***TURTLE MOUNTAIN***

***BAND OF CHIPPEWA INDIANS***

HIGHWAY #5 WEST

P.O. BOX 900 BELCOURT, ND 58316

(701) 477-2600

Fax: (701) 477-0916

Website: [www.tmbci.org](http://www.tmbci.org/)

# **CARES Act Emergency Assistance Small Business Support Grant**

This Emergency Assistance Small Business Support Grant (SBSG) is funded by the Coronavirus Relief Fund, CARES Act federal funding. The Turtle Mountain Band of Chippewa Indians Tribal Council recognizes that small businesses are an important factor in our reservation economy. The goal of the SBSG is to provide a lifeline grant to many local small businesses to get them open, keep them open, and help prevent more from going out of businesses. This program was adopted by tribal council on 08/05/2020 through resolution TMBC1119-07-02.

Grants to support these expenses are not taxable to the tribal member-owned business. The TMBCI aims to ensure our community has support during this coronavirus pandemic. Financial assistance in the amount of 10% of reported gross income, not to exceed to $20,000, shall be awarded to eligible, qualified small businesses on a first-come, first-serve basis. Gross income will be calculated from the 2019 tax returns. Your privacy is important to the Tribe. All information submitted with the application will be kept private with personal information secured from unauthorized access, use, or disclosure.

The deadline to submit a Small Business Support Grant Application shall be **October 31, 2020**.

## Grant Eligibility

|  |  |
| --- | --- |
| 1. Are you a private for-profit business?
 |  Yes NocYes. No |
| 1. Do you have fewer than five hundred (500) employees, including sole proprietorships and contractors?
 |  Yes NoYes. NoYes. No |
| 1. Do you operate within the boundaries of the Turtle Mountain Band of Chippewa Indians reservation or allotment lands?
 |  Yes NoYes. NoYes. No |
| 1. Is your business at least fifty-one percent (51%) owned by a tribal member?
 |  Yes NoYes. NoYes. No |
| 1. Do you have a state or TERO license?
 |  Yes NoYes. NoYes. No |

If you answered no to any of the questions above, unfortunately, the business does not qualify for the Emergency Assistance Small Business Support Grant.

## Emergency Assistance Small Business Support Grant Applicant Information

|  |  |
| --- | --- |
| 1. **Name of Individual Completing Application:**
 |  |
| 1. **What is the legal status of your organization?**
 |  Sole-Proprietor Partnership  Corporation  |
| 1. **Business Name (must match the IRS form):**
 |   |
| 1. **What is the Business Tax Identification Number (TIN)?**
 |  |
| 1. **What is the enrollment number of the tribal member who owns at least 51% of the business?**
 |  |
| 1. **Phone Number:**
 |  |
| 1. **Email Address:**
 |  |
| 1. **District Business is Physically Located in:**
 | District 1 District 2 District 3 District 4 Yes. NoYes. NoYes. NoYes. NoYes. No  |
| 1. **Mailing Address for the Business:**
 |  |
| 1. **Physical Address for the Business if Different than Mailing Address:**
 |  |
| 1. **Please provide the name, email address, mailing address, and phone number for all owners of the business**
 |  |
| **Please enter the business or entity’s gross income according to the 2019 tax returns. You will be required to submit proof.*** This amount shall be calculated based on Part : Line 7, Gross Income on Schedule C.
 |  |
| 1. **Total Grant Request (10% of the 2019 Gross Income Reported in the Line Above):**
 |  |

## Please describe your business and the products or services you provide to the Turtle Mountain Band of Chippewa Indians reservation.

|  |
| --- |
|  |

## Please describe what you will be using the funds for in further detail and the impact COVID-19 has. had on the business.

|  |
| --- |
|  |

## Required Documents to Submit

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please submit the following required documents with your application:

|  |
| --- |
| **Checklist** |
| 2019 Tax Return including Schedule C attachments to 1040, Form 1065, or From 1120. Please provide proof of submission of Tax return such as a signature page or documentation of submission by a paid preparer.  |  |
| Copy of the Tribal Member’s proof of enrollment |  |
| Copy of a TERO license or state license |  |
| If the business is a partnership, a copy of the entity’s Partnership Agreement, Articles of Incorporation of Corporate Charter. |  |

Eligible Uses of FundsEligible uses of funding include:1. Payroll/employee retention or supporting employees, including but not limited to Workers Comp insurance premium and Unemployment Insurance premium, employee paid leave due to COVID-19 illness or quarantine, and hazard pay.
2. Innovation to promote safety of the business to employees and the public.
3. Purchase of Personal Protective Equipment (PPE) to protect employees, customers, and the public.
4. Rent or mortgage payments.
5. Addressing temporary COVID-19 related restrictions on business activity.
6. Increasing technology capacity to enable alternative work forms or improve public health.
7. Creating new marketing plans or business plans to recoup economic loss due to COVID-19.
8. Paying vendor invoices.
9. Facility cleaning and restoration.
 |

## Application Review Information:

1. The Tribe shall review and respond to a funding application as soon as is practicable. the Tribe may request any additional information or documentation from the applicant that the Tribe deems necessary to determine whether the applicant is eligible to receive funding.
2. It is within the Tribe’s discretion to accept or deny an application for Plan funding. An application for funding shall not be unreasonably denied.
3. If the Tribe denies an application for funding, the Tribe shall provide the applicant with a written explanation for the reason(s) for denial. If the Tribe accepts an application for funding, the Tribe shall provide the applicant with a check for the appropriate amount of funding and a brief written explanation of how the Tribe calculated the funding amount.
4. Review of applications. The Applications shall be reviewed by Outside Counsel and or Finance Consultants for the Government. These Consultants shall objectively review the information provided and shall approve or deny an application.
5. Prohibition on Multiple Applications: No entity or individual may submit more than one application under this Plan. If an individual is a 20% or less owner of a business entity, an application by the business entity will not be considered an application from the individual.

## Disclaimer and Signature

By signing below, I hereby certify that I have met the requirements for the Turtle Mountain Band of Chippewa Indian’s Emergency Assistance Small Business Support Grant. The information submitted in this application form is true and correct to the best of my knowledge. I agree that misuse of funding may result in the following actions: legal action against the entity in Tribal Court; the requirement of the entity to repay up to the entire amount received to TMBCI; and/or a forfeiture of up to $500 amount payable to the Tribe.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

## For TMBCI Official Use Only

|  |  |
| --- | --- |
| Date application received: | Name of reviewer: |
| 2019 Tax Returns verified:  | Tribal Enrollment Verified: |
| Fifty-One Percent Ownership Verified: | Located Within Reservation Boundaries Verified: |
| If not approved, reasoning:  |