# Apply Today!

The Aleutian Marketplace Micro Grant pilot program supports small business growth in the region and complements the existing entrepreneurial-focused monthly webinar series.

Eligible businesses can apply for grant funding up to \$3,000. Funding may be used for a wide selection of items that are essential to start or assist an established privately owned business.

Grant Cycles: Feb. 1 - March 15 May 1 - June 15



# Micro Grants

Funding opportunity for new and established businesses in the Aleutian/Pribilof Island region.

For questions email marketplace@apicda.com or call 907-771-4210 www.apicda.com

ADAK • AKUTAN • ATKA • COLD BAY
KING COVE • NIKOLSKI • FALSE PASS
NELSON LAGOON • SAND POINT
ST GEORGE • ST PAUL • UNALASKA









### Aleutian Marketplace Micro Grant Application

(2022-Pilot Year)

#### **ABOUT THE GRANT:**

The Aleutian Marketplace offers micro grants to support small business growth in the Aleutian/Pribilof Island region and complement the existing entrepreneurial-focused monthly webinar series.

Grants for eligible residents can range in any amount up to \$3,000 and may be used for a wide selection of items that are essential to start or assist an existing privately owned business.



#### **ELIGIBILITY:**

Applicants must meet the following requirements to qualify for the micro grant:

- Submit a complete application form with all required attachments during application period.
- Must be at least 18 years of age.
- A minimum twelve-month residency, with intent to maintain residency, is required in Adak, Akutan, Atka, Cold Bay, King Cove, Nikolski, False Pass, Nelson Lagoon, Sand Point, St. George, St. Paul, or Unalaska.
- Provide documentation of residency in an Aleutian-Pribilof Island community (copy of utility bill, ID, etc.)
- Be a privately owned business located in an Aleutian-Pribilof Island community.

#### **Application Periods:**

- Feb. 1 March 15
- May 1 June 1

#### **GRANT DETAILS:**

- Grantees will be contacted within 30 days of application period due date.
- Grantees are required to submit a six-month and twelve-month progress report.
- Applicant may not submit more than one micro grant application a year.
- Businesses may not conduct multi-level marketing, alcohol, firearms, marijuana, and tobacco sales.
- Grant funds may be counted as taxable income on federal tax return.

#### **EXAMPLES OF APPOVED ITEMS:**

- Materials, supplies, and shipping/postage for approved items
- Rent (sales event booth, retail space, equipment storage)
- Business travel expenses related to event booth sales or materials acquisition
- Equipment purchased to operate a business (to include electronics)
- Permits / Corporate Structure Legal Paperwork / Freelance Contactors

This is not an exclusive list; any questionable items on an application may be reviewed and approved or denied by the review committee.

## Aleutian Marketplace Micro Grant Application Form

2022 Application Deadlines: March 15 & June 15

**Instructions:** Please complete the application form and answer all fields as thoroughly as possible. A complete application will greatly assist the Aleutian Marketplace to evaluate your micro grant request.

Should you need assistance completing this application, please contact the Aleutian Marketplace at marketplace@apicda.com or 907-771-4210.

Business Owner (If business is a partnership, please provide contact information for partner/other owners.)

Phone Number

#### **BUSINESS APPLICANT INFORMATION**

**Email Address** 

Mailing Address		City, State, Zip C	ode	
	L			
BUSINESS INFORMATION*				
Business Name				
Location of Business				
Please list URLs if your business has a website, social media site and/or Etsy:				
Month and year business started:	Number of employees:		Tax ID#:	
NAICS#:	Do you intend to stay in the Aleutian/Pribilof Island region for a minimum of 12 months?			
	months?	Yes	☐ No	
Legal Structure of business:				
LLC	Sole Proprietorship	S Corp.	C Corp.	Non-Profit

<sup>\*</sup>The Aleutian Marketplace is an economic development initiative for the Aleutian/Pribilof Island region. Therefore, a minimum twelve-month residency is required in Adak, Akutan, Atka, Cold Bay, King Cove, Nikolski, False Pass, Nelson Lagoon, Sand Point, St. George, St. Paul or Unalaska to apply for funding, and the privately owned businesses must be located in the Aleutian-Pribilof Island region.

