



COVID-19 Accounting or Professional Service Assistance Application

Goal of program: Provide accounting or professional service assistance to businesses in Wrangell impacted by COVID-19 that are applying for local, state and federal COVID-19 relief assistance.

The City and Borough of Wrangell will reimburse a business or non-profit up to \$200 for seeking accounting or professional services to assist businesses to apply for and make necessary reports to local, state, or federal COVID-19 relief programs, such as the Paycheck Protection Program (PPP), the Emergency Injury Disaster Loan (EIDL), the Alaska CARES Grant or other relief programs. The reimbursement will be made to the applicant upon submittal to the City and Borough of Wrangell of a receipt for payment of services to an accounting or professional service firm identifying that work performed was for COVID-19 relief assistance application or reporting needs. This program is for services provided retroactive to March 23, 2020 through November 30, 2020. This program will be first come, first served, upon receipt of a completed application until the funds are depleted. Funding assistance will be paid by check which must be cashed by December 30, 2020.

Signed applications may be submitted to City Hall in person, by mail addressed to Wrangell CARES Act Funding Assistance, P.O. Box 531, Wrangell, AK 99929, or by email to wrangell@wrangell.com. All applications must be completed in full with an original signature to be eligible for consideration for funding. Review may take up to two weeks. Please email questions to wrangell@wrangell.com and include a phone number. Staff will respond within 72 hours.

ELIGIBILITY CRITERIA

1. This program pertains to accounting and professional services provided for COVID-19 relief application and reporting services March 23, 2020 to November 30, 2020.
2. A receipt for payment made to the firm assisting with COVID-19 relief assistance must be presented to the City and Borough of Wrangell.
3. A current Alaska Business License for the applicant.
4. If applicant is an LLC or Corporation, the following documentation showing good standing shall be provided: Articles of Organization and a Certificate of Organization for an LLC; or for corporations and non-profits, Articles of Incorporation and Certificate of Incorporation.
5. Submit a copy of a signed W-9



COVID-19 Accounting or Professional Service Assistance

Received by: _____

Time: _____

Date: _____

Application No.: _____

The following information is required for consideration for application review. All information will be kept confidential to the extent permitted by law and will only be used for evaluation of the GRANT award, or a GRANT audit. All questions must be answered.

1. NAME OF BUSINESS OR ORGANIZATION REQUESTING ASSISTANCE:

2. PHONE NUMBER (including area code): _____

3. MAILING ADDRESS: _____

4. PHYSICAL ADDRESS:

5. EMAIL ADDRESS (For application contact):

6. NAME AND CONTACT INFORMATION OF ACCOUNTING OR PROFESSIONAL SERVICE FIRM PROVIDING APPLICATION ASSISTANCE FOR COVID-19 RELIEF PROGRAMS:

Firm Name _____

Street Address _____

City, State, Zip Code _____

Phone Number _____

DATE APPROVED: _____

REJECTED: _____

DENIED: _____

AMOUNT APPROVED: _____

8. ATTACHMENTS

Please check the boxes that you acknowledge the statement and are attaching the requested information.

Attach a copy of current Alaska Business License for the applicant.

Attach a copy of Articles of Organization and Certificate of Organization for LLC, showing good standing for the applicant;

OR

Attach a copy of Articles of Incorporation and Certificate of Incorporation for Corporations or Nonprofits, showing good standing for the applicant.

Attach a copy of receipt of payment for accounting or professional services for COVID-19 relief application assistance.

Attach a copy of a signed and completed IRS Form W-9.

NOTICES:

1. Applying for the City and Borough of Wrangell Accounting or Professional Assistance Grant DOES NOT GUARANTEE award of funding.
2. The Applicant agrees that the City and Borough of Wrangell will be held harmless from any claims arising from the application. The applicant waives and releases any claim arising out of or relating to the application that it may have against the City and Borough of Wrangell.
3. It is the sole responsibility of the Applicant to determine or to seek independent advice to determine the tax implications to the Applicant and its owners. Please confirm your understanding of these disclaimers by checking "Yes".

Yes

No

CERTIFICATION:

APPLICANT: By signing my name, I certify that all the information provided in this application is true and accurate. I agree to assist the City and Borough of Wrangell in verifying any information provided in this application and to provide additional information, if requested.

I have read and understand this application. I am authorized to complete and submit this application on behalf of the Business or Organization. I verify that the statements contained herein are true, accurate and complete. I acknowledge that false and inaccurate statements made on the application are grounds for immediate rejection of the application.

Printed Name

Signature

Date

