



# City of Homer

[www.cityofhomer-ak.gov](http://www.cityofhomer-ak.gov)

## CHILDCARE BUSINESS ECONOMIC RELIEF GRANT (CBERG) **Grant Application**

### Instructions

**Read Childcare Business Economic Relief Grant (CBERG) Procedures and Criteria to determine eligibility.**

Fill out and submit print application to City of Homer in person or mail to:

**CITY OF HOMER, Finance Department, ATTN: CBERG - Sara Perman, 491 East Pioneer Avenue, Homer, AK 99603.**

If delivering in person, seal application in an envelope and deliver to the Finance Department's drop box by the City Hall entrance on Pioneer Avenue. Do not email completed application. Online applications are also available at: <https://www.cityofhomer-ak.gov/covid-relief/nonprofit-social-service-and-childcare-business-economic-relief-grant-programs>.

Only complete applications received prior to the application deadline will be considered. **Complete applications include application form, a W-9 from the Internal Revenue Service, and either a copy of an active childcare provider license or proof of approval to operate from the State of Alaska if applicable.**

Applicants will be notified by contact email address when their application has been received.

All business information will be kept strictly confidential to the extent authorized by law.

The application process will be open until **5:00 pm, October 2, 2020**, or the date when appropriated funds have been expended, whichever comes first. Applications will be accepted on a rolling basis.

### Business Applicant Information

Name of Business:

Legal Owner:

IRS Employer Identification Number:

*Sole proprietors may provide a Social Security Number or Individual Tax Identification Number*

Physical Address of Business:

City:

State

Zip

Mailing Address of Business:

City:

State

Zip

### Contact Information

Name:

Phone:

Email:

Type of Child Care Provider (*check one*)

Licensed Child Care Provider

Legally Exempt Provider

After School Services

Please provide an explanation of the services provided by your business and the population served:

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Name of Business: \_\_\_\_\_

## Eligibility

- Does your business or organization meet the eligibility guidelines under the City of Homer’s Small Business Economic Relief Grant (SBERG) program or the Nonprofit Economic Relief Grant (NERG) program? *Please choose one.*

	Yes	No
SBERG                      NERG		
- Has your business been harmed by the COVID-19 pandemic?
 

	Yes	No
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*If “Yes”, check all that apply:*

  - A loss of monthly revenue
  - Additional expenses related to rapid expansion or adaptation of services
  - Full or partial closure due to city or state emergency order
  - Other. Explain: \_\_\_\_\_

## Grant funds received will be spent on the following:

*Check all that apply. Details of these expenses are to be included in the proposed budget.*

- Payment of rent or required monthly loan payments
- Payment of essential wages, taxes and normal benefits to employees
- Normal operating expenses (utilities, insurance, professional services, etc.)
- Purchase of personal protective equipment and/or any other measures recommended by the CDC to enhance COVID-19 safety measures in the workplace
- Expenses incurred to replenish inventory, necessary re-opening expenses, temporary housing for quarantined employees, hiring necessary additional staff or responding to additional non-budgeted needs related to COVID responses not paid for by another grant
- Other. Please list: \_\_\_\_\_

## Disclaimers

- I understand that application for the grant does not guarantee award of funding.
- I have read and understand the CBERG Program policies and certify that:
  - a. My business meets eligibility requirements
  - b. Grant proceeds will be used only for the payment of eligible expenses on or before December 30, 2020 or returned to the City of Homer
- I understand that it is the sole responsibility of the applicant to determine or to seek independent advice to determine the tax implications to the grant funds received by the applicant.
- I understand that grants received are subject to audit and may be randomly selected to produce documentation for program evaluation, and that it is the sole responsibility of the applicant to maintain records and receipts for grant expenditures for a period of 6 years and make them available upon request.
- I understand and agree that this Grant Agreement is solely for the benefit of the parties to this Grant Agreement and gives no rights to any other parties. No joint venture or partnership is formed as a result of the Grant Agreement.

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Name of Business:

## Proposed Budget

Itemize specific, eligible COVID-19 associated business expenses (up to eligible amount) you are requesting CBERG funds for and briefly describe how the expense relates to the business. Eligible expenses must have been incurred after March 11, 2020 and/or reasonably expected to be incurred by December 30, 2020.

Expense Item	Description	Cost
<i>Example: Labor</i>	<i>Employment of four additional personnel from April 1 - May 1</i>	<i>\$18,400.00</i>
<b>TOTAL</b>		

Do the funds requested in this budget reimburse any expenses previously paid or anticipated to be paid by other assistance/relief programs? Yes      No

## Certification

As an official with signature authority for this business, I certify that all of the information in this application is true and accurate. I agree to assist in the verification of information provided in this application and to provide documentation of purchases or any other information necessary for an accounting of the use of grant funds, if requested. I understand that any misrepresentation or inaccurate information may result in a repayment of grant funds and potential fines and possible criminal prosecution.

I agree to indemnify and hold harmless the City of Homer, its directors, officers, authorized agents, and employees, for any CARES Grant funds it received from the City that the federal government, the State of Alaska or the City determines were not used for eligible expenditures.

Signature Printed Name Date

**Please include a copy of the Business W-9, and an active childcare provider license or proof of approval to operate from the State of Alaska, if applicable, with this application.**