Aleutian Marketplace Micro Grant Application

ABOUT THE GRANT:

The Aleutian Marketplace was established by APICDA and The Aleut Corporation in 2014 to support small businesses in the Aleutian/Pribilof communities.

The micro grants are selected by a competitive application process and are available to eligible, inregion residents in any amount up to \$3,000. Funds may be used for a wide selection of items that are essential to start or assist an existing locally owned business.

Local businesses have received a total of \$60,000 through 20 grant awards distributed since 2022.



ELIGIBILITY:

Applicants must meet the following requirements to apply for a 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.)
- The business must be physically located in the Aleutian-Pribilof Island region and be ready to operate within six months or be already established.

Application Period February 1 - March 15, 2024

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.
- Businesses may not conduct multi-level marketing or the sale of alcohol, firearms, marijuana, or tobacco products.
- 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.



Application Deadline: Friday, March 15, 2024

Instructions: Please complete the application form and answer all fields completely. For assistance, please contact the program administrator, Ellen Krsnak, at <u>marketplace@apicda.com</u> or 907-771-4210.

BUSINESS APPLICANT INFORMATION*

Business Owner (If business is a partnership, plea	se provide contact information for partner/other owners.)
Email Address	Phone Number
Mailing Address	City, State, Zip Code

BUSINESS INFORMATION*

Business Name				
Community where business operates:		How long has business been operating in the community:		
Please list URLs if your busi	ness has a website, soo	cial media site and/	or Etsy:	
Is this a new or established business?	Total number of emplo owner):	oyees (including	Tax ID# / EIN #:	
Are you a current resident w	ho's lived in the region	for 12 months and	plans to stay indefin	itely?
	Yes 🗌 N	٩o		
Legal Structure of Business (LLC, Non-profit, sole proprietorship, etc.):	Do you have an Alaska business license? If so, provide the number.	If you don't have a business license, are you planning to acquire one?	Who will manage the grant funds?	Who oversees the daily business operations?

*The Aleutian Marketplace is an economic development initiative for the Aleutian/Pribilof Island region. Therefore, a minimum twelve-month residency, with an intent to remain, 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. The business must be physically located in the Aleutian-Pribilof Island region and be ready to operate within six months or be already established.

1. Describe the primary purpose of your business and products and services offered. (Note: Excluded from the program are multi-level marketing, alcohol, firearms, marijuana, and tobacco sales businesses.)

2. What are your goals for your business this year, and how do they fit with your long-term business goals?

3. Describe how your business provides benefits to the community (social, economic, new service, etc.).

4. Micro Grant Amount Requested (up to \$3,000) \$_____.

5. Describe how you will use the micro grant funds to start or assist an established small business. Please list all expenses the grant will pay for and include documentation (screen shots of electronic shopping carts, service quotes, price lists, etc.)

6. Would this grant help create jobs? If so, please list the new or enhanced jobs created in the community by this grant (include the business owner):

 _ # of Full-time Jobs	New	Enhanced	Job Titles:	
 _ # of Part-time Jobs	New	Enhanced	Job Titles:	
 _ # of Seasonal Jobs	New	Enhanced	Job Titles:	

7. Describe your customer demographic and the promotional marketing strategy to reach them?

8. Provide an estimated annual budget for your business below and attached financial statement when applicable:

Total Assets (inventory, etc.)	\$	Anticipated Gross Sales	\$
Total Liabilities* (unpaid wages, accounts payable, etc.)	\$	Total Expenses** (costs incurred to generate revenue)	\$
Total Equity (assets – liabilities)	\$	Net Income (revenue – expenses)	\$
Loans/other grants/ additional funding sources	\$	* Liabilities are the debts your business owes. **Expenses include the costs you incur to generate revenue.	
). Does your business hav	e a debt balar	nce (including credit cards)?	∕es, amount \$ □ No
0 Does the business owr	oer have anv r	personal/business judgements, u	nsattlad lawsuits, maior disputa
		explain below.	

11. Are there any delinquent taxes or payments to local municipalities by the applicant? Yes, please explain below. No

12. Is the business currently compliant with all applicable local, state, and federal regulations regarding the operation of the business. \Box Yes \Box No, please explain below.

13. Describe how this grant funding will impact your business and how you will be able to measure and report its impact.

14. List your business' competitors and what differentiates your business?

15. What courses have you taken, or credentials received to operate your business?

16. Are you or your staff interested in taking additional training courses? If yes, please describe.

By signing below, I certify all information is true and correct to the best of my knowledge and if approved, I agree to use the micro grant funds as described in this application. In addition, I acknowledge that the Aleutian Marketplace and its primary funders (APICDA, The Aleut Corporation, Wells Fargo and Fastwyre) are held harmless against any and all claims, liabilities, damages, losses, expenses, demands, suits, and judgments arising from or relating to the grantee's product or services.

Х Signature Х Printed Name Date Aleut ⁄ WELLS FARGO CORPORATION rog Aleutian Marketplace Micro Grant Form Page 4 of 4 Original: 1/2022 Revised:12/2023 Questions? Call: 907-771-4210 Submit applications to: marketplace@apicda.com

or 717 K Street, #200, Anchorage, AK 99515