**Tribal Business Economic Relief Program**

The Chilkat Indian Village Tribal Council has committed funding to support Klukwan businesses and nonprofits 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. Economic Relief will be awarded to support operations, including, but not limited to payroll, rent, taxes, utilities, and purchase of necessary personal protective supplies or supplies to support the transition to teleworking. 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 |
| $2,300.00-$14,999.99 | $3,000.00 |
| $15,000.00-$69,999.99 | $6,000.00 |
| $70,000.00-$149,999.99 | $9,000.00 |
| $150,000-$249,999.99 | $15,000.00 |
| $250,000.00+ | $35,000.00 |

**APPLICANT INFORMATION:**

|  |  |
| --- | --- |
| **Name of person completing application:** | |
| **Applicant Phone Number:** | **Applicant email:** |
| **Business Name:** | |
| **Business Billing Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Business Physical Address:** \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Business Type:**  \_\_\_ Sole proprietorship \_\_\_ Partnership \_\_\_S Corporation  \_\_\_ LLC \_\_\_ Non-profit \_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Business Owner(s) and contact information***, if multiple:* | |
| **Does the business have less than 50 employees?** \_\_\_Yes \_\_\_No | |
| **Please select all the COVID-19 assistance through local, private, state, federal programs that you have applied for, AND how much you have received:**  \_\_\_ AK CARES Grant, $\_\_\_\_\_\_\_\_\_\_ \_\_\_Economic Injury Disaster Loan, $\_\_\_\_\_\_\_\_\_\_  \_\_\_Paycheck Protection Program, $\_\_\_\_\_\_\_\_\_\_ \_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Does the applicant intend on remaining in business in 2021?** \_\_\_Yes \_\_\_No | |
| **Describe how your business has been impacted by the novel coronavirus**:  *[Attach letter of interest]* | |
| **Fill out the table below to describe how the funds requested from the Tribal Business Economic Relief Program will be used:**  **ECONOMIC RELIEF FUND BUDGET**   |  |  |  | | --- | --- | --- | | LINE ITEM EXPENSE: | | TOTAL: | | WAGES: | | $ | | UTILITIES: | | $ | | Internet: | $ | | Electric: | $ | | Heating Fuel: | $ | | Propane: | $ | | SUPPLIES: | | $ | | RENT/LOT SPACE: | | $ | | TAXES: | | $ | | FEES: | | $ | | INSURANCES: | | $ | | OTHER: | | $ | | OTHER: | | $ | | OTHER: | | $ | | TOTAL BUDGETED: | | **$** |   ***Please describe OTHER line item expenses, if applicable:*** | |
| **TOTAL AMOUNT REQUESTED: $** | |

|  |
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| **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 Business. 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. \*\*\***