**Tribal Business Economic Relief Program**

*~ Tribal Infrastructure Support ~*

The Chilkat Indian Village Tribal Council has committed funding to support Klukwan organizations impacted by the novel coronavirus under the Tribal Business Economic Relief Program. Eligible organizations 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 continued infrastructure support in the community of Klukwan. Eligible expenses include rent, taxes, utilities, and purchase of necessary personal protective supplies or supplies to support adherence to COVID-19 mitigation and countermeasures.

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. Qualifying organizations will be awarded up to **$5,000.00** in aid to continue providing services to the Klukwan community.

**APPLICANT INFORMATION:**

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| **Name of person completing application:** | |
| **Applicant Phone Number:** | **Applicant email:** |
| **Organization Name:** | |
| **Organization Mailing Address:** \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Organization Physical Address:** \_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Organization’s Responsible Authorities and Contact Information:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **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 operation in 2021?** \_\_\_Yes \_\_\_No | |
| **Approximately how many people are served by your organization?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **Organization Services:** *Please explain what services you provide to the community of Klukwan. Be as detailed as possible. [ATTACH ADDITIONAL PAGES]* |
| **Describe how your business has been impacted by the novel coronavirus**: *[ATTACH ADDITIONAL PAGES]* |

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