HOME APPLICATION CONTACT

THIS IS A TEST SITE - NO APPLICATIONS SUBMITTED WILL BE PROCESSED

SMALL BUSINESS AID

The State of Alaska's Department of Commerce, Community and Economic Development (DCCED) and the Alaska Industrial Development and Export Authority (AIDEA) have partnered together with Credit Union 1 to provide emergency relief for Alaskan small businesses.

Begin Application

Alaska Industrial Development and Export Authority

813 West Northern Lights Blvd.
Anchorage, AK 99503
Phone: (907) 771-3000
Fax: (907) 771-3044

Example of Online Application

HOME APPLICATION CONTACT

THIS IS A TEST SITE - NO APPLICATIONS SUBMITTED WILL BE PROCESSED

AK CARES APPLICATION

APPLICANT

Name

Social Security Number

Work Phone

Cell Phone

Email

BUSINESS

Business Legal Name

DBA or Tradename if applicable

DUNS#(Non Profit Only)

TIN(EIN/SSN)

Length of Ownership (Years/Months)

Mailing Address

City

State

ZIP

Example of Online Application

Business Principal Physical Address

City

State

ZIP

Signer

Signer Phone

Signer Email

Industry Type

Retail Trade

Business Type

Sole Proprietor

Industry Type

Retail Trade

- Retail Trade
- Transportation and Warehousing
- Information
- Finance and Insurance
- Real Estate Rental and Leasing
- Professional, Scientific and Technical Services
- Management of Companies and Enterprises
- Administrative and Support and Waste Management and Remediation Services
- Educational Services
- Health Care and Social Assistance
- Arts, Entertainment and Recreation
- Accommodations and Food Services
- Other(Except Public Adminstration)
- Public Administration
- Commercial Fishing

Business Type

Sole Proprietor

- Sole Proprietor
- Partnership
- C-Corp
- S-Corp
- LLC
- Independent Contractor
- Eligible self-employed individual
- 501(c) Non Profit
- 501(c)19 Veterans Organization
- 501(c)(3) Nonprofit
- 501(c)(6) Nonprofit
- Alaska Entry Permit Holder(CFEC)

Example of Online Application

Commercial Fishing Permit #

Briefly Describe primary business activities

Average(annualized) number of Full-Time Equivilant Employees(FTEs)

Would the use of grant funds help retain jobs in the Alaska community? If yes, how many?

Would the use of grant funds help create jobs in the Alaska community? If yes, how many?

Is the Applicant or any owner of the Applicant presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in the grant program by any Federal department or agency, or presently a debtor in any pending bankruptcy?

Yes

Has the Applicant Business received a Small Business Administration (SBA) Paycheck Protection Program (PPP) and/or a SBA Economic Injury Disaster Loan (EIDL)?

Yes

If Yes, list the program, date, and amounts received

If the total combined amount received from PPP and EIDL is above $5,000, did you return the funds in excess of the $5,000? (i.e., If you received a total of $7,000 between PPP and EIDL, did you return $2,000 or more?)

Yes

Has your business received a COVID-related grant or other assistance through a municipality, city or other program? (This is for informational purposes only and will not impact your eligibility for AK CARES)