<ol> <li>Describe the primary purpose of your business. (Note: Excluded from the program are multi-level marketing alcohol, firearms, marijuana, and tobacco sales businesses.)</li> </ol>
2. Describe how your business provides social benefits to the community.
3. Micro Grant Amount Requested (up to \$3,000) \$
4. Describe how you will use the micro grant funds to start or assist an established small business. If applicable, please attach a quote/estimate from the vendor.
5. Does this business create jobs in your community? Please list the number of full-time or part-time jobs
6. Describe your target audience/customers, estimate the size and potential of repeat customers, and what is your promotional marketing strategy to reach them?
7. Do you have an Alaska business license? Yes No No, but I'm planning to get one.
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8. Outline your business development activities / action plan over a twelve-month period below. Please continue on a second sheet, if additional space is needed.

#### **SMALL BUSINESS ACTION PLAN**

ACTIVITY	START DATE	END DATE	BUDGETED COST OR REVENUE
PHASE 1			
PHASE 2			
PHASE 3			
PHASE 4			
PHASE 5			

9. Provide an estimated annual budget for your business below:

Income	Amount
Sales	
Loans	
Grants	
Other Funding Sources	
Total Income	

Original: 01/2022 Revised:

Expenses	Amount
Materials	
Supplies	
Equipment (purchase and/or maintenance)	
Website (design and related costs)	
Freelance Contractor (graphic design, accounting, etc.)	
Advertising	
Rent and utilities	
Shipping	
Insurance	
Taxes	
Fees	
Other Expenses	
Total Expenses	
Estimated Profit/Loss	
10. Does your business have a debt balance?   Yes, amou	nt
By signing below, I certify all information is true and correct to the agree to use the micro grant funds as described in this application month and twelve-month status reports with photos.	•
X Signature	
X Printed Name	Date
T TITLOG TACITIO	Date



#### **Request for Taxpayer Identification Number and Certification**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.			
	2 Business name/disregarded entity name, if different from above			
Print or type. Specific Instructions on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Che following seven boxes.  Individual/sole proprietor or C Corporation S Corporation Partnership single-member LLC	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any)		
ty ty	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partner			
Print or type c Instruction	Note: Check the appropriate box in the line above for the tax classification of the single-member ow LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the orangement another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a sing is disregarded from the owner should check the appropriate box for the tax classification of its owners.	Exemption from FATCA reporting code (if any)		
cifi	Other (see instructions)	J.	(Applies to accounts maintained outside the U.S.)	
Spe	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name a	and address (optional)	
See				
S	6 City, state, and ZIP code			
	7 List account number(s) here (optional)			
Par	Taxpayer Identification Number (TIN)			
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avo		curity number	
backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>				
TIN, la	ater.	or		
Treater in the decedant to in more than one harrie, eee the method for into 117 tied eee 777 at 74 and and		and Employer	er identification number	
Numb	per To Give the Requester for guidelines on whose number to enter.		-	
Par	t II Certification			
Unde	r penalties of perjury, I certify that:			
2. I ar Ser	e number shown on this form is my correct taxpayer identification number (or I am waiting for a m not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) rvice (IRS) that I am subject to backup withholding as a result of a failure to report all interest of longer subject to backup withholding; and	I have not been n	otified by the Internal Revenue	
3. I ar	m a U.S. citizen or other U.S. person (defined below); and			
4. The	e FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reportin	g is correct.		
		., .		

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid,

acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.			
Sign Here	Signature of U.S. person ▶	Date <b>▶</b>	

#### **General Instructions**

Section references are to the Internal Revenue Code unless otherwise

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

#### **Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.