



Promoting Economic Growth While  
Embracing Our Cultural Values And Traditions.

Nimiipuu Community Development Fund  
99 Agency Road P.O. Box 114  
Lapwai, ID 83540

tel. 208-621-3729  
email jonelle@nimiipuufund.org  
www.nimiipuufund.org

## SMALL BUSINESS COVID-19 RELIEF GRANT APPLICATION

Today's Date: \_\_\_\_\_

PERSONAL INFORMATION			
NAME (FIRST, MIDDLE, LAST):		SOCIAL SECURITY NUMBER:	
PERSONAL MAILING ADDRESS:		CITY:	STATE: ZIP:
CELL PHONE:		HOME PHONE:	
EMAIL:			
GENDER: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other		DATE OF BIRTH (MM/DD/YYYY):	
NEZ PERCE TRIBAL ENROLLMENT NUMBER:			
BUSINESS INFORMATION			
BUSINESS & DBA NAME:		DATE ESTABLISHED (MM/DD/YYYY):	ARE YOU THE BUSINESS MAIN CONTACT? <input type="radio"/> Yes <input type="radio"/> No
PHYSICAL ADDRESS:		CITY:	STATE: ZIP:
MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS):		CITY:	STATE: ZIP:
WEBSITE:	FEDERAL TAX ID (IF APPLICABLE):	IS YOUR BUSINESS REGISTERED WITH THE TRIBE OR STATE? <input type="radio"/> Yes <input type="radio"/> No → If no, complete affidavit	
TYPE OF BUSINESS: <input type="radio"/> Sole Proprietorship <sup>1</sup> <input type="radio"/> Partnership <sup>3</sup> <input type="radio"/> Corporation <sup>2</sup> <input type="radio"/> Limited Liability Corporation <sup>4</sup> <input type="radio"/> Other (please specify): _____			
WHAT TYPE OF BUSINESS IS THIS (CHECK ALL THAT APPLY)?			
<input type="checkbox"/> Agriculture, Forestry, Fishing & Hunting	<input type="checkbox"/> Information	<input type="checkbox"/> Educational Services	
<input type="checkbox"/> Mining	<input type="checkbox"/> Finance & Insurance	<input type="checkbox"/> Health Care and Social Assistance	
<input type="checkbox"/> Utilities	<input type="checkbox"/> Real Estate Rental & Leasing	<input type="checkbox"/> Arts, Entertainment & Recreation	
<input type="checkbox"/> Construction	<input type="checkbox"/> Professional, Scientific & Technical Services	<input type="checkbox"/> Accommodation & Food Services	
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Management of Companies & Enterprises	<input type="checkbox"/> Public Administration	
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Administrative & Support & Waste Management & Remediation Services	<input type="checkbox"/> Other (please specify): _____	
<input type="checkbox"/> Retail Trade			
<input type="checkbox"/> Transportation & Warehousing			
WHICH OF THE FOLLOWING BEST DESCRIBES YOUR CURRENT OPERATIONS?			
<input type="radio"/> Non-essential; forced to close	<input type="radio"/> Essential; operating normally	<input type="radio"/> Essential; at reduced hours	<input type="radio"/> Reduced hours due to lack of customers
DO YOU HAVE A BUSINESS PLAN?			
<input type="radio"/> Yes → If yes, please attach.		<input type="radio"/> No → If no, please contact NCDF.	

<sup>1</sup> A sole proprietorship, also known as the sole trader or simply a proprietorship, is a type of business entity that is owned and run by one natural person and in which there is no legal distinction between the owner and the business.

<sup>2</sup> A corporation (sometimes referred to as a C corporation) is an independent legal entity owned by shareholders. This means that the corporation itself, not the shareholders that own it, is held legally liable for the actions and debts the business incurs.

<sup>3</sup> A partnership is a single business where two or more people share ownership. Each partner contributes to all aspects of the business, including money, property, labor or skill. In return, each partner shares in the profits and losses of the business.

<sup>4</sup> A *limited liability company* is a hybrid type of legal structure that provides the *limited liability* features of a corporation and the tax efficiencies and operational flexibility of a partnership. The "owners" of an LLC are referred to as "members."



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OWNER(S) INFORMATION		
PLEASE TELL US ABOUT THE OWNER(S) OF THE BUSINESS DESCRIBED ABOVE.		
NAME:	TITLE:	% OWNERSHIP:
YOUR EMERGENCY SITUATION		
SELECT THE EMERGENCY FINANCIAL HARDSHIP DUE TO COVID-19:		
<input type="checkbox"/> Reduced hours of operation	<input type="checkbox"/> Decrease customers	<input type="checkbox"/> Business Closure → When do you plan to reopen? _____
<input type="checkbox"/> Employment layoff	<input type="checkbox"/> Access to capital to address increased costs	<input type="checkbox"/> Other unforeseen circumstance (please specify): _____
<input type="checkbox"/> Revenue decline	<input type="checkbox"/> Inability to respond to home-delivery requests	
<input type="checkbox"/> Increased operating costs (e.g. employee paid leave)	<input type="checkbox"/> Interrupted supply/delivery	
<input type="checkbox"/> Inability to service customers	<input type="checkbox"/> Employee absenteeism	
DATE HARDSHIP BEGAN:		
PLEASE TELL US ABOUT YOUR CURRENT MONTHLY INCOME.		
INCOME SOURCE	MONTHLY AMOUNT	
Sales	\$	
Other Revenue	\$	
TOTAL INCOME	\$	
HOW MUCH REVENUE HAVE YOU LOST?		
\$		
DO YOU CURRENTLY HAVE ADDITIONAL COSTS DUE TO COVID-19?		
<input checked="" type="radio"/> Yes → If yes, how much additional monthly costs are you now having to pay? \$ _____		
<input type="radio"/> No		
PLEASE TELL US ABOUT YOUR CURRENT MONTHLY EXPENSES.		
EXPENSE	MONTHLY AMOUNT	
Rent/Mortgage	\$	
Advertising/Marketing	\$	
Credit/Debit Fees	\$	
Equipment Rental/Lease	\$	
Insurance	\$	
Licenses/Permits	\$	
Office Supplies	\$	
Postage/Delivery	\$	
Supplies/Materials	\$	
Travel	\$	
Vehicle Expense	\$	
Utilities	\$	
Payroll/Employee Salaries	\$	
PPE	\$	
Other (please specify): _____	\$	
Other (please specify): _____	\$	
TOTAL EXPENSES	\$	



