



COVID-19 SOCIAL SERVICE ASSISTANCE GRANT APPLICATION

Goal of program: Provide needed social services to families, seniors, kids, and individuals that need assistance due to hardships faced as a direct result of COVID-19.

This program facilitates providing social assistance to community members that need it due to impacts from COVID-19. The program provides funding to existing businesses or non-profits that are seeing an increase in need for social services in Wrangell, including services to address domestic violence; homelessness; single parent support; child welfare programs; childcare; emotional, mental and medical assistance and support; and public information dissemination. Up to \$3000 may be requested by eligible entities. Applicants that applied in the first round may apply again once proof that all previous funds received have been expended. This program will be first come first serve based on receipt of application until funding runs out for this program. Deadline for applications is November 1, 2020. Funding assistance will be paid by check which must be cashed by December 30, 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 could take up to two weeks. Please email questions to wrangell@wrangell.com and include a phone number. Staff will respond within 72 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 back up support for your application claims.

ELIGIBILITY CRITERIA

1. Existing Alaska business or non-profit currently providing services in Wrangell.
2. A current Alaska Business License of record must be provided.
3. If an LLC or Corporation, please provide the following documentation showing good standing: Articles of Organization and a Certificate of Organization for an LLC; or for corporations or non-profits, Articles of Incorporation and Certificate of Incorporation.
4. All applicants must submit a signed W-9.



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

COVID-19 SOCIAL SERVICE ASSISTANCE 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. All questions must be answered.

1. BUSINESS or ORGANIZATION NAME:

2. FEDERAL E.I.N. :

3. BUSINESS/ORGANIZATION PHONE NUMBER (including area code):

4. BUSINESS/ORGANIZATION MAILING ADDRESS:

5. BUSINESS/ORGANIZATION PHYSICAL ADDRESS:

6. EMAIL ADDRESS (For application contact): _____

7. ORGANIZATION TYPE:

___ Business entity (identify type _____)

___ Non-profit entity (identify type _____)

___ Other (identify _____)

8. PRIMARY BUSINESS/ORGANIZATION FOCUS _____

9. FUNDING AMOUNT BEING REQUESTED:
\$ _____

10. PROGRAM REQUEST DESCRIPTION: Describe in detail the need you are addressing; how the need is related to COVID-19; how the money will be used; and in what time frame. Attach an additional page if necessary.

11. ATTACHMENTS

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

Attach a copy of current Alaska Business License.

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.

If a grant is awarded, the applicant will be required to submit a status report every two weeks identifying the **type of services provided** and **estimated number of persons served**. Applicants will be expected to track and report this information.

All applicants must submit a completed W-9.

NOTICES:

1. Applying for the City and Borough of Wrangell Social Service 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 three (3) 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 or Organization. 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

Business/Organization

Signature

Date

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