

RESIDENT EMERGENCY ECONOMIC STIMULUS PROGRAM



The City of Gustavus Resident Emergency Economic Stimulus Program (REESP) will provide each Gustavus resident with a to-be-determined amount to assist in recovering from the economic harm caused by the COVID-19 pandemic. This program is funded through CARES Act funds received by the City of Gustavus. Economic assistance to residents of Gustavus impacted by the COVID-19 pandemic is an authorized use of CARES Act funding under the Federal Treasury guidelines.

The City of Gustavus has committed \$200,000 to support eligible Gustavus residents in recovery from the economic impacts caused by the pandemic. Recipients will be awarded cash grants to support their ability to continue independent living throughout the winter by purchasing materials, equipment, provisions and other items necessary for day-to-day living such as food, utilities, home repairs, rent/mortgage payments, etc.

The REESP requires that applicants document that they are residents of Gustavus and have been impacted by COVID-19. The application requires proof of residency on or before March 1, 2020 (Section 2: Proof of Eligibility) and that the household shows how it has been impacted by COVID-19 (Section 3: COVID-19 Impacts).

The city will begin accepting applications September 24, 2020 and stop accepting applications on October 31, 2020. Once the number of qualified applicants is determined, the amount of the grant will be calculated, and payments will be issued. Payments will be made by check from the city **to each qualified applicant** similar to the State of Alaska Permanent Fund Dividend (PFD) **OR a lump payment for all household applicants payable to the official contact/signer** listed in Section 5.

Disclaimers

Please confirm your understanding of these disclaimers by checking YES or NO. <ul style="list-style-type: none">• Application for the grant DOES NOT GUARANTEE award of funding.• The total amount awarded will be based on funds available.• All applicants must be a City of Gustavus resident (Section 2 Proof of Eligibility).• It is the sole responsibility of the applicant to determine or seek independent advice to determine the tax implications to the grant funds received by the applicant.	<input type="radio"/> Yes	<input type="radio"/> No
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Section 1: How do I submit my application?

You may submit your completed application to the City of Gustavus by emailing it to treasurer@gustavus-ak.gov (include "REESP" in the subject line); submit it by mail to PO Box 1, Gustavus, AK, 99826; or drop it off at Gustavus City Hall.

Applications will be reviewed weekly. Applications must be received by the city by Monday at 11a.m. local time, for weekly reviews on Thursday of that week. No payments will be issued until the application period closes and the amount of the grant can be calculated. If you have questions about the grant, please call city hall at 907-697-2451.

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Section 2: Proof of Eligibility

Proof of “residency” in Gustavus as of March 1, 2020 for each applicant **must be included with this application**. Residency is demonstrated by providing a copy of your 2020 Permanent Fund Dividend application showing Gustavus as the place of residence. The method for obtaining this information via the internet is listed here:

- Go to <https://my.alaska.gov>
- Under Account Services, click Sign into myAlaska
- Complete the login screen using your credentials.
- In the screen that opens, click View Your Services. In the screen that opens, click myPFD – View Status.
- A status page for this year’s PFD will be displayed. Print this page (or save as PDF, if submitting application electronically) to demonstrate residency, as it contains your mailing address, physical address, and 2020 application status.

Paper copies of your PFD application (or PFD check stub if it includes residence address) are also acceptable. If you didn’t file for a PFD, or filed for a different community, a verification form may be used designating two (2) residents who can verify you were a resident of Gustavus as of March 1, 2020. Contact City Hall for a verification form and procedures.

Children born anytime in 2020 are eligible if at least one of their parents meets the residency requirement and the child resides in Gustavus. Please provide a copy of the child’s birth certificate.

Each applicant included in this application needs to provide proof of residency.

All personal information will be kept strictly confidential and will not be shared or used for other purposes.

Section 3: COVID-19 Impacts on Households

Check all boxes that apply to the applicant’s household by checking YES or NO and provide a brief description in the comments section on page 4. The “Other” box may be used to address any other economic impacts caused by the pandemic that are not otherwise listed.

Layoff or furlough- check this box if any household member was laid off from a job or put on furlough due to impacts of COVID-19 related mandates or restrictions.	<input type="radio"/> Yes	<input type="radio"/> No
Lack of unemployment benefits- check this box if any household member is unable to collect unemployment or has run out of benefits due to unemployment caused by impacts of COVID-19 related mandates or restrictions.	<input type="radio"/> Yes	<input type="radio"/> No
Lack of seasonal or supplemental employment- check this box if any household member is unable to find a seasonal or usual supplemental job due to impacts of COVID-19 related mandates or restrictions.	<input type="radio"/> Yes	<input type="radio"/> No
Reduced hours or pay- check this box if any household member has had his/her hours or pay reduced by his/her employer or as a small business due to impacts of COVID- 19 related mandates or restrictions.	<input type="radio"/> Yes	<input type="radio"/> No
Reduced access to services- check this box if any household member experienced reduced services such as medical services, senior citizen services (lunches, rides), school lunch program, childcare to work outside the home.	<input type="radio"/> Yes	<input type="radio"/> No

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<p>Business interruption if self-employed- check this box if any household member is self-employed and was unable to provide for the family from normal business activities due to impacts of COVID-19 related mandates or restrictions.</p>	<input type="radio"/> Yes	<input type="radio"/> No
<p>Other- check this box if any household member was impacted in any way not listed above. Please include the impact on the lines provided below.</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="radio"/> Yes	<input type="radio"/> No

Section 4: Applicants

*NOTE: Multiple residents can be applied for on a single application to allow for children, other occupants of a dwelling, and caregivers. Please use legal names suitable for verifying residency and for addressing checks. Please indicate payment preference (single check for household payable to Official Signer/Contact or individual checks to all qualified applicants).

Name of Official Signer/Contact: _____

Contact telephone: _____ Contact email: _____

Physical address of applicant(s): _____, Gustavus, AK 99826

Mailing address of applicant(s): _____, Gustavus, AK 99826

Payment Preference (check one): Official Signer: _____ Each Applicant: _____

Name of Applicant: _____ Relationship: _____

(attach additional sheet for more applicants)

Section 5: Certification

By signing the application, the applicant is acknowledging that no person on the application has received personal CARES Act assistance from another state, local, or tribal government (business assistance is allowable). They also attest that Gustavus is their primary place of residence and they intend to stay through the winter and to spend the funds locally, to the

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best of their ability, after essential bills are paid. If Gustavus is the primary place of residence but the applicant is not currently in Gustavus due to medical reasons, please provide an explanation on a separate sheet of paper and submit with the application. The applicant also agrees to assist in the verification of information provided in this application and to provide additional information, if requested. The applicant agrees and acknowledges that the City of Gustavus has not provided the applicant with any legal or tax advice. The applicant agrees to defend and indemnify the City of Gustavus in any action of any kind and any nature by any federal or state agency or any person relating to or arising out of the applicant's use of the funds.

Printed Name of Official Signer

Signature Date

Section 6: Comments. Briefly explain your answers to Section 3.

Multiple horizontal lines for writing comments.

Remember to attach Proof of Eligibility as described in Section 2.

CITY USE ONLY

Received on: Received by:

Reviewed by:

Grant Approved: Yes No Funding Amount Approved:

Funds Disbursed on (date):

Payment to Official Signer: Check #:

Payment(s) to Applicant(s): Check #s:

Signature of Certifying Official: