

Walker River Paiute Tribe Small Business Assistance Grant Application Instructions and Guidance Sheet

The Small Business Assistance Grant is designed to provide relief to Tribally owned or Tribal member majority owned businesses that have been negatively impacted by the effects of COVID-19. The Walker River Paiute Tribal Council has allocated Federal CARES ACT Relief Funds to provide small businesses temporary assistance to help address the impact of business closures and/or loss of revenue resulting from the COVID-19 pandemic.

Please note that all requested information **must** be provided at the time the application is submitted application or the application. Missing information or documentation will delay the processing of the application and could result in loss of funding since only complete applications are processed in the order they are received.

Required Documentation:

- Walker River Paiute Tribe enrollment number
- Documentation proving 51% majority ownership of the business is owned by an enrolled member of the Walker River Paiute Tribe
 - Business ID (Tax ID/Federal Tax ID/EIN/SIN)
 - Tribal/state license
 - Completed Certification of Majority Tribal Member Ownership
- The following business-related documentation must be submitted with the application:
 - To determine revenue losses for the business(es) and establish eligibility for the Program including:
 - Any relevant and accurate documentation typically maintained in the ordinary course of business to determine the financial loss that the Walker River Paiute Tribe may use to calculate an eligible grant amount:
 - If an existing business (**established for 3 years or longer**), provide documentation of activities within the last 2 years including:
 - Profit and Loss Statements for 2018 and 2019
 - Bank Statements for 2018 and 2019
 - Tax Returns for 2018 and 2019
 - If a new business (**established within the last 2 years**), provide documentation of activities within the last 12 months including:
 - Profit and Loss Statements for 2019
 - Bank Statements for 2019
 - Tax Returns for 2019
 - If a new business (**established within the last 12 months**), provide documentation of activities including:
 - Profit and Loss Statements for the past 12 months
 - Bank Statements for the past 12 months

- Tax Returns
- Proof of payment for the most recent quarterly or yearly taxes of the specified business.

Eligibility Requirements:

- A business in good standing with the individual business state’s Secretary of State or the Tribe’s Tax Department.
- Current on their most recent quarterly or yearly taxes with the individual business’s State Tax Commission or Tribe’s Tax Department, depending on when the business is required to file.
- Revenue loss must be caused by the impact of COVID-19 and the grant must be necessary to help the business recover from the negative effects of COVID-19.
- 51% majority ownership of the business by an enrolled member of the Walker River Paiute Tribe.
- Application must be completed in full and all requested documentation provided.

Application Window:

- August 10, 2020 to September 4, 2020.
- Application and supporting documentation will be accepted by **email only**. Completed applications should be sent to caresbusinessgrant@wrpt.org and must be received by 11:59 pm (PST) on September 4, 2020.

Award:

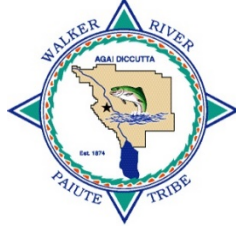
- The Walker River Paiute Tribe will process complete grant applications to verify the business meets eligibility requirements, review required documentation and determine award amount.
- Businesses may be awarded up to \$10,000 per eligible application to provide economic support to businesses affected by COVID-19.
- Applicants will be notified in a letter via email of award or denial. Applicants who receive a WRPT Small Business Grant award will be required to review and complete grant award documents prior to the award being dispersed.

Reviewing Process and Procedure:

- Only one (1) application per business will be accepted.
- Submitted applications will be reviewed in the order received.
- Once the application period closes at 11:59 pm (PST) on September 4, 2020, the Walker River Paiute Tribe will begin review of the applications to ensure the business has met the qualifications.
- Once application reviews are complete and eligibility/ineligibility determined, the Walker River Paiute Tribe will provide applicants with approval/denial letter and the specified award amount via email within 15 business days (September 25, 2020) of applications closure.
- Applicants awarded a WRPT Small Business Assistance Grant will be required to review and return grant award documents prior to payment being dispersed.
- Checks will be mailed to approved businesses on September 25, 2020.

Distribution of Award Funds

- Grants shall be awarded on a first come, first served basis.
 - This shall be determined based on the date and time that the **completed** application, including all required documentation, is received by the Tribe from the applicant until the allocated funding is depleted.



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Please note that all requested information must be provided at the time the application is submitted application or the application. Missing information or documentation will delay the processing of the application and could result in loss of funding since only complete applications are processed in the order they are received.

All applications and supporting documentation must be submitted by **via email only** to caresbusinessgrant@wrpt.org no later than **September 4, 2020 by 11:59 pm (PST)**.

GENERAL INFORMATION

Applicant Contact Information

Business Physical Address

Business Mailing Address

BUSINESS INFORMATION

How long has business been established?

What is the nature of your business?

- Arts (fine art, graphic design, etc.)
- Education
- Finance/accounting/budgeting
- General construction/heavy equipment operation
- Healthcare
- Natural resources/environment/agriculture
- Skilled labor (carpentry, ironwork masonry/bricklaying, welding)
- Fireworks
- Other

What percentage of the business do you own?

Complete and submit with this application a Certification of Majority Tribal Member Ownership form to prove 51% majority Tribal member ownership of the business.

Due to the COVID-19 pandemic, have you had to close your business?

Yes	If yes, how long has it been closed?
No	

Have you reopened your business?

Yes	If yes, how long has it been re-opened?
No	If no, do you plan to re-open?

If you plan to re-open your business, when do you plan to re-open?

If you do not plan to re-open your business please provide a brief description of why your business will not re-open.

If you have not had to close your business, state in detail how the COVID-19 pandemic has affected the business' revenue.

Please provide a detailed description of how your business has been impacted by the effects of the COVID-19 pandemic.

REQUIRED FINANCIAL DOCUMENTATION

Please attach the required business financial information listed below as described in more detail in the Small Business Application Grant Application Instructions and Guidance Sheet.

- Profit and Loss Statements
- Bank Statements
- Tax Returns
- Proof of payment of the business' more recent quarterly or yearly taxes with the applicant's state tax commission, if applicable

RELEASE AND DISCLAIMER

By signing below, I certify that I am an enrolled member of the Walker River Paiute Tribe and an authorized agent of the business applying for the Walker River Paiute Tribe Small Business Assistance Grant. I further certify all information provided in this application is true and accurate.

I hereby authorize the WRPT Administration staff and its agents, access to any of my records to verify information I provided in my WRPT Small Business Assistance Grant to Tribal Members CARES Act Program ("Program"). I also consent to any required investigation by the WRPT to confirm information I provided from any State, Federal or Tribal offices or other agencies so that the WRPT can determine if I am eligible for assistance available through the Program. I understand the grant may be considered income. I understand it is my responsibility to determine any impact grant funds I receive may have on my business. If I receive assistance as a result of withholding information or by knowingly providing false or fraudulent information, I agree to repay the assistance and I understand may be found guilty of fraud and subject to Tribal and/or Federal criminal prosecution. If my application is denied, I understand I may request a review within ten (10) days of the date of denial. I understand that no person may be denied assistance on the basis of race, color, sex, age, religion, national origin or political belief. I agree to all terms of this release and disclaimer and I am allowing the WRPT Administration access to my personal and/or business information to process my application. By signing this application, I understand that if I am approved, I will be notified at a later date. Providing false information on an application for funds constitutes tampering with public records and such actions shall be punishable by a fine not to exceed One Thousand Dollars (\$1,000.00), or by a term of imprisonment not to exceed one year

By submitting this application, I hereby agree and stipulate that any action or litigation arising out of or relating to this application shall be brought only in the Walker River Paiute Tribal Court, whether or not that forum is then inconvenient to me.

