

Spokane Tribe of Indians

COVID-19 Small Business General Welfare Assistance Program Application for Small Business Stabilization Grant

In order to support Tribal Member Owned and Operated Small Businesses that have been impacted by the COVID-19 Pandemic, emergency funds from the Tribe's allocation of CARES Act funding will be distributed to eligible Owners in the form of a Small Business Stabilization Grant. To request a Grant, an Owner must meet all Program requirements and submit a completed Application, including but not limited to documentation of Eligible Expenses incurred between March 27th, 2020 and the date of the Application.


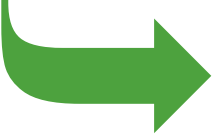
Grant amounts are up to \$10,000 and are available on a limited basis. Submitting this Application is not a guarantee of a Grant. Federal law and guidelines, including CARES Act guidelines, apply. All Applications must be received by **December 14, 2020 at 3:00 p.m.**

NOTICE: Pursuant to guidance from the Internal Revenue Service, Grant may be taxable if the Small Business is not located on or near a federally recognized Indian reservation.

<i>Please print:</i>		Owner	
Owner Name(s)		E-mail	
Owner Address	City	State	Zip
Owner Phone		Owner Tribal Enrollment #	
Business Name		Business Phone	
Business Physical Address	City	State	Zip
Business Mailing Address	City	State	Zip
Business Type	<input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> S-Corp <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other _____	In Business Since (date)	
Business Description			
Business Structure	<input type="checkbox"/> Retail <input type="checkbox"/> Hospitality <input type="checkbox"/> Manufacturer <input type="checkbox"/> Construction <input type="checkbox"/> Auto/Marine <input type="checkbox"/> Restaurant/Food Service <input type="checkbox"/> Other _____		
Proposed Uses of Grant Funds	<input type="checkbox"/> PPE <input type="checkbox"/> Rent/ Mortgage <input type="checkbox"/> Utilities <input type="checkbox"/> Inventory ¹ <input type="checkbox"/> Other _____	<i>Note: Please attach invoices, bills, rental / lease agreement, etc.</i>	
Minority Business Enterprise	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

¹ Inventory expenses are NOT an eligible use of Grant funds except where the Inventory is alcohol and is either: 1) used as part of a manufacturing process; or 2) sold as a retail item the way a winery, brewery, restaurant, bar or pub would sell to customers.

Veteran Owned Business Enterprise		YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Women's Business Enterprise		YES <input type="checkbox"/>		NO <input type="checkbox"/>	
<u>TERO Business License Number:</u> <small>(if applicable)</small>		<u>Business UBI number:</u> <small>(if applicable)</small>			
Number of Full-Time employees on January 1, 2020:		# _____	Current number:		# _____
COVID-19 IMPACT: How has the COVID-19 Pandemic impacted your Small Business?					
GRANT IMPACT: How will assistance from this Program impact your Small Business?					
COVID-19 IMPACT - Was your Small Business temporarily closed, or required to reduce services, due to an official order related to the COVID-19 Pandemic?			YES <input type="checkbox"/>		NO <input type="checkbox"/>
Is the Small Business or Owner delinquent in any jurisdiction for federal taxes, child support, TERO fees, or other penalties?			YES <input type="checkbox"/>		NO <input type="checkbox"/>
Has the Owner or Small Business received any prior awards from CARES Act or other COVID-19 funding from any entity or jurisdiction?					
		YES <input type="checkbox"/>		NO <input type="checkbox"/>	
If YES, what type and amount?		<input type="checkbox"/> EIDL \$ _____ <input type="checkbox"/> PPP \$ _____ <input type="checkbox"/> WWSBEG \$ _____ <input type="checkbox"/> TMOG \$ _____ <input type="checkbox"/> Other _____ \$ _____			
Grant Amount Requested: (only check one box)		<input type="checkbox"/> \$500.00	<input type="checkbox"/> \$1,000.00	<input type="checkbox"/> \$1,500.00	<input type="checkbox"/> \$2,000.00
		<input type="checkbox"/> \$2,500.00	<input type="checkbox"/> \$3,000.00	<input type="checkbox"/> \$3,500.00	<input type="checkbox"/> \$4,000.00
		<input type="checkbox"/> \$4,500.00	<input type="checkbox"/> \$5,000.00	<input type="checkbox"/> \$5,500.00	<input type="checkbox"/> \$6,000.00
		<input type="checkbox"/> \$6,500.00	<input type="checkbox"/> \$7,000.00	<input type="checkbox"/> \$7,500.00	<input type="checkbox"/> \$8,000.00
		<input type="checkbox"/> \$8,500.00	<input type="checkbox"/> \$9,000.00	<input type="checkbox"/> \$9,500.00	<input type="checkbox"/> \$10,000.00



Please complete the attached spreadsheet and provide receipts and/or invoices, along with any additional supporting documentation, in .pdf format. This information will be used to calculate the Grant amount, not to exceed \$10,000.00.

**INCOMPLETE APPLICATIONS
CANNOT BE CONSIDERED**

Conflict of Interest Disclosure: I hereby declare that this Small Business is not affiliated with any member of the Spokane Tribal Business Council or other public official of the Tribe who exercises any functions or responsibilities in connection with the planning or carrying out of this Program or Grant.

Applicant Certification: *I certify the information given on this Application is true and accurate to the best of my knowledge. I am aware there are penalties for willfully and knowingly giving false information. I understand any Grant awarded may be taxable if my Small Business is not located on or near a federally recognized Indian reservation. I authorize data verification by tribal, federal, state, and local government representatives and I will provide supporting documentation required (e.g. payroll records, tax fillings, bank account statements, etc.), if necessary.*

Owner Signature: _____

Date: _____

Location: _____

Please return completed Application to:

Spokane Tribal TERO Department
PO Box 100 Wellpinit, WA. 99040
or E-mail: geraldine.abrahamson@spokanetribe.com