall in person, by mail addressed to Wrangell CARES Act Funding Assistance, P.O. Box 531, Wrangell, AK 99929, or by email to wrangell@wrangell.com. All applications must be completed in full with an original signature to be eligible for consideration for funding. Review may take up to two weeks. Please email questions to wrangell@wrangell.com and include a phone number. Staff will respond within 48 hours.

All successfully funded applications may be audited as part of a Municipal audit for the appropriate use of CARES Act funding. Please retain all necessary records that will provide supporting documentation for your application claims.

ELIGIBILITY CRITERIA

1. Business must derive the majority of their revenue from the summer visitor season within the municipal boundary of the City and Borough of Wrangell.
2. Applicant business must be classified by the State of Alaska as a non-essential business.
3. Tours and Excursions include boat tours, fishing charters, bus/vans/car tours, hiking tours, golf tours and flightseeing tours.
4. Restaurants/Bars include restaurants, bars, fast food services and food trucks.
5. Accommodations include hotels, B&Bs, Vacation Rentals and hostels. Eligible facilities must collect and remit the transient bed tax.
6. Retail and Services exclude essential services as defined by the State of Alaska, and eligible retail/service businesses must have a physical store front.
7. Businesses must be current on Wrangell quarterly sales tax form submittals and payments through April 2020 unless federal, state, or local sales tax exemptions apply; or, must be current with any signed sales tax repayment plan on file with the City.
8. Accommodation businesses must be current on Wrangell transient tax form submittals and payments through April 2020.
9. A current Alaska Business License.
10. If an LLC or Corporation, the following documentation showing good standing must be provided: Articles of Organization and a Certificate of Organization for an LLC; or for corporations, Articles of Incorporation and Certificate of Incorporation.



Received by: _____
Time: _____
Date: _____
Application No.: _____

**COVID-19
TARGETED VISITOR INDUSTRY SMALL
BUSINESS EMERGENCY GRANT
APPLICATION**

The following information is required for consideration for application review. All business information will be kept confidential to the extent permitted by law and will only be used for evaluation of the GRANT award, or a GRANT audit. If you own multiple businesses, each under a different business license, please fill out a separate application for each business requesting funding assistance. All questions must be answered.

1. BUSINESS NAME:

2. FEDERAL E.I.N. or SSN:

3. BUSINESS PHONE NUMBER (including area code):

4. BUSINESS MAILING ADDRESS:

5. BUSINESS PHYSICAL ADDRESS:

6. EMAIL ADDRESS (For application contact):

DATE APPROVED: _____

REJECTED: _____

DENIED: _____

AMOUNT APPROVED: _____

SALES TAX VERIFIED: _____

TRANSIENT TAX VERIFIED: _____

7. BUSINESS OWNER(S): Please provide the following information for any person who owns 20% or more of the business:

- Name
- Phone Number
- Email address
- Mailing Address

IS YOUR BUSINESS PREDOMINANTLY OPERATED WITHIN THE CITY AND BOROUGH OF WRANGELL?

- Yes
 No

(If No Explain): _____

8. ORGANIZATION TYPE:

- Corporation
 Partnership
 Sole Proprietor
 LLC
 Other (identify type _____)

9. TARGETED Visitor industry SECTOR: (check all that apply)

- Excursion/Charter/Tour Operator
 Accommodations
 Restaurant/Bar
 Retail/Service - non-essential, majority visitor business, store front

10. DATE BUSINESS ESTABLISHED (This is the date the business began operation):

11. LIST THE TOTAL NUMBER OF EMPLOYEES as of March 11, 2020.

_____ Full Time

_____ Part Time

12. LIST THE TOTAL NUMBER OF EMPLOYEES at the height of the summer season 2019.

_____ Full Time

_____ Part Time

14. HOW HAS YOUR BUSINESS BEEN IMPACTED BY COVID-19? (Mark all that apply, but you must provide an explanation ie. How many employees were laid off, full or part time; how did your hours of operation change; what were the supply issues etc. Please attach a separate page for explanations if necessary.

Closed or delayed opening Explain: _____

Laying off employees Explain: _____

Supply Chain Issues Explain: _____

Loss of business revenue Explain: _____

Reservation Cancellations Explain: _____

Cruise or Group Contract Cancellations Explain: _____

PPE and COVID-19 Compliance Expenses Explain: _____

Travel Restrictions causing delays of work or clientele Explain: _____

Other impacts: Please clearly describe in detail any other impacts your business may have faced due to the COVID-19 virus. _____

16. Did your business file sales tax to the City and Borough of Wrangell in 2019?

___ No If No, Why? _____

___ Yes

If yes, are you current on your sales tax form filings and payments through April 2020?

___ Yes

___ No If No, Why? _____

17. If your business provides accommodations, did your business file transient tax to the City and Borough of Wrangell in 2019?

___ N/A

___ No If No, Why? _____

___ Yes

If yes, are you current on your transient tax form filings and payments through April 2020?

___ Yes

___ No If No, Why? _____

18. ATTACHMENTS

Please check the boxes that you acknowledge the statement or are attaching the requested information.

Attach a copy of a current Alaska Business License.

Attach a copy of your Drivers License.

Attach City Sales Tax form submittals for 2019.

If applicable, attach Transient tax form submittals for 2019.

Attach a copy of Articles of Organization and Certificate of Organization for LLC, showing good standing;

OR

Attach a copy of Articles of Incorporation and Certificate of Incorporation for Corporations or Nonprofits, showing good standing.

Attach a copy of a signed and completed IRS Form W-9.

Retain all necessary records that will provide back up support for your application claims.

NOTICES:

1. Applying for the City and Borough of Wrangell Targeted Small Business Emergency Grant DOES NOT GUARANTEE award of funding.
2. The Applicant agrees that the City and Borough of Wrangell will be held harmless from any claims arising from the application. The applicant waives and releases any claim arising out of or relating to the application that it may have against the City and Borough of Wrangell.
3. It is the sole responsibility of the Applicant to determine or to seek independent advice to determine the tax implications to the Applicant and its owners. Please confirm your understanding of these disclaimers by checking "Yes".

Yes

No

CERTIFICATION:

By signing my name, I certify that all the information provided in this application is true and accurate. I agree to assist the City and Borough of Wrangell in verifying any information provided in this application and to provide additional information, including tax returns, if requested.

I have read and understand this application. I am authorized to complete and submit this application on behalf of the Business. I verify that the statements contained herein are true, accurate and complete. I acknowledge that false and inaccurate statements made on the application are grounds for immediate rejection of the application.

Printed Name

Signature

Date

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.	See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
		2 Business name/disregarded entity name, if different from above	
		3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
		5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
		6 City, state, and ZIP code	
		7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>																		
or																		
Employer identification number																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>																		

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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 a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.