



COVID-19 Vessel Repair Haul-Out Lift Fee Assistance Application

Goal of program: Mitigate negative impacts of COVID-19 related travel restrictions, supply chain disruptions and other impacts to the Marine Service Center (MSC) businesses which had lost and reduced revenues in March-May 2020.

This program will provide 50% reimbursement to the applicant toward the cost of a boat haul-out lift fee in the Marine Service Center from July 8 through November 30, 2020, or until the funds for this program are depleted. The reimbursement is for a one way or round-trip lift, as long as the initial lift and/or return lift back into the water occurs on or before November 30, 2020. Payment for the lift-fee must be paid in full by November 30, 2020. Reimbursement for 50% of the lift fee will be made to the applicant upon submittal of a receipt to the City and Borough of Wrangell for payment in full for the haul-out. This program will be first come, first served, based on receipt of a completed application until funding runs out for this program. Funding assistance will be paid by check which must be cashed before 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.

ELIGIBILITY CRITERIA

1. This program pertains to any haul-out between July 8 and November 30, 2020.
2. A roundtrip haul-out lift must occur before November 30, 2020.
3. Payment for the lift fee must be made in full by November 30, 2020.



COVID-19
Vessel Repair
Haul-Out Lift Fee
Assistance Application

Received by: _____

Time: _____

Date: _____

Application No.: _____

The following information is required for consideration for application review. All information will be kept confidential to the extent permitted by law and will only be used for evaluation of the GRANT award, or GRANT audit. All questions must be answered.

1. NAME OF INDIVIDUAL REQUESTING ASSISTANCE: _____

2. PHONE NUMBER (including area code): _____

3. MAILING ADDRESS: _____

4. PHYSICAL ADDRESS: _____

5. EMAIL ADDRESS (For application contact): _____

6. NAME OF VESSEL HAULED IN MARINE SERVICE CENTER FOR MAINTENANCE WORK: _____

DATE APPROVED: _____
REJECTED: _____
DENIED: _____
AMOUNT APPROVED: _____

7. WRANGELL VENDORS WORKING ON VESSEL IN YARD _____

8. ATTACHMENTS

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

- Attach a copy of a signed and completed IRS Form W-9.
- Attach a copy of receipt of payment in full for the MSC Haul-Out Lift fee.
- Attach a copy of Driver’s License or Identification Card

NOTICES:

1. Applying for the City and Borough of Wrangell Vessel Repair Haul-Out Lift Fee Assistance 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

APPLICANT: 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, if requested.

I have read and understand this application. I am authorized to complete and submit this application. 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.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>		
	<p>2 Business name/disregarded entity name, if different from above</p>		
	<p>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.</p> <p><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</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>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.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>		<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p>	<p>Requester's name and address (optional)</p>	
	<p>6 City, state, and ZIP code</p>		
	<p>7 List account number(s) here (optional)</p>		

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.

Social security number									
			-			-			

or

Employer identification number										
			-							

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.

Part II 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 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 ▶
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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.