Yes

If Yes, list the program, date, and amounts received

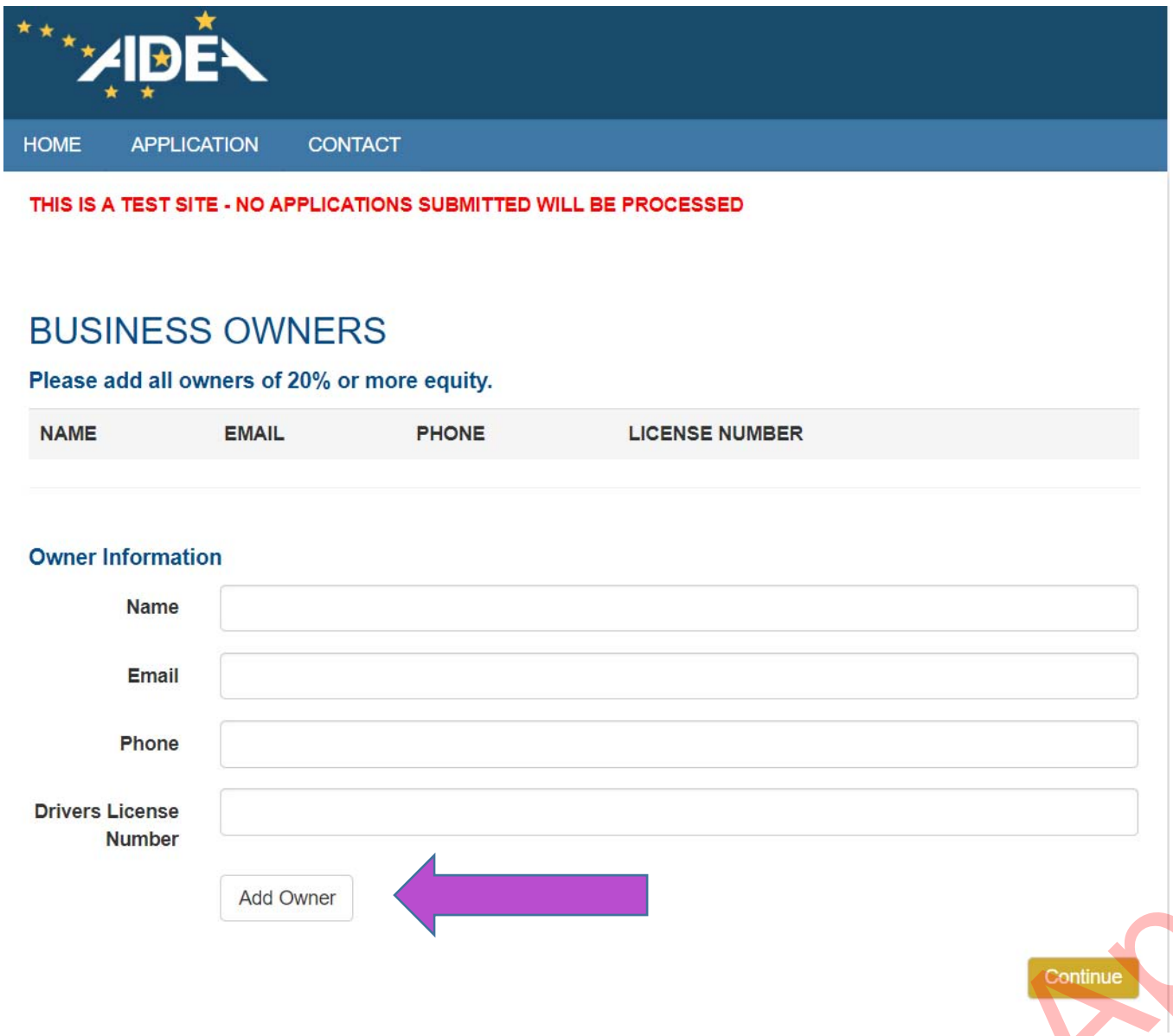
Continue

GODADDY VERIFIED & SECURED VERIFY SECURITY

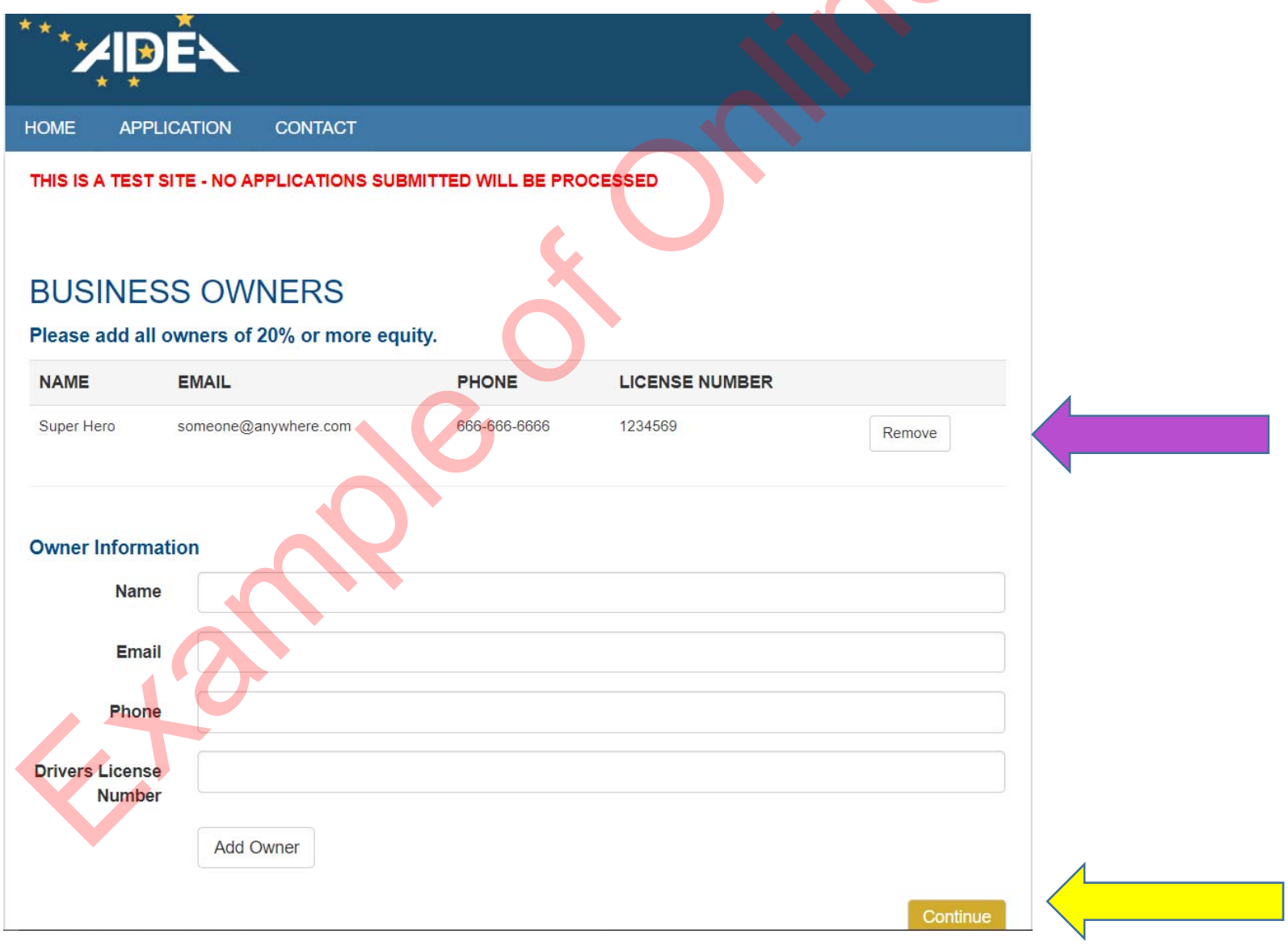
Alaska Industrial Development and Export Authority

813 West Northern Lights Blvd.
Anchorage, AK 99503
Phone: (907) 771-3000
Fax: (907) 771-3044

Example of Online Application



After you fill in the information Click "Add Owner" to save the information



If you are the only owner, then click continue otherwise complete the form again and add each owner of the business that own 20% or more of the organization.

