

Sand Point Fishermen Relief and Recovery Grant Application

The City of Sand Point Fisherman Relief and Recovery Grant program is intended to assist and support CFEC salmon permit holders to respond and survive the COVID-19 pandemic. The program is not competitive nor first-come, first-served. All applicants meeting all eligibility criteria shall be entitled to receive grant funds. The City of Sand Point anticipates a total of \$600,000 will be available for distribution to permit holders. Applications must be received or postmarked by **5 p.m. September 4, 2020.**

Section 1 - Applicant Info	ormation			
Business Name (if applicable):				
CFEC Area M Permit Number:				
Permit holder name:				$\overline{}$
Contact address: (mailing)	City:	State:	Zip:	
Contact phone number:				
Contact email address:		_		
Physical address of permit:(permit holder must be located with				
the City of Sand Point)	City:	State:	Zip:	

Section 2 – Grant Request Information		
Was your business impacted by the COVID-19 public health emergency and economic assistance? (Impacts may include, but are not limited to, loss of sales due to mandato loss, additional operating expenses for protecting crew, including funds a purposes.)	ry shutdov	Yes □ No vn, inventory
How will the grant funds be used? (e.g., payroll, insurance, vessel upkee lost due to health mandates, cost of personal protective equipment?)	p, offset re	evenue
How much in additional operating expenses or additional revenue shortfalls as a result of the pandemic (e.g., increased PPE costs, increased travel cost due to pandemic):		
(Optional for informational purposes only to gauge community need and Please answer the following eligibility questions:	orogram e	ffectiveness)
 My business/boat has a City lien or is in violation of a payment agreement with the City. 	☐ Yes	□ No
2. My business/boat has unpaid harbor fees	□ Vaa	□Na
3.My business/boat is currently in bankruptcy proceedings.	☐ Yes	□ No
4. My business/boat lacks a permanent physical presence in the City of Sand Point for the sale of goods or provision of services, with at least one worker assigned to that facility.		□ No
(If you answered yes to any of the above questions, you are not eligible f	☐ Yes or a grant)	□ No
Do you intend to remain in business into 2021?	☐ Yes	□ No
Applications must be received or postmarked by <u>5 p.m. September 4</u> , <u>2020</u>	and may	be submitted

No_____

Yes_____

Did you fish your permit in 2020?

Applications must be received or postmarked by <u>5 p.m. September 4, 2020</u> and may be submitted by email to: <u>grants@sandpointak.org</u> or hand-delivered or mailed to Sand Point City Hall at 249 Main Street, Sand Point, AK 99661, Attn: Grant Review Committee. Applications may be amended before 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. Questions about the grant program, application process, or application status must be directed to Jordan Keeler, City Administrator, 274-7561, or email jkeeler@sandpointak.org.

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.

Applicant releases the City of Sand Point and its officers and employees for any claim it may have in any way arising out of or related to this application. Applicant agrees to indemnify and hold harmless the City of Sand Point and its officers for any demand or claim arising out of the application or applicant's use of any funds awarded to it.

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 used for purposes authorized by the CARES Act and as indicated in this application 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. I will provide a W-9 prior to receiving any funds. I agree that if any funds received are not used by December 30, 2020 or are determined to have been used for a purpose that is not authorized by the CARES Act, I will be responsible for repaying such amounts to the City of Sand Point.

I also understand that a person commits a misdemeanor crime if, with the intent to mislead a public servant in the performance of a duty, the person submits a false written or recorded statement that the person does not believe to be true in an application for a benefit.

Signed:	Date:	
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Print Name:		