I have read the above Certification and Waiver information.
I have read the above Release and Disclaimer information and agree.

SIGNATURE HERE

Date

Printed Name



WALKER RIVER PAIUTE TRIBE CERTIFICATION OF MAJORITY TRIBAL MEMBER OWNERSHIP

NOTE: Submit completed questionnaire to the Walker River Paiute Tribe (“Tribe”) within the time frame specified. Use additional sheets to complete answer if needed.

The Undersigned certifies under oath the truth and correctness of all answers to questions made hereinafter:

1. Applicant wishes to qualify his/her business as being majority owned by a member(s) of the Walker River Paiute Tribe.

2. Name of Business:

Address:

Telephone No.:

3. Check One:

Corporation

Partnership

Sole Proprietorship

Joint Venture

Other:

4. Answer the following:

If a Corporation:

a. Date of incorporation:

b. State of incorporation:

c. Give the names and addresses of the officers of this Corporation and establish whether they are a member of the Walker River Paiute Tribe (TM) or Non-Member of the Tribe (NM).

Name	TM/NM	Title	Address	% Ownership
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d. Complete the following information on all stockholders who are not listed in c. above, owning 0% or more of the stock. Establish whether they are a member of the Walker River Paiute Tribe (TM) or Non-Member of the Tribe (NM).

Name	TM/NM	Address	% Ownership
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If a Sole Proprietorship or Partnership:

a. Date of Organization:

b. Give the following information on the individual or partners and establish whether they are a Member of the Walker River Paiute Tribe (TM) or Non-Member of the Tribe (NM).

Name	TM/NM	Address	% Ownership
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If a Joint Venture:

a. Date of Joint Venture Agreement: _____

b. Give the following information on the individuals owning the Joint Venture and establish whether they are a Member of the Walker River Paiute Tribe (TM) or Non-Member of the Tribe (NM).

Name	TM/NM	Address	% Ownership
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5. Give the name, address, and telephone number of the principal spokesperson of your organization:

6. Will any officer or partner listed in #4 be engaged in out-side employment?

Yes No

If Yes, complete:

Name	Title	Employer	Hours/Week
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7. Does this enterprise have any subsidiaries or affiliates or is it a subsidiary or affiliate of another concern?

Yes No

If Yes, complete:

Name and address of subsidiary, affiliate or other concern

Description of Concern

8. Attach a copy of the charter, article of incorporation, by-laws, partnership agreement, joint venture agreement and/or other pertinent organizational documentation.

9. Explain in narrative form the stock ownership, structure, management, control, financing, and salary or profit-sharing arrangements of the enterprise, if not covered in answers to specific questions heretofore. Attach copies of all shareholder agreements, including voting trust, employment contracts, agreements between owners and enterprise. Include information on salaries, fees, profit sharing, material purchases, and equipment lease or purchase arrangements. Evidence relating to structure, management, control, and financing should be specifically included. Also, list the specific management responsibilities of each principal, sole proprietor, partner, or party to a joint venture (as appropriate) listed in response to #4.

10. Attach evidence that the enterprise (or an individual in it) is appropriately licensed for the type of work that is to be performed. Include Federal ID Number (if applicable).

NOTES:

I. Omission of any information may be cause for this statement not receiving timely and complete consideration.

II. The persons signing below certify that all information in this CERTIFICATION, including exhibits and attachments, is true and correct.

III. Print name below all signatures.

If applicant is Sole Proprietor, Sign Below:

Name Date

If applicant is in a Partnership or Joint Venture, all Partners must sign below:

Name Date

Name Date

If applicant is a corporation:

By:

President's Signature Date

Attested by:

Corporate Secretary's Signature Date

WARNING: U.S. Criminal Code, Section 1010, Title 18, U.S.C. provides in part:
"Whoever...makes, passes, utters, or publishes any statement, knowing the same to be false...shall be fined not more than \$5,000 or imprisoned not more than two years, or both."