

APPLICATION FOR QUALIFICATION

Applies to all Private Sector COVID-19 Relief Measures

The Government of the Republic of Palau is looking to continue certain Temporary Relief Measures to address the impact of the COVID-19 pandemic on private sector employers and employees in the Republic of Palau.

Qualification for these Temporary Relief Measures shall be determined by the Minister of Finance, based on this application and an in-person interview as necessary.

All employers affected by the COVID-19 pandemic will be requested to re-apply for assistance, with priority placed on employers in tourism, hospitality, or other visitor-driven industries. The application structure is based on employers, including self-employers. One application will determine eligibility for a variety of programs.

The qualification of a business or employer will also cover all employees of that business or employer, including employees who have been laid-off due to COVID-19.

Please provide as much accurate information as you can. This completed form should be submitted, along with copies of your:

Social Security Administration “Employer’s Quarterly Tax Report” with respective PAYMENT RECEIPTS	Bureau of Revenue & Taxation “Business Gross Revenue Quarterly Tax Return” (TAX-200) with respective PAYMENT RECEIPTS	Bureau of Revenue & Taxation “Wages & Salary Tax Withheld” Form (TAX-100) with respective PAYMENT RECEIPTS
<input type="checkbox"/> 2 nd Quarter 2020: April 1 – June 30	2 nd Quarter 2020: April 1 – June 30	<input type="checkbox"/> June 2020 <input type="checkbox"/> September 2020 <input type="checkbox"/> December 2020
<input type="checkbox"/> 3 rd Quarter 2020: July 1 – September 30	3 rd Quarter 2020: July 1 – September 30	
<input type="checkbox"/> 4 th Quarter 2020: October 1 – December 31	4 th Quarter 2020: October 1 – December 31	
❖ If you had requested for SS/HCF payment deferment, please provide copies of request and approval letters with FILED Reports of the above quarters	❖ If you had requested for Tax payment deferment, please provide copies of request and approval letters with FILED Reports of the above quarters	❖ Please note you may be requested to provide supplemental Tax-100 Forms

Company Name & EIN	
DBA	
Contact (Authorized Representative)	
Business Activity	
Address	
Phone Number	
Email Address	

Total Employee(s)	Total Citizen(s)	Total Non-Citizen(s)

	Gross Revenue	Total Employee(s)	Total Hours Worked	Number of Employees w/ Reduced Hours	Total Laid off Employees
April 2020					
May 2020					
June 2020					
July 2020					
August 2020					
September 2020					
October 2020					
November 2020					
December 2020					

Status of company operations due to the continued impact of COVID-19:

I HEREBY AUTHORIZE THE MINISTRY OF FINANCE TO ACCESS ANY RECORD REGULARLY KEPT BY THE MINISTRY OF FINANCE, MINISTRY OF JUSTICE, SOCIAL SECURITY BOARD, HEALTH CARE FUND OR PALAU WIOA OFFICE FOR THE PURPOSE OF CONFIRMING INFORMATION SUBMITTED ON THIS FORM OR TO ASSESS MY QUALIFICATION FOR THE COVID-19 TEMPORARY RELIEF MEASURES.

I CERTIFY, SWEAR, AND ATTEST THAT THE INFORMATION SUBMITTED HEREIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE OR BELIEF, AND CONSISTENT WITH THE BEST RECORDS AVAILABLE TO ME.

Signed and sworn before me:

 Applicant
 (Authorized Representative)

 Notary Public

I _____, as the owner, operator, or representative of _____ seek qualification for the following private sector Temporary Relief Measures (check if applicable):

Check Box	Description	FOR OFFICIAL USE ONLY		
		APPROVED	DENIED	OFFICER
<input type="checkbox"/>	Access to temporary employment or transfer of employment for nonresident workers in my employment.	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Priority eligibility for temporary employment programs or projects which receive government funding for my employees.	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Temporary Unemployment Stipend for Employees who have been laid off, or whose hours have been reduced.	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Access to Lifeline Utility Subsidy program for Employees who have been laid off, or whose hours have been reduced.	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Access to concessionary loans to cover fixed business expenses including lease, loan, and utility payments.	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Assistance with tax or employer contribution obligations	<input type="checkbox"/>	<input type="checkbox"/>	

Information submitted in this application will be used to assess the availability of temporary economic relief measures for you, your business, and your employees. Information submitted in this form will not be used or shared for any other purpose except as required by law.

This is an official application for publicly-funded financial benefits. Submission of materially false information in this application may subject the applicant to legal penalties.

DECLARATION

I HEREBY SWEAR OR ATTEST, UNDER PENALTY OF LAW, THAT THE INFORMATION I HAVE SUBMITTED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT IT ACCORDS WITH THE BEST RECORDS AND SOURCES AVAILABLE TO ME.

I HEREBY SWEAR AND ATTEST, UNDER PENALTY OF LAW, THAT I WILL BE RESPONSIBLE FOR UPDATING MY/OUR EMPLOYEES' STATUSES AS THEY CHANGE. ANY FALSIFICATION OF HOURS WORKED BY EMPLOYEES TO GAIN FINANCIAL ASSISTANCE WILL BE GROUNDS FOR LEGAL ACTION AGAINST ME AND THE COMPANY.

Subscribed and sworn to
before me this date.

_____ day of _____, 2021 _____

Applicant

Notary Public

PLEASE SUBMIT THIS FORM AND REQUIRED SUPPORTING DOCUMENTS TO:

*Ministry of Finance's Satellite Office
1st Floor, Ruth S. Meluat's Building (across former Causeway Gas Station)
Meyuns, Koror State*

FOR QUESTIONS OR INQUIRIES PLEASE CONTACT:

*Telephone: (680) 488-6968
E-Mail: crossrelief@palaugov.org*