



Ketchikan Gateway Borough

COVID-19 Personal Protective Equipment (PPE) Reimbursement Program

Revised 6.29.2020

Section 1 – General Program Guidelines

This program is for one-time assistance to reimburse businesses and non-profits in the Borough up to \$1,000 for eligible expenses for Personal Protective Equipment (PPE), hygiene, and social distancing equipment and supplies; such as facemasks, gloves, face shields, eye protection, sneeze guards, hand sanitizer and other approved disinfecting products.

Reimbursements will be awarded on a first-come, first-serve basis for up to \$1,000, in the order received, until funds are depleted. PPEs covered are based on the recommendations in the OSHA Guidance on Preparing Workplaces for COVID-19 and the CDC. Purchases must have been made on or after March 1, 2020. Tax will not be reimbursed. If an application is deemed incomplete, the applicant has a two-day grace period from the notice of incomplete application to cure the deficiencies and maintain the initial filing date.

Business Eligibility:

- A privately held business or a non-profit that maintains a place of business in the Ketchikan Gateway Borough, and established prior to March 1, 2020.

Section 2 – Required Documentation

- Itemized list of PPE to be reimbursed, containing the number and cost of each item and identify the corresponding receipt
- Copies of receipt(s) or invoice(s) for PPE containing the following information:
 - Date of purchase
 - Seller(s)/Vendor(s) information (Name, Address, Phone Number as available)
 - Description of item(s) purchased, clearly identifying the item as an approved PPE for reimbursement
 - Purchase amount for each item
- All documentation must be on 8.5" x 11" paper
- No original receipts will be accepted
- All information provided may be subject to public review

***** Please block out or omit account numbers if sending processed checks, credit card or bank statements**

Application period opens June 19, 2020 and will close by September 30, 2020.

Applications must be hand-delivered or mailed to:

**KGB Planning Department
1900 First Avenue, Suite 126
Ketchikan, AK 99901.**

Questions? Call the Planning Department at 907-228-6610

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Section 3 – Applicant Information

Business Name			
Business Physical Address			
	City:	State:	Zip:
Contact Name			
Contact Mailing Address			
	City:	State:	Zip:
Contact Phone Number			
Contact Email Address			
IRS Taxpayer Identification Number (TIN)			
Borough Sales Tax Registration Number			
Total Grant Requested Amount:	\$		

Section 4 – Sign and Certify

I certify that the information contained herein is accurate and complete. I certify that I am a manager, principal officer, general partner, or owner of the business applying for reimbursement, that the PPEs listed in this request have been received and either placed in use or utilized, were purchased for this business, and that the items were purchased and/or installed for the purpose of mitigating transmission of COVID-19. I understand that I may be required to return any grant funds awarded based on false or inaccurate information. I understand that reselling the items purchased through this program is strictly prohibited.

Signature _____ Date _____

Printed Name _____ Title _____

Borough Use Only	
GL Code: <u>730-10-003-6080</u>	Approved Grant Amount:
	Approval:
	Date: