

WORKSHOP AGENDA
4:00 PM

***Participate by dialing 888-392-4560; meeting code 57103
Please MUTE your phone upon entering the call***

1. CALL TO ORDER
2. UNFINISHED BUSINESS
 - a. CARES Act Grant Program
3. PUBLIC/COMMITTEE COMMENT(S)
4. ADJOURNMENT

CORONAVIRUS RELIEF FUND



COMMUNITY GRANT DISTRIBUTION PROGRAM

City of Dillingham

Narrative

Introduction

On June 4, 2020, the Dillingham City Council adopted Resolution 2020-15, authorizing the City of Dillingham to accept \$3,404,480.51 in Coronavirus Aid, Relief, and Economic Security (CARES)

Act funds from the federal government and passed through the State of Alaska. The City Council approved a Grant Disbursement Program Utilizing Fund from the CARES Act on August 6, 2020, for the purpose of distributing \$680,896.10 of these funds to individuals, small businesses and local nonprofits that have been adversely impacted by the public health emergency. In developing these grant guidelines, the City strived to balance the urgency of the need in our community, with a process that will ensure transparency, efficiency, and the responsible management of the grant funds.

The grant program was developed by City staff, and guided by the input of the Finance and Budget committee with final approval from the City Council. The goal of the working groups was to better understand the local impacts related to the COVID-19 public health emergency, and to target available funds to the areas of greatest need.

Several common themes emerged from the workgroup meetings, and have been incorporated into the grant program. The City has also reviewed and learned from the implementation of similar programs around Alaska, and has put together a grant program that we believe is in the best interest of both the City and its residents. These programs have been designed to align with guidance from the US Treasury and the need to provide timely financial relief to those in our community experiencing financial hardship directly caused by the COVID19 public health emergency. The application process was designed to be simple, with as few restrictions as possible to ensure relief funds are quickly distributed to those who need them.

Allowable Use of Funds

The grant funds must be solely used for expenditures that were necessary due to the COVID-19 public health emergency, and occur between March 1, 2020 and December 30, 2020. Eligible expenditures include things like payroll, operating expenses, lease or rent, telework equipment costs, inventory acquisition (needed to reopen or maintain open status), personal protective equipment (PPE), and facility readiness (social distancing preparedness, business modifications, etc.).

Applicants will be asked to self-certify that their business, nonprofit and individually was financially impacted by the COVID-19 public health emergency, and to provide a brief description of the impacts.

Applicants who have applied and/or secured funding from other local municipal, state, or federal programs under the CARES Act are eligible to apply, but must certify that there is a continued financial need that has not been addressed by the receipt of other funds.

Applicants may be asked to provide a list of expenses for which the grant funds will be utilized, and will be encouraged to spend grant funds locally. All Dillingham CARES grant funds must be expended by December 30, 2020.

The review committee will determine whether the application is complete and the business, nonprofit organization and individual are eligible under the program requirements. Submission of an incomplete or inaccurate application may result in ineligibility for program funding. The estimated date for releasing verified grant awards is beginning to mid-September 2020. An applicant denied by the review committee may appeal to the City Manager. An appeal must be filed in writing by 5:00 pm within ten (10) business days of the date of the notification. If the demand for grants exceeds the total available program funds, individual grants may be prorated equally to stay within available funding. If the overall demand from qualified applicants is less than the total available funding, individual grants may be increased, provided applicants can demonstrate additional eligible expenses.

The City reserves the right to publish names of businesses and nonprofits and individuals that receive grants and the amount received. Any document deemed a public record by law or by Dillingham Municipal Code is subject to disclosure in response to a request. Individual sales tax return information and federal income tax information is deemed proprietary and not subject to public disclosure.

The City reserves the right to amend the criteria or procedures of this program as may be required to conform to state or federal guidelines.

Individual Assistance

Individual Grant awards are intended to assist residents in the City of Dillingham that suffered economic harm due to the COVID-19 public health emergency. Impacts could include, but are not limited to, furlough, layoff, reduction of hours, or job ended. The payment will be directly sent to the utility company, grocery store, heating fuel vendor of the individual's choice to ensure funds are appropriately spent. If the individual choice is a grocery gift card, the purchase of tobacco products are prohibited. The funds must be applied to a current bill or invoice.

Program Guidelines

To be eligible for the grant program, an individual must:

- Current or imminent individual need. Mortgage assistance only in rare circumstance when not subject to stimulus law protections. Past due balances from before the pandemic related economic loss are not eligible. Each individual may be awarded \$300 per individual with a maximum per household is \$1,000

Purpose: To help people economically impacted by the COVID-19 pandemic access housing assistance, childcare, and utilities assistance.

- Current or imminent need for utility assistance. Arrearages are not eligible.
- Funding is for recently unemployed due to lay-offs, furloughs, or loss of income due to closures or shelter in place orders.
- Complete application and provide necessary documentation.

Rental Assistance: • Maximum of one-month rent or mortgage payment, not to exceed \$1,000 per household;

- Must be used to maintain current housing (this is not financial support to get into housing or to sustain housing for someone unemployed before the pandemic-caused employment loss);

Childcare Assistance: Prioritization will be given to essential workers.

Applicant Documentation Required:

- Valid ID
- Completed application

Possible Supporting Documentation based on individual need:

- Rental or lease agreement or mortgage statement;
- Most recent paystub or self-employment documentation
- Most recent utility bill
- Most recent childcare invoice or receipt.
- Statement from Employer Verifying Employment Status PreCovid-19 and current employment Status

- Tobacco purchase is prohibited.

Small Business Eligibility & Award Amounts

Business Grant awards are intended to assist small businesses in the City of Dillingham that suffered economic harm due to the COVID-19 public health emergency. Impacts could include, but are not limited to, loss of sales due to mandatory shutdown, inventory loss, additional operating expenses of reopening and protecting staff and customers, including funds already spent for those purposes. The funds must be applied to a current bill or invoice.

Program Guidelines

To be eligible for the grant program, a business must:

- Have a physical place of business located in the City of Dillingham for the sale of goods or the provision of services. This may include a 'brick and mortar' storefront, participation in a farmer's market, or other type of physical space that relies on foot traffic for business.
- Upon award of grant, businesses are encouraged to spend funds within Dillingham.
- Be current in sales tax registration with the City of Dillingham, and not be delinquent with the City of Dillingham Tax Department as a result of a lien or violation of a payment plan.
- Not be in bankruptcy proceedings.
- Not be a C corporation 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.
- Not be a national chain that owns and operates a premise in the City of Dillingham.
- Individually owned-and-operated local franchises are eligible.
- Not be a marijuana business licensed under Alaska Statute 17.38.

Nonprofit Eligibility & Award Amounts

Nonprofit Grant awards are intended to assist nonprofits that regularly serve the residents of the

City of Dillingham, and have suffered economic harm due to the COVID-19 public health emergency.

To be eligible for the grant program a nonprofits must:

- Provide regular services to the residents of the City of Dillingham, however nonprofits are not required to have their main office physically located within Dillingham.
- Be in good standing as an IRS certified 501 nonprofit organization.
- Have a board of directors or local advisory board that is comprised of a majority of Alaska residents. A local affiliate of a national organization must have a local advisory or governing board.

All types of IRS-certified 501 nonprofit organizations are eligible, provided there are not federal restrictions on the organization receiving federal grant dollars. Faith-based nonprofits are

eligible for the program, as long as the grant funds will be used for services that are made available to Dillingham residents regardless of religious affiliation. Per federal rules, organizations that are primarily engaged in political or lobbying activities, are not eligible to receive these funds.

Business and nonprofit grantees will be required to submit a summary of expenditures to the City of Dillingham and retain records of expenditures. Grantees will be required to retain records of how grant funds are used, and must be able to produce such records promptly. Applicants who have received funding from other sources (e.g. PPP, EIDL, AK CARES) must certify that Dillingham CARES funds will be applied to expenses not previously covered by the receipt of other COVID relief funds. A percentage of grant recipients may be audited by the City of Dillingham to verify that funds were used for eligible expenses.

Application Process

Round one application period will be open beginning September 7, 2020 at 8:00 am and ending on Wednesday, September 30, 2020 at 4:00 pm. Round two will be announced if funds are available.

Applications should be submitted to City Hall at 141 main street or mailed to PO Box 889 Dillingham, Alaska 99576. This allows the City to email you updates as the application moves through the process. If you cannot hand deliver or fax in an application, you may mail or hand-deliver the application to Dillingham City Hall. All applications must be postmarked no later than September 30, 2020, in order to be considered.

