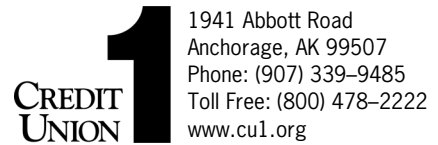


AK CARES Funding Program Application



This form is to be completed by the authorized representative of the Applicant and submitted to Credit Union 1. Submission of the requested information is required to make a determination regarding eligibility. Failure to submit the information requested will result in a delay in processing the grant request, and may result in a denial of the grant application. All applications will be processed in the order received. You will receive an email confirmation when your application has been received.

AUTHORIZED REPRESENTATIVE INFORMATION				
Member Account Number (Personal and Business)			Requested Grant Amount	
Applicant Name		Date of Birth		Social Security Number
Job Title	Home Phone	Cell Phone		Work Phone
Address		City	State	Zip
Time at Address (Years/Months)				Driver's License/ID #
BUSINESS APPLICANT INFORMATION				
Business TIN (EIN, SSN)	DUNS #	Length of Ownership (Years/Months)		DBA or Tradename if Applicable
Business Legal Name				
Business Address		City	State	Zip
Primary Contact Phone		Primary Contact Fax		Email Address
Name of Primary contact if different from business owner:				
Industry Type (select one):		THIS WILL BE A DROP DOWN WITH THE NAICS INDUSTRY OPTIONS		
Business Type (check one) :				
<input type="checkbox"/> Sole proprietor <input type="checkbox"/> LLC <input type="checkbox"/> 501(c)3 Nonprofit <input type="checkbox"/> Partnership <input type="checkbox"/> Independent contractor <input type="checkbox"/> 501(c)19 Veterans organization <input type="checkbox"/> C-Corp <input type="checkbox"/> Eligible self-employed individual <input type="checkbox"/> S-Corp				
Fiscal Year Ending:				
NEW BUSINESS ACCOUNTS ONLY				
Applicant Ownership List all owners of 20% or more of the equity of the Applicant (attach a separate sheet if necessary)				
Owner Name	Title	Ownership %	TIN (EIN, SSN)	Residential Address

Purpose of Grant (may select more than one):

Funds must be used by the applicant only to pay the following COVID-19 emergency related expenses (see list of eligible expenses below). Only those eligible expenses incurred subsequent to March 11, 2020, or reasonably expected to be incurred within 8 weeks following submission of this application, or December 30, 2020, whichever first occurs, are eligible for payment.

Funds must be expended in compliance with state and federal law.

- Payroll Costs and Expenses
- Payment of any short term (less than 24 months) or credit card debt incurred by the applicant to pay eligible expenses
- Rent or mortgage payments (unless otherwise waived by lessor/lender)
- Utilities payments
- Purchase of personal protective equipment required by the business
- Business related equipment
- Expenses incurred to replenish inventory or other necessary re-opening expenses.

Complete and provide list of expenses on Schedule of Eligible Expenses form

Average number of full time equivalent employees in calendar year 2019. _____

Would the use of grant funds help create jobs in the Alaska community? Yes No If yes, how many? _____

Would the use of grant funds help retain jobs in the Alaska community? Yes No If yes, how many? _____

Are you an officer, director, or a member of the supervisory committee of Credit Union 1, or are you a family member or do you share a household with a Credit Union 1 employee? Yes No If yes, how are you related? _____

This information is requested for purposes of data collection only. Your answers will not be considered in determining your eligibility for a grant.

Questions If questions below are answered "Yes," the grant will not be approved **Yes** **No**

1. Is the Applicant or any owner of the Applicant presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in the grant program by any Federal department or agency, or presently a debtor in any pending bankruptcy?
2. Has the Applicant received a Small Business Administration (SBA) Paycheck Protection Program loan (PPP), an SBA Economic Injury Disaster Loan (EIDL), or other federal program funding under the CARES Act?

By Signing Below, You Make the Following Representations, Authorizations, and Certifications

CERTIFICATIONS

The authorized representative of the Applicant must certify in good faith to all of the below by initialing next to each one.

My business has been adversely economically injured due to the Covid-19 health emergency and requires small business relief under the AK CARES program based upon its inability to pay any of the following: payroll costs and expenses; payment of any short term (less than 24 months) or credit card debt incurred by the applicant to support the applicant's business during the emergency; rent or mortgage payments (unless otherwise waived by lessor/lender); utility payments; purchase of personal protective equipment required by the business; business related equipment; and/or expenses incurred to replenish inventory or other necessary re-opening expenses.

My business had 50 or fewer full time equivalent employees as of March 11, 2020, is licensed to do business in the State of Alaska, has its principal place of business located in the State of Alaska, and was established prior to March 11, 2020.

_____ The grant proceeds will be used only for the payment of eligible expenses as described in the Schedule of Eligible Expenses attached to this application, and in compliance with state and federal law. I understand that if the funds are knowingly used for unauthorized purposes, the State of Alaska may pursue recovery of grant amounts and/or civil or criminal charges. I understand I am required to return any unused grant funds to the State of Alaska.

_____ I am not engaged in any activity that is illegal under federal, state or local law. (Marijuana related business are not eligible)

_____ I acknowledge and understand that Credit Union 1 will confirm the grant amount using the Schedule of Eligible Expenses and supporting documentation. I understand, acknowledge and agree that Credit Union 1 can share any financial information I provide to the credit union with the State of Alaska.

_____ I understand, acknowledge and agree that the credit union may request additional information from me for the purposes of determining eligibility, and that my failure to provide information requested by the credit union may result in a denial of the grant.

_____ I acknowledge that all grant funds must be spent on eligible expenses on or before December 30, 2020.

_____ I have read the statements included in this document and I understand them.

NON PROFITS ONLY CERTIFICATION

_____ I certify that the nonprofit is directed by a voluntary board of directors or local advisory board whose majority of members are residents of the State of Alaska.

_____ I certify this nonprofit has provided in-state aid or service during one calendar year preceding the date of application.

_____ I certify this nonprofit has current or 2018 IRS Form 990 on file with the IRS.

I certify that the information submitted in this application is true and correct to the best of my knowledge and that I am an authorized representative of this business. I understand that the credit union and AK CARES will rely on the accuracy of the submittals and certifications made in conjunction with this application. Any misrepresentation or inaccurate information may result in a repayment of grant funds.

Signature of Authorized Representative of Applicant

Date

Print Name

Title

If this grant application is denied, the credit union will notify the applicant via email and set forth the specific reasons for the denial. Any applicant whose request for a grant is declined may file an appeal in accordance with the procedures set forth in the denial.