



COVID-19 Vessel Repair Haul-Out Lift Fee Assistance Application

Goal of program: Mitigate negative impacts of COVID-19 related travel restrictions, supply chain disruptions and other impacts to the Marine Service Center (MSC) businesses which had lost and reduced revenues in March-May 2020.

This program will provide 50% reimbursement to the applicant toward the cost of a boat haul-out lift fee in the Marine Service Center from July 8 through November 30, 2020, or until the funds for this program are depleted. The reimbursement is for a one way or round-trip lift, as long as the initial lift occurs on or before November 30, 2020. Payment for the lift-fee must be paid in full by November 30, 2020. Reimbursement for 50% of the lift fee will be made to the applicant upon submittal of a receipt from the City and Borough of Wrangell for payment in full for the haul-out. This program will be first come, first served, based on receipt of a completed application until funding runs out for this program. Funding assistance will be paid by check which must be cashed before December 31, 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 48 hours.

ELIGIBILITY CRITERIA

1. This program pertains to any haul-out between July 8 and November 30, 2020.
2. The initial haul-out lift must occur before November 30, 2020.
3. Payment for the lift fee must be made in full by November 30, 2020.



COVID-19
Vessel Repair
Haul-Out Lift Fee
Assistance Application

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 GRANT audit. All questions must be answered.

1. NAME OF INDIVIDUAL REQUESTING ASSISTANCE: _____

2. PHONE NUMBER (including area code): _____

3. MAILING ADDRESS: _____

4. PHYSICAL ADDRESS: _____

5. EMAIL ADDRESS (For application contact): _____

6. NAME OF VESSEL HAULED IN MARINE SERVICE CENTER FOR MAINTENANCE WORK OR STORAGE: _____

DATE APPROVED: _____

REJECTED: _____

DENIED: _____

AMOUNT APPROVED: _____

7. WRANGELL VENDORS WORKING ON VESSEL IN YARD _____

8. ATTACHMENTS

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

- Attach a copy of a signed and completed IRS Form W-9.
- Attach a copy of receipt of payment in full for the MSC Haul-Out Lift fee.
- Attach a copy of Driver’s License or Identification Card

NOTICES:

1. Applying for the City and Borough of Wrangell Vessel Repair Haul-Out Lift Fee 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 three (3) 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. 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