Example of Online Application

HOME APPLICATION CONTACT

THIS IS A TEST SITE - NO APPLICATIONS SUBMITTED WILL BE PROCESSED

EXPENSES

This form is required to complete the AK CARES Grant Application, and will be used to determine your final grant amount. **Please read and carefully complete this form in its entirety.** Failure to complete this form will result in an incomplete application, in which case it will be denied and you will be asked to resubmit a new, completed application package. Application packages are processed in the order received. An application is not considered "received" or placed into the processing queue until and unless it's complete.

Eligible expenses must have been incurred between March 11, 2020 and the date of your application. You may also include eligible expenses that are projected to be incurred over the eight weeks following the date your application package is submitted. **Do not list any portion of expenses that have been paid by PPP funds, EIDL funds, or other forms of COVID-related relief funds.** The largest expenses should be listed first.

Funds must be used by the applicant only to pay the following COVID-19 emergency related expenses (see list of eligible expenses below).
Only those eligible expenses incurred subsequent to March 11, 2020, or reasonably expected to be incurred within 8 weeks following submission of this application, or December 30, 2020, whichever first occurs, are eligible for payment. Funds must be expended in compliance with state and federal law.

Attach supporting documentation for each listed vendor/expense so the expense amount can be verified as a business expense. Acceptable documentation includes official bank/credit card statements, invoices, receipts, purchase orders, lease agreements, mortgage statements, payroll expense reports, accounts payable, utility bills, etc. **If multiple expenses are listed on a supporting document, highlight the relevant lines.**

Expenses over $25,000 require documentation to verify the amount of the expense, who the item was purchased from, date purchased, description of what was purchased, who needs to be paid for the expenses, and how the expense relates to the business.

Eligible Expenses

- Payroll Costs and Expenses
- Utilities Payment
- Payment of any short term (less than 24 months) or creditcard debt incurred by the applicant to pay eligible expenses
- Purchase of personal protective equipment required bythe business
- Business related equipment
- Rent or mortgage payments (unless otherwise waived bylessor/lender)
- Expenses incurred to replenish inventory or other necessary re-opening expenses.

VENDOR	EXPENSE TYPE	AMOUNT	DESCRIPTION	PAST/FUTURE	TIME PERIOD	FILE NAME

Expense Information

Vendor

Expense Type Payroll Costs and Expenses

Amount

Past/Future Past

Time Period Covered

Description

File (Max 10 MB) Choose File No file chosen

Add Expense

Grant request must be a minimum of $5,000.00.

Continue

Payroll Costs and Expenses

Payroll Costs and Expenses
Payment of short term debt
Rent or Mortage
Purchase of Personal Protective Equipment
Business Related Equipment
Expenses incurred to replenish inventory or other necessary re-opening expenses
Utilities/Electric
Utilities/Heating
Utilities/Water-Sewer
Utilities/Waste
Utilities/Phone-Internet
Utilities/Other

Example of Online Application

SAMPLE

Expense Information

Vendor	Enstar
Expense Type	Utilities/Heating
Amount	2000
Past/Future	Past
Time Period Covered	4/1 to 8/1
Description	gas bill for heating
File (Max 10 MB)	Choose File ampersand blue.png

Add Expense

File added and listed – you can only add one file here, so if multi documents are needed as proof, those documents will need to be combined into a single PDF, word doc, etc.

Click add expense and repeat process for each expense.

Here the expense was added and listed above.

VENDOR	EXPENSE TYPE	AMOUNT	DESCRIPTION	PAST/FUTURE	TIME PERIOD	FILE NAME	
Enstar	UtilitiesHeating	2000.00	gas bill for heating	Past	4/1 to 8/1	cat and pumpkin.jpg	Remove

Expense Information

Vendor	Mall of America
Expense Type	Rent or Mortage
Amount	24000
Past/Future	Past
Time Period Covered	4/1-8/1
Description	Rent for shop in the 5th Ave Mall
File (Max 10 MB)	Choose File dont forget.png

Add Expense

Grant request must be a minimum of $5,000.00.