Applications can be picked up at, mailed to, and hand-delivered to:

City of Dillingham
ATTN: Dillingham CARES Grant Program
141 Main Street
PO Box 889
Dillingham, AK 99576

Contact us

Information about the program, application forms, FAQs, and contact information will be available on the City's website at dillinghamak.us

For questions about the program, please email mail to: chelsey.decker@dillinghamak.us or call 907-842-1823



Individual Assistance Grant Application

City of Dillingham • PO Box 889 • Dillingham, AK 99576 • (907) 842-5211

Section 1 – Applicant Information

Full Legal Name: _____

Mailing address: _____

Phone number: _____

Email address: _____

Physical address: _____
(Resident must be located within the City of Dillingham)

Social security number: _____
(SSN will be kept confidential)

Section 2 – Grant Request Information

1. Do you live in the Dillingham city limits? Yes _____ No _____
2. Do you certify the funds will be used for additional unforeseen expenditures that occurred from the COVID-19 pandemic? Yes _____ No _____
3. Do you certify if the funds are misused you may have to return full award amount to the City of Dillingham? Yes _____ No _____
4. Each household may be awarded \$300 per member or with a household maximum of \$1,000.
Number of members in household? _____
5. Were you impacted by the COVID-19 public health emergency? Yes _____ No _____
(Impacts may include, but are not limited to, inability to pay for rent or mortgage, inability to pay for utilities, inability to pay for groceries and or additional cleaning supplies.)

Briefly describe how COVID-19 impacted you or your household:

Check box where grant award should be distributed:

Utilities Assistance Rental Assistance Childcare Assistance Grocery Gift Card Other

Utilities Assistance to: _____ Account number: _____

Utilities Assistance to: _____ Account number: _____

Utilities Assistance to: _____ Account number: _____

Rental Assistance: Landlord: _____ Phone: _____

Landlord mailing address: _____

Childcare Assistance: Provider: _____ Phone: _____

Childcare provider mailing address: _____

Preferred local store: _____ Amount: _____

Other: _____

(**Please note: the Individual Assistance grant program is only open to City of Dillingham residents**) City of Dillingham disclaimer: The City of Dillingham recognizes the need to support individual residents within the City of Dillingham as a result of the COVID-19 public health pandemic. The purpose behind the individual grant is aimed to help residents of Dillingham economically impacted by the COVID-19 public health emergency for utility assistance, child care assistance, grocery assistance and rent/mortgage assistance. By applying, there is no guarantee or obligation of award of funds. The application will be kept confidential and remain within the City of Dillingham. Please fill each question out to the best of your knowledge, incomplete applications will be rejected. Due to limited funds, this will be based off a first come first serve basis upon received completed applicant submission. Applications must be received or postmarked by and may be submitted by email to: chelsey.decker@dillinghamak.us or hand-delivered or mailed to City of Dillingham at 141 Main Street, PO Box 889 Dillingham, Alaska 99576 Attn: CARES Grant Program. Round one application period will be open beginning September 7, 2020 and ending on Wednesday, September 30, 2020. Round two will be announced if funds are available. 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 CARES Account Technician, 907-842-1823 or by email at chelsey.decker@dillinghamak.us. If the demand for grants exceeds the City's available funds, the City reserves the right to prorate the grants equally to all recipients to stay within available funding. 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.

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 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: _____

Print Name: _____



Business Relief and Recovery Grant Application

City of Dillingham • PO Box 889 • Dillingham, AK 99576 • (907) 842-5211

Section 1 – Applicant Information

Business name: _____

Dillingham license number: _____

Contact name: _____

Mailing address: _____

Business phone number: _____

Business email address: _____

Physical address of business: _____
(Business must be located within the city of Dillingham)

IRS Tax Identification Number: _____

OR proprietor's Social Security Number: _____
(SSN will be kept confidential)

Section 2 – Eligibility

Please answer the following eligibility questions:

1. My business is a C Corporation 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 of Dillingham. (Individually owned-and-operated local franchises are eligible). Yes _____ No _____
3. My business has an unpaid financial obligation to the City. Yes _____ No _____
4. My business has a past due balance for unpaid sales taxes. Yes _____ No _____
5. My business is currently in bankruptcy proceedings. Yes _____ No _____
6. My business does not have a permanent physical presence in the City of Dillingham for the sale of goods or provision of services, with at least one worker assigned to that facility. Yes _____ No _____
7. My business is a marijuana business licensed under Alaska Statute 17.38. Yes _____ No _____
(If you answered yes to any of the above questions, your business is not eligible for a grant)

Section 3 – Grant Request Information

Was your business impacted by the COVID-19 public health emergency? Yes No
(Impacts may include, but are not limited to, loss of sales due to mandatory shutdown, inventory loss, additional operating expenses of reopening and protecting staff and customers, including funds already spent for those purposes.)

How will the grant funds be used? Please explain the revenue loss and relation to COVID-19 pandemic.

1. Do you certify the funds will be used for additional unforeseen expenditures that occurred from the COVID-19 pandemic? Yes _____ No _____
2. Do you certify if the funds are misused you may have to return full award amount to the City of Dillingham? Yes _____ No _____
3. Do you certify that you will submit an expenditure report to the City of Dillingham before December 30, 2020? Yes _____ No _____
4. Amount of requested award may not to exceed \$5,000? Amount requested: _____
5. Check box where grant award should be distributed?

