**AICCW Diverse Business Assistance Request Application**

The purpose of the Diverse Business Assistance Program is to provide funding to assist chambers and non-profit organizations providing assistance to small businesses owned by individuals who have been disproportionately impacted by the COVID-19 pandemic.**** Funding for this assistance is provided to Wisconsin by the Federal American Rescue Plan Act and administered by the Wisconsin Department of Administration.

**American Indian Chamber of Commerce of WI (AICCW) APPLICATION CHECKLIST**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Document** | **Note** | **Acceptable File Formats** |
|  | Application Form | Required | Portable Document Format (PDF) |
|  | IRS Form W-9 | Required | Microsoft Word, PDF, JPEG |
|  | Supporting Documentation | Optional | Microsoft Word, Excel, PDF, JPEG |
|  | Current Financial Statements | Required | PDF |
|  | Taxes for most recent year | Required (if available) | PDF |

**SECTION 1. APPLICANT INFORMATION**

Organization Name: Click or tap here to enter text.

EIN: Click or tap here to enter text.

Organization Principal Office Address: Click or tap here to enter text.

Remit to Address (*if applicable)*: Click or tap here to enter text.

Contact Person: Click or tap here to enter text. Contact Title: Click or tap here to enter text.

Phone: Click or tap here to enter text. Email: Click or tap here to enter text.

Organization Website, if any (URL): Click or tap here to enter text.

Applicant Operating Area *(Wisconsin region(s), counties, municipalities)*: Click or tap here to enter text.

Type of Business (*i.e., Construction, Retail, Manufacturing, etc*.): Click or tap here to enter text.

Grant Amount Requested: $Click or tap here to enter text.

**SECTION 1. APPLICANT INFORMATION** (*continued*)

**Area and/or residents served.** Describe your business’ location in Wisconsin, area of operations, communities and customers served. (*300 word maximum*).

**SECTION 2: NARRATIVE**

**Technical Assistance Need.** Explain what technical assistance is needed and how this technical assistance can impact your business operations and services. *(300 word maximum).*

**SECTION 3: USES OF FUNDS**

**Uses of Grant Funds.** Please provide an estimated budget for expenses associated with your requested technical assistance. *(i.e., services, technology, marketing, subscriptions) (300 word maximum).*

**SECTION 4: ATTESTATIONS AND SIGNATURE**

**Attestations**

In accordance with applicable provisions of the American Rescue Plan Act (ARPA), and the Department of Administration (DOA) - Diverse Business Assistance Grant, the AICCW applicant must certify the following:

Yes No

|  |  |  |
| --- | --- | --- |
|  |  | 1. The applicant is a sole proprietorship, partnership, corporation, limited liability company or joint venture that does business in Wisconsin. If the business is owned by an individual(s), the owner is a resident of the State of Wisconsin. |
|  |  | 2. The applicant conducts operations within Wisconsin. |
|  |  | 3. The applicant does not have any current tax delinquency with the Wisconsin Department of Revenue at the time of application. |
|  |  | 4. The applicant does not present adult or pornographic entertainment. |
|  |  | 5. The applicant understands that by accepting grant funding, the applicant may be monitored by AICCW as part of program integrity and fiscal accountability measures. |
|  |  | 6. The applicant agrees that the information provided in the grant application, to the best of their knowledge, is accurate and true for the purposes of determining the grant award amount. |

**Applicant Authorized Representative**

The signatory below certifies that, to the best of his/her knowledge, the information contained in the AICCW Diverse Business Assistance Grant Application, including all attestations and attachments, is true, accurate and complete. The undersigned has authority to make the above attestations and the intent and legal authorization to agree to them on the organization’s behalf.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

*Note: If more than one authorized representative is required to sign the application, copy this page, and submit a signed certification from each representative.*

*American Indian Chamber of Commerce of Wisconsin encourages applicant(s) to contact tax advisor on potential tax liabilities of Coronavirus State and Local Fiscal Recovery Funds.*

***Return completed application to clarissa@firstamericancapitalcorp.org***

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| --- | --- | --- |
| **AICCW Assigned Staff** | **Name:** Click or tap here to enter text. | **Signature:** |
| **Secondary AICCW Review/Approval** | **Name:** | **Signature:** |
|  | **Date Received:** | **Date Reviewed:** |
| Approved, amount |  | |
| Approved, with conditions |  | |
| Denied, reason |  | |