Continue

VENDOR	EXPENSE TYPE	AMOUNT	DESCRIPTION	PAST/FUTURE	TIME PERIOD	FILE NAME	
Enstar	UtilitiesHeating	2000.00	gas bill for heating	Past	4/1 to 8/1	cat and pumpkin.jpg	Remove
Mall of America	RentOrMortage	24000.00	Rent for shop in the 5th Ave Mall	Past	4/1-8/1	dont forget.png	Remove

Expense Information

Vendor	
Expense Type	Payroll Costs and Expenses

This shows the accumulation of files added as supporting documents for qualified expenses.

Example of Online Application

HOME APPLICATION CONTACT

THIS IS A TEST SITE - NO APPLICATIONS SUBMITTED WILL BE PROCESSED

SUPPORTING DOCUMENTS

The following documents are required

- Business License
- Drivers License for Applicant and all Owners >= 20%
- Voided Check

DOCUMENT TYPE	DESCRIPTION	FILE NAME

Supporting Document Information

Document Type Drivers License

Description

File (Max 10 MB) Choose File No file chosen

Add Document

The following documents are still required.

- Business License
- Drivers License for Applicant and all Owners >= 20%
- Voided Check

Continue

HOME APPLICATION CONTACT

THIS IS A TEST SITE - NO APPLICATIONS SUBMITTED WILL BE PROCESSED

SUPPORTING DOCUMENTS

The following documents are required

- Business License
- Drivers License for Applicant and all Owners >= 20%
- Voided Check

DOCUMENT TYPE	DESCRIPTION	FILE NAME

Supporting Document Information

Document Type Drivers License

Description Super Hero

File (Max 10 MB) Choose File Capture.PNG

Add Document

The following documents are still required.

- Business License
- Drivers License for Applicant and all Owners >= 20%
- Voided Check

Continue

Example of Online Application

The applicant will need to have electronic copies of their files – this can been done through scanning or taking a picture and then uploading it as proof.

HOME APPLICATION CONTACT

THIS IS A TEST SITE - NO APPLICATIONS SUBMITTED WILL BE PROCESSED

SUPPORTING DOCUMENTS

The following documents are required

- Business License
- Drivers License for Applicant and all Owners >= 20%
- Voided Check

DOCUMENT TYPE	DESCRIPTION	FILE NAME	
DriversLicense	Super Hero	Capture.PNG	Remove

Supporting Document Information

Document Type Drivers License

Description

File (Max 10 MB) Choose File No file chosen

Add Document

The following documents are still required.

- Business License
- Voided Check

Continue

HOME APPLICATION CONTACT

THIS IS A TEST SITE - NO APPLICATIONS SUBMITTED WILL BE PROCESSED

SUPPORTING DOCUMENTS

The following documents are required

- Business License
- Drivers License for Applicant and all Owners >= 20%
- Voided Check

DOCUMENT TYPE	DESCRIPTION	FILE NAME	
DriversLicense	Super Hero	Capture.PNG	Remove

Supporting Document Information

Document Type Voided Check

Description Business checking account

File (Max 10 MB) Choose File conflict-of-interest.jpg

Add Document

The following documents are still required.

- Business License
- Voided Check

Continue

Example of Online Application

HOME APPLICATION CONTACT

THIS IS A TEST SITE - NO APPLICATIONS SUBMITTED WILL BE PROCESSED

SUPPORTING DOCUMENTS

The following documents are required

- Business License
- Drivers License for Applicant and all Owners >= 20%
- Voided Check

DOCUMENT TYPE	DESCRIPTION	FILE NAME	
DriversLicense	Super Hero	Capture.PNG	Remove
VoidedCheck	Business checking account	conflict-of-interest.jpg	Remove

