

## Section 1 – Applicant Information

Business or nonprofit name: Alaska Skiff, LLC

Contact Name: Matthew Stroemer

Contact mailing address: [REDACTED]

City, State, Zip code: City: Sitka State: AK Zip: 99835

Contact phone number: [REDACTED]

Contact email address: [REDACTED]

Physical address of business: [REDACTED]  
(business must be located within the City and Borough of Sitka)

City: Sitka State: AK Zip: 99835

IRS Tax Identification Number: [REDACTED]  
(or proprietor's Social Security Number  
TIN/SSN will be kept confidential)

Local Sales Tax Number: [REDACTED]

## Section 2 – Grant Request Information

Did your business or nonprofit experience economic hardship due to the COVID-19 public health emergency?

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

☒ Yes

☐ No

Based on your **2018 or 2019 gross revenue** as reported to the IRS (see FAQ for guidance on reported revenue), what grant amount is your business eligible for (check only one)?

**Gross revenues for the business (2018 or 2019) were:**

**Approved at the \$7,500 grant tier.  
Asking for \$10,000.**

- ☐ **under \$100,000** (\$2,500 grant)
- ☒ **over \$100,000 but less than \$250,000** (\$5,000 grant)
- ☐ **over \$250,000 but less than \$500,000** (\$7,500 grant)
- ☐ **over \$500,000** (\$10,000 grant)

☐ The gross revenue for my organization does not appropriately capture the scope of the services my business or nonprofit provides to the community and I would like the Assembly to consider, in public session, awarding at one of the levels reserved for organizations with higher revenue.

**Please indicate below the level of support you would like the assembly to consider for your organization**  
(under this program no awards over \$10,000 will be considered):

☐ \$5,000

☒ \$7,500

☐ \$10,000

Please indicate in the space below, 2019 gross revenues and describe circumstances for special consideration (feel free to attach a separate document).



City and Borough of Sitka, Alaska  
2020 CARES Act Business Relief and Recovery Grant Application

For those nonprofits that do not file with the IRS, the City and Borough of Sitka (CBS) will accept revenue as reported on an audited financial statement or an unaudited statement by a third-party preparer.

☒ I have provided a copy of my business' 2018 or 2019 tax return (or financial statements as described above, if applicable). All financial information will be kept confidential and will be immediately destroyed upon review of the application. Non-pertinent information may be redacted.

**Nonprofit organizations only:**

1. Did your nonprofit provide direct services to residents of the City of and Borough of Sitka in 2019? ☐ Yes ☐ No
2. Our nonprofit has a permanent presence in the City and Borough of Sitka. We have at least one employee who works in Sitka or more than 50% of our board members live in Sitka. ☐ Yes ☐ No

**Check which type of IRS certification your nonprofit holds:**

- ☐ 501(c)(3) Charitable organization
- ☐ 501(c)(4) Social welfare
- ☐ 501(c)(5) Labor, agricultural or horticultural organization
- ☐ 501(c)(6) Trade or professional organization
- ☐ 501(c)(19) or (23) Veterans organization
- ☐ 501(e) Cooperative hospital service organization
- ☐ 501(k) Childcare organization
- ☐ Other (please specify):

*(Faith-based nonprofits are eligible, so long as they provide services that are promoted and available to the general public without regard to religious affiliation. Nonprofit organizations "that are principally engaged in teaching, instructing, counseling, or indoctrinating religion or religious beliefs, whether in a religious or secular setting, or primarily engaged in political or lobbying activities" are not eligible - as per 13 CFR § 120.110(k) in the Code of Federal Regulations.)*

**Briefly describe how the nonprofit's services have been impacted (optional—for informational purposes only to gauge community need and program effectiveness):**

**For-profit businesses only:**

1. My business is a C Corporation, REIT or Publicly Held Limited Partnership 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. ☐ Yes ☒ No
2. My business is a national chain that owns and operates a premise in the City and Borough of Sitka (individually owned-and-operated local franchises are eligible). ☐ Yes ☒ No
3. My business is currently in bankruptcy proceedings. ☐ Yes ☒ No
4. My business is a marijuana business licensed under Alaska Statute 17.38. ☐ Yes ☒ No
5. My business **does not** have a permanent physical presence in the City and Borough of Sitka for the sale of goods or provision of services, with at least one worker assigned to that facility. (Mark **NO** if your business has a permanent physical presence with at least one employee) ☐ Yes ☒ No

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

City and Borough of Sitka, Alaska  
2020 CARES Act Business Relief and Recovery Grant Application

**For all Applicants**

Do you intend to remain in business into 2021?

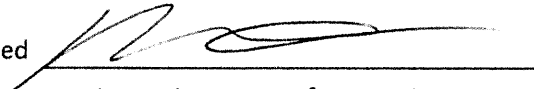
☒ Yes

☐ No

The application period opens on August 1, 2020 and applications must be received by **August 31, 2020**, and may be submitted by email to: **CARESGRANTS@cityofsitka.org** or hand-delivered or mailed to City and Borough of Sitka, 100 Lincoln Street, Sitka, Alaska 99835. 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 (907) 747-1824, or email **CARESGRANTS@cityofsitka.org**. **If the demand for grants exceeds the City's available funds, the City reserves the right to adjust the grant amounts to stay within available funding.** The City reserves the right to amend any criteria or procedures as may be required if new State or Federal guidelines are issued. 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. The City and Borough of Sitka reserves the right to refuse any application it deems as not meeting the specified requirements.

As an official signer for the application, 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 December 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:

8/27/20

Print Name:

Matthew P Stroemer

Title:

Owner