



WHITTIER

Business/Non-Profit CARES Act Grant Application

The City's goal is to allocate funds among the entities having sustained the most economic harm from COVID19 as evidenced by the business owner's certification of economic harm, and by the change in Gross Revenue¹ between 2019 and 2020. To be eligible for grant assistance, your business/non-profit must have experienced economic harm resulting from the COVID19 pandemic, with revenues reduced by an amount of at least 25% from 2019 to 2020. Grantees certify that they will use funds to support business expenses including, but not limited to payroll, utilities, rent, taxes, operating expenses, purchase of personal protective equipment and supplies, etc. and that they will not request funds that duplicate other COVID19 grant funding for the same expenses. The amount of funding to be distributed will depend on the number of applications submitted, the degree of economic harm, and the amount of funding available.

Answer all questions accurately and honestly. Any applicant found to have provided false information will be required to pay back all funds received and may be subject to criminal prosecution. The applicant must submit proof of eligibility and agrees to provide the City with supporting documentation, if requested. The City reserves the right to conduct audits of grantees to comply with federal requirements. The City reserves the right to determine eligibility based on business "nexus" in Whittier.

Grant applications will be accepted beginning August 24, 2020 through 5:00 p.m. September 11, 2020.

SECTION 1: BUSINESS OR NON-PROFIT INFORMATION

Name of business or non-profit: _____

Contact Name: _____

Physical Address: _____

Contact Mailing Address: _____

City, State, Zip Code: _____

¹ Gross Revenue includes all revenue, including any other government grants (AK Cares, PPP (only if loan has been or will be forgiven, etc.) prior to subtracting business-related expenses. Gross Revenue does not include funds obtained through a loan that requires payback.

Contact Phone Number: _____

Contact Email Address: _____

Social Security Number or Tax ID Number: _____

City of Whittier Business License Number: _____

Business Type (select one): Sole proprietorship Partnership LLC

S Corp C Corp Non-Profit Corp Other: _____

If your organization is a Non-Profit, check which type:

501(C)(3) Other: _____

If your organization is a business, list all individuals and organizations that own 50% or more of the business: Owners Names: _____

SECTION 2: FINANCIAL INFORMATION

1. 2019 Gross Revenue: _____ (A)

2. 2020 *Estimated* Gross Revenue: _____ (B)

(Include other COVID19 Grant -- but not Loan -- funding assistance in this figure)

3. Estimated percentage revenue reduction in 2020 compared to 2019? _____
(Calculated by (A) above minus (B) above; result divided by (A) above. For example, \$100,000 in 2019 gross revenues compared with \$80,000 in 2020 gross revenues: \$100,000 minus \$80,000 = \$20,000. \$20,000 divided by \$100,000 = 0.2 or 20%.)

Note: The City of Whittier may request copies of 2019 and 2020 federal tax returns to validate this information.

4. 2019 Payment to City for Sales Tax/PTBT or Fish Tax: _____

5. 2020 *Estimated* Payment to City for Sales Tax/PTBT or Fish Tax: _____

(If estimated reduction in revenue is not comparable to reduction in tax, please explain): _____

6. Do you own Real Property in Whittier, excluding housing (i.e. business, office, restaurant, boat?). If yes, please provide legal description of property:

7. If you purchased more than \$1,000 in personal protective (PPE) equipment (masks, cleaning supplies, hand sanitizer, etc.) or expended more than \$1,000 for quarantining employees to respond to the pandemic, please provide the total amount expended, and attach a copy of receipts.

Total amount spent on PPE and/or quarantine: \$ _____

SECTION 3: IMPACTS OF COVID-19 ON YOUR BUSINESS/NON-PROFIT

1. Please explain how your business has been harmed by the COVID19 pandemic (full or partial closures due to city or state emergency order, forced to lay off or not pay one or more employees, loss of monthly revenue of 25% or more, additional costs of doing business due to mandates, advisories, restrictions, etc.):

2. Please explain how CARES Act Funds will be utilized by your business:

SECTION 4: BUSINESS ELIGIBILITY (Non-Profits, skip Section 4)

Please answer the following eligibility questions:

___ My business had a City of Whittier business license by January 1, 2020.

___ My business receives 50% or more of its income from operations within Whittier

___ My business sustained a loss of revenues in excess of 25% in 2020 compared to 2019.

___ My business is not delinquent on any payments owed to the City of Whittier.

SECTION 6: NON-PROFIT ENTITY CERTIFICATIONS
(Businesses, skip this Section)

I hereby certify that (***Please initial by each***):

___ My non-profit operated within the City of Whittier as of January 1, 2020.

___ My non-profit had a City of Whittier business license by January 1, 2020

___ My non-profit is not delinquent on any payments owed the City of Whittier.

___ My non-profit is directed by a volunteer board or local advisory board with a majority of members who are Whittier residents.

___ My non-profit was issued an IRS determination letter in 2019 or earlier (*please submit a copy with the application*).

___ My non-profit has been harmed by COVID19. Check all that apply:

___ Full or partial closure due to city or state emergency order

___ Forced to lay off or not pay one or more employees

___ Unable to conduct fundraising activities due to social distancing

___ A loss of monthly revenue of 25% or more

___ We will probably have to close if we do not receive City assistance

___ We have expanded or modified operations to address health, safety, social and/or economic needs related to COVID19

SECTION 7: GRANT SUBMISSIONS

Submit the following **required** documents by 5:00 pm September 11, 2020 to:

- Grant Application
- Form W-9 (Available online at <https://www.irs.gov/pub/irs-pdf/fw9.pdf>)
- Verification documents (i.e. PPE receipts, Non-profit IRS determination letter)

Via e-mail to: finance@whittieralaska.gov

Via mail to: City of Whittier, CARES Act, PO Box 608, Whittier, AK 99693

Drop off at City Hall, City Clerk's Office at 660 Whittier Street, Whittier, AK

Applicants will receive a return confirmation e-mail verifying City receipt of the application. The applicant is responsible to ensure receipt of a confirmation e-mail response verifying timely receipt of your application by the filing deadline.

Applications may be amended prior to the deadline. Incomplete applications will be rejected. Applicants will be notified of the status of their application **via email** to the contact person listed on the application. If the demand for grants exceeds the City's available funds, the City reserves the right to prorate grants to remain within available funding. It is the sole responsibility of the applicant to determine or seek independent advice regarding the tax implications of these grant funds.

SECTION 8: APPLICANT CERTIFICATION

As an official signer for the applicant, I hereby certify that the information provided in this application is true and accurate and acknowledge that the funds will be spent by the required deadline of December 30, 2020 and that all funds will be spent in accordance with the federal requirements of the CARES Act and that such funding does not duplicate other CARES Act funding I have received. I agree to assist in verifying the information provided or to provide additional information as requested by the City. I agree to return any unspent funds to the City by December 30, 2020.

Signed: _____ Date: _____

Printed Name: _____ Title: _____

Have Questions? Call Kris (Finance Director) at 907.831.6683.

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>6 City, state, and ZIP code</p> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (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.

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.

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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.