Supporting Document Information

Document Type Drivers License

Description

File (Max 10 MB) Choose File No file chosen

Add Document

HOME APPLICATION CONTACT

THIS IS A TEST SITE - NO APPLICATIONS SUBMITTED WILL BE PROCESSED

SUPPORTING DOCUMENTS

The following documents are required

- Business License
- Drivers License for Applicant and all Owners >= 20%
- Voided Check

DOCUMENT TYPE	DESCRIPTION	FILE NAME	
DriversLicense	Super Hero	Capture.PNG	Remove
VoidedCheck	Business checking account	conflict-of-interest.jpg	Remove
BusinessLicense	SuperHero	Christmas-clipart-free-cliparts-for-work-study-and.jpg	Remove

Supporting Document Information

Document Type Drivers License

Description

File (Max 10 MB) Choose File No file chosen

Add Document

Continue

Example of Online Application

Review and certification starts at this point.

HOME APPLICATION CONTACT

THIS IS A TEST SITE - NO APPLICATIONS SUBMITTED WILL BE PROCESSED

AK CARES APPLICATION

APPLICANT

Name	test
Social Security Number	123456789
Work Phone	555-555-5555
Cell Phone	666-666-666
Email	someone@somewhere.com

BUSINESS

Business Legal Name	SuperHero
DBA or Tradename if applicable	
DUNS#(Non Profit Only)	
TIN(EIN/SSN)	5555555
Length of Ownership (Years/Months)	20 yrs
Mailing Address	123 anywhere
City	Eagle River
State	AK
ZIP	99577
Business Principal Physical Address	345 anywhere
City	eagle river
State	ak
ZIP	99577
Signer	My name
Signer Phone	666-666-6666
Signer Email	someone@somewhere.com
Industry Type	Information
Business Type	SoleProprietor
Briefly Describe primary business activities	provide consulting on info tech

Average(annualized) number of Full-Time Equivilant Employees(FTEs)
35

Would the use of grant funds help retain jobs in the Alaska community? If yes, how many?
35

Would the use of grant funds help create jobs in the Alaska community? If yes, how many?
0

Is the Applicant or any owner of the Applicant presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in the grant program by any Federal department or agency, or presently a debtor in any pending bankruptcy?
No

Has the Applicant Business received a Small Business Administration (SBA) Paycheck Protection Program (PPP) and/or a SBA Economic Injury Disaster Loan (EIDL)?
No

If Yes, list the program, date, and amounts received

If the total combined amount received from PPP and EIDL is above $5,000, did you return the funds in excess of the $5,000? (i.e., If you received a total of $7,000 between PPP and EIDL, did you return $2,000 or more?)
Yes

Has your business received a COVID-related grant or other assistance through a municipality, city or other program? (This is for informational purposes only and will not impact your eligibility for AK CARES)
No

If Yes, list the program, date, and amounts received

ELIGIBLE EXPENSES

VENDOR	EXPENSE TYPE	AMOUNT	DESCRIPTION	FILE NAME
Enstar	UtilitiesHeating	2000.00	gas bill for heating	cat and pumpkin.jpg
Mall of America	RentOrMortage	24000.00	Rent for shop in the 5th Ave Mall	dont forget.png

Example of Online Application

By Submitting Below, You Make the Following Representations, Authorizations, and Certifications

- [x] My business has been adversely economically injured due to the COVID-19 health emergency and requires small business relief under the AK CARES program based upon its ability to pay any of the following: payroll costs and expenses; payment of any short term (less than 24 months) or credit card debt incurred by the applicant to support the applicant's business during the emergency; rent or mortgage payments (unless otherwise waived by lessor/lender); utility payments; purchase of personal protective equipment required by the business; business related equipment; and/or expenses incurred to replenish inventory or other necessary re-opening expenses.

- [x] My business had 50 or fewer full time equivalent employees as of March 11, 2020, is licensed to do business in the State of Alaska, has its principal place of business located in the State of Alaska, and was established prior to March 11, 2020.

