**Tribal Business Economic Relief Program**

~ COMMUNITY ARTIST RELIEF ~

The Chilkat Indian Village Tribal Council has committed funding to support Klukwan community artists impacted by the novel coronavirus under the Tribal Business Economic Relief Program. Eligible businesses must have been operating in Klukwan prior to March 1, 2020 and be able to demonstrate they have suffered economic hardships because of COVID-19. Tribal Economic Relief Funds must be fully expended by September 31, 2021. All expenditures using these funds must be reported back to the Chilkat Indian Village of Klukwan.

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| --- | --- |
| Adjusted Gross Income: | Maximum Relief Payout: |
| $0.00-$649.99 | $500.00 |
| $650.00-$2,299.99 | $700.00 |

**APPLICANT INFORMATION:**

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| --- |
| **Name of person completing application:** |
| **Applicant Phone Number:** | **Applicant email:** |
| **Business Name:** |
| **Business Billing Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Business Physical Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Describe how your business has been impacted by the novel coronavirus**: |
| **Describe how the funds requested from the Tribal Business Economic Relief Program will be used:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Please include any additional information that you believe should be considered as part of this application that was not specifically addressed:**  |

 **CERTIFICATION:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that all information provided in this application is true and accurate. I agree to assist the Chilkat Indian Village of Klukwan in verifying any information provided in this application, and to provide additional information, upon request.

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Printed Name**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature Date**

**\*\*\*Please call (907)-767-5505 ext. 228 or email eoc@chilkat-nsn.gov if you have any questions or concerns. Applications may be emailed to eoc@chilkat-nsn.gov,**

**faxed to (907) 767- 5518 or dropped off at the CIV drop box. \*\*\***