To business Utilities Assistance Lease Assistance Other

Business: _____

Utilities Assistance to: _____ Account number: _____

Utilities Assistance to: _____ Account number: _____

Utilities Assistance to: _____ Account number: _____

Lease Assistance: Landlord: _____ Phone: _____

Mailing address: _____

Other: _____

Please note, if a grant award goes directly from the City of Dillingham to a provider an expenditure report will not be required.

City of Dillingham Disclaimer: *If an expenditure report is required, you may have to pay back full grant award amount if not submitted in a timely manner * Applications must be received or postmarked by Wednesday, September 30, 2020 and may be submitted by email to: CARES Grant Program or hand-delivered or mailed to City of Dillingham at 141 Main Street, PO Box 889 Dillingham, Alaska 99576 Attn: CARES Grant Program. Round one application period will be open beginning September 7, 2020 and ending on Wednesday, September 30, 2020. Round two will be announced if funds are available.

Applications may be amended before the deadline. Incomplete applications will be rejected.

Applicants will be notified of the status of their application via email or letter to the contact person listed on the application. Questions about the grant program, application process, or application status must be directed to CARES Account Technician, 907-842-1823 or email

chelsey.decker@dillinghamak.us. If the demand for grants exceeds the City's available funds, the City reserves the right to prorate the grants equally to all recipients to stay within available funding. 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.

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 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: _____

Print Name: _____ Title: _____



Nonprofit Relief and Recovery Grant Application

City of Dillingham • PO Box 889 • Dillingham, AK 99576 • (907) 842-5211

Section 1 – Applicant Information

Nonprofit name: _____

Nonprofit mailing address: _____

Phone number: _____

Email address: _____

Physical address of nonprofit: _____

(Nonprofit must be located within the City of Dillingham)

IRS Tax Identification Number (TIN): _____

Section 2 – Eligibility

Check which type of IRS certification your nonprofit holds:

- | | |
|---|---|
| <input type="checkbox"/> 501(c)(3) Charitable organization | <input type="checkbox"/> 501(c)(4) Social welfare |
| <input type="checkbox"/> 501(c)(5) Labor, agricultural/horticultural org. | <input type="checkbox"/> 501(c)(6) Trade or professional organization |
| <input type="checkbox"/> 501(c)(19) or (23) Veterans organization | <input type="checkbox"/> 501(e) Cooperative hospital service organization |
| <input type="checkbox"/> 501(k) Child care organization | <input type="checkbox"/> 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.

Section 3 – Grant Request Information

1. Did your nonprofit provide services to residents of the City of Dillingham in 2020? Yes _____ No _____
2. Do you certify the funds will be used for additional unforeseen expenditures that occurred from the COVID-19 pandemic? Yes _____ No _____
3. Do you certify if the funds are misused you may have to return full award amount to the City of Dillingham? Yes _____ No _____
4. Do you certify that you will submit an expenditure report to the City of Dillingham before December 30, 2020? Yes _____ No _____
5. Were the services provided by your nonprofit impacted by the COVID-19 public health emergency? Yes _____ No _____

Briefly describe how the nonprofit's services have been impacted:

(Impacts may include, but are not limited to, loss of revenue due to mandatory shutdown measures, additional operating expenses of reopening and protecting staff and the public, including funds already spent for those purposes.) Use additional pages if necessary.

1. Amount of requested award may not to exceed \$5,000? Amount requested: _____

2. Check box where grant award should be distributed?

To nonprofit Utilities Assistance Lease Assistance Other

Nonprofit: _____

Utilities Assistance to: _____ Account number: _____

Utilities Assistance to: _____ Account number: _____

Utilities Assistance to: _____ Account number: _____

Lease Assistance: Landlord: _____ Phone: _____

Mailing address: _____

Other: _____

Please note, if a grant award goes directly from the City of Dillingham to a provider an expenditure report will not be required.

City of Dillingham Disclaimer: *If an expenditure report is required, you may have to pay back full grant award amount if not submitted in a timely manner * Applications must be received or postmarked by Wednesday, September 30, 2020 and may be submitted by email to: [CARES Grant Program](#) or hand-delivered or mailed to City of Dillingham at 141 Main Street, PO Box 889 Dillingham, Alaska 99576 Attn: CARES Grant Program. Round one application period will be open beginning September 7, 2020 and ending on Wednesday, September 30, 2020. Round two will be announced if funds are available.

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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 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: _____

Print Name: _____ Title: _____