- [x] The grant proceeds will be used only for the payment of eligible expenses claimed on the Schedule of Expenses that have not been claimed or paid by other forms of assistance and are in compliance with state and federal law. I understand that if the funds are knowingly used for unauthorized purposes, the State of Alaska may pursue recovery of grant amounts and/or civil or criminal charges. I understand I am required to return any unused grant funds to the State of Alaska.

- [x] I am not engaged in any activity that is illegal under federal, state or local law.(Marijuana related businesses are not eligible)

- [x] I acknowledge and understand that Credit Union 1 will confirm the grant amount using the Schedule of Eligible Expenses and supporting documentation. I understand, acknowledge and agree that Credit Union 1 can share any financial information I provide to the credit union with the State of Alaska.

Certification must be checked.

- [x] I understand, acknowledge and agree that the credit union may request additional information from me for the purposes of determining eligibility, and that my failure to provide information requested by the credit union may result in a denial of the grant.

- [x] I acknowledge that all grant funds must be spent on eligible expenses on or before December 30, 2020

- [x] I have read the statements included in this document and I understand them

Submit Application

Example of Online Application

HOME APPLICATION CONTACT

THIS IS A TEST SITE - NO APPLICATIONS SUBMITTED WILL BE PROCESSED

YOUR APPLICATION HAS BEEN RECEIVED.

YOUR APPLICATION REFERENCE NUMBER IS #42

PLEASE PRINT THIS PAGE FOR YOUR RECORDS.

AK CARES APPLICATION

APPLICANT

Name	test
Social Security Number	123456789
Work Phone	555-555-5555
Cell Phone	666-666-666
Email	someone@somewhere.com

BUSINESS

Business Legal Name	SuperHero
DBA or Tradename if applicable	
DUNS#(Non Profit Only)	
TIN(EIN/SSN)	5555555
Length of Ownership (Years/Months)	20 yrs
Mailing Address	123 anywhere
City	Eagle River
State	AK
ZIP	99577
Business Principal Physical Address	345 anywhere
City	eagle river
State	ak
ZIP	99577
Signer	My name
Signer Phone	666-666-6666
Signer Email	someone@somewhere.com
Industry Type	Information
Business Type	SoleProprietor
Briefly Describe primary business activities	provide consulting on info tech

Average(annualized) number of Full-Time Equivilant Employees(FTEs)
35
Would the use of grant funds help retain jobs in the Alaska community? If yes, how many?
35
Would the use of grant funds help create jobs in the Alaska community? If yes, how many?
0
Is the Applicant or any owner of the Applicant presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in the grant program by any Federal department or agency, or presently a debtor in any pending bankruptcy?
No
Has the Applicant Business received a Small Business Administration (SBA) Paycheck Protection Program (PPP) and/or a SBA Economic Injury Disaster Loan (EIDL)?
No
If Yes, list the program, date, and amounts received
If the total combined amount received from PPP and EIDL is above $5,000, did you return the funds in excess of the $5,000? (i.e., If you received a total of $7,000 between PPP and EIDL, did you return $2,000 or more?)
Yes
Has your business received a COVID-related grant or other assistance through a municipality, city or other program? (This is for informational purposes only and will not impact your eligibility for AK CARES)
No
If Yes, list the program, date, and amounts received

ELIGIBLE EXPENSES

VENDOR	EXPENSE TYPE	AMOUNT	DESCRIPTION	FILE NAME
Enstar	UtilitiesHeating	2000.00	gas bill for heating	cat and pumpkin.jpg
Mall of America	RentOrMortage	24000.00	Rent for shop in the 5th Ave Mall	dont forget.png

GODADDY VERIFIED & SECURED VERIFY SECURITY

Alaska Industrial Development and Export Authority

813 West Northern Lights Blvd.
Anchorage, AK 99503
Phone: (907) 771-3000
Fax: (907) 771-3044

Example of Online Application