



SEWARD

PHASE 2 Business Relief and Recovery Grant Application

Section 1 – Applicant Information

Business name:

Contact name:

Contact address:
(mailing)

City:

State:

Zip:

Contact phone number:

Contact email address:

Physical address of business:
(business must be located
within the City of Seward)

City:

State:

Zip:

IRS Taxpayer Identification Number
or proprietor's Social Security Number:
(SSN will be kept confidential)

Section 2 – Grant Request Information

Was your business impacted by the COVID-19 public health emergency and are you in need of economic assistance? Yes No

(Impacts may include, but are not limited to, loss of sales due to mandatory shutdown, inventory loss, additional operating expenses of reopening and protecting staff and customers, including funds already spent for those purposes.)

Grant amount:

- Up to \$1,000 grant for businesses with 2019 revenues
- Please Provide Proof of Alaska Residency
- Please include W-9

How will the grant funds be used?

(Optional for informational purposes only to gauge community need and program effectiveness)

Please answer the following eligibility questions:

1. My business is a C Corporation traded on a U.S. stock exchange or a corporate-equivalent entity traded on a foreign stock exchange, and owned in whole or majority-owned by such a publicly traded corporation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. My business is a national chain that owns and operates a premise in the City of Seward (individually owned-and-operated local franchises are eligible).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. My business has a City lien or is in violation of a payment agreement with the City.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. My business has a Borough lien for unpaid sales taxes.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. My business is currently in bankruptcy proceedings.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. My business does not have a permanent physical presence in the City of Seward for the sale of goods or provision of services, with at least one worker assigned to that facility.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. My business is a marijuana business licensed under Alaska Statute 17.38.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

(If you answered yes to any of the above questions, your business is not eligible for a grant)

Do you intend to remain in business into 2021? Yes No

This program is open to receive applications from September 28, 2020 – October 16, 2020. Applications must be received or postmarked by 5pm on October 16, 2020. Applications will be processed as received. Incomplete applications will be rejected. **Prior Seward Grant recipients are NOT eligible** It is the sole responsibility of the applicant to determine or to seek independent advice as to the tax implications of receiving the grant funds.

As an official signer for the applicant, I 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 Dec. 30, 2020. I agree to assist in the verification of information provided in this application and to provide additional information to the city, if requested.

Signed: _____ Date: _____

Print Name: _____ Title: _____