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<b>HAVE YOU APPLIED FOR EMERGENCY RELIEF FUNDING?</b>			
<input type="radio"/> Yes →		If yes, indicate what funding you've applied for and the amount you received:	
		<input type="checkbox"/> SBA	\$ _____
		<input type="checkbox"/> PPP	\$ _____
		<input type="checkbox"/> Idaho Rebounds	\$ _____
		<input type="checkbox"/> Other (please specify):	\$ _____
<input type="radio"/> No			
<b>ARE YOU/YOUR STAFF SIGNED UP AND RECEIVING UNEMPLOYMENT BENEFITS?</b>			
<input type="radio"/> Yes		<input type="radio"/> No	
<b>DESCRIBE THE IMPACT THE COVID-19 CRISIS HAS HAD ON YOUR BUSINESS AND ANY STEPS YOU'VE TAKEN. NOTE IF BUSINESS IS CLOSED AND WHEN IT CLOSED.</b>			
<b>PLEASE INDICATE HOW MANY EMPLOYEES (INCLUDING OWNER(S)) YOUR BUSINESS EMPLOYED BEFORE COVID-19:</b>			
<b>EMPLOYMENT STATUS</b>	<b>FULL-TIME (35 OR MORE HOURS PER</b>	<b>PART-TIME (34 HOURS OR LESS PER WEEK)</b>	<b>TOTAL</b>
Permanent			
Seasonal			
<b>PLEASE INDICATE HOW MANY EMPLOYEES (INCLUDING OWNER(S)) YOUR BUSINESS EXPECTS TO LOSE DUE TO COVID-19:</b>			
<b>EMPLOYMENT STATUS</b>	<b>FULL-TIME (35 OR MORE HOURS PER</b>	<b>PART-TIME (34 HOURS OR LESS PER WEEK)</b>	<b>TOTAL</b>
Permanent			
Seasonal			
<b>HOW WILL THESE FUNDS BE UTILIZED?</b>			
<input type="checkbox"/> Pay building rent/lease <input type="checkbox"/> Gas/transportation costs <input type="checkbox"/> Employee paychecks <input type="checkbox"/> Supply/delivery costs <input type="checkbox"/> Other (please specify):			
<b>AMOUNT (\$) OF EMERGENCY FINANCIAL ASSISTANCE REQUESTING (\$5,000 MAX ALLOWED):</b>			
<b>SUPPORTING DOCUMENTS</b>			
<b>PLEASE PROVIDE THE FOLLOWING SUPPORTING DOCUMENTS FOR YOUR BUSINESS GRANT APPLICATION:</b>			
<input type="checkbox"/> Tribal ID or Certificate of Indian Blood		<input type="checkbox"/> Document(s) showing what funds will be used for (i.e. utility bill)	
<input type="checkbox"/> Copy of driver's license or other form of identification		<input type="checkbox"/> Notarized affidavit for nonregistered small business	
<input type="checkbox"/> Last personal tax return		<input type="checkbox"/> Business Profit & Loss Statement (see template download)	
<input type="checkbox"/> Last business tax return			
<b>LEGAL INFORMATION</b>			
HAVE YOU BEEN INVOLVED IN BANKRUPTCY PROCEEDINGS OR INSOLVENCY PROCEEDINGS OR HAVE PENDING PERSONAL OR BUSINESS JUDGMENTS, UNSETTLED LAWSUITS OR MAJOR DISPUTES? IF YES, ATTACH EXPLANATION.			<input type="radio"/> Yes <input type="radio"/> No
ARE YOUR BUSINESS AND/OR PERSONAL TAXES PAST DUE?			<input type="radio"/> Yes <input type="radio"/> No



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CLARIFYING STATEMENTS	
I CERTIFY THAT I AM AUTHORIZED TO SUBMIT THIS PROPOSAL ON BEHALF OF THE ORGANIZATION/BUSINESS.	<input type="radio"/> Yes <input type="radio"/> No
I CERTIFY THIS ORGANIZATION DOES NOT UNLAWFULLY DISCRIMINATE.	<input type="radio"/> Yes <input type="radio"/> No
I CERTIFY THE INFORMATION PROVIDED IS ACCURATE AND DULY REFLECTS THE APPLICANT BUSINESS ACTIVITIES. I ATTEST THAT, IF AWARDED NEZ PERCE CARES GRANT FUNDING, THE AWARD WILL BE USED IN COVER EXPENSES INCURRED BETWEEN 3/1/2020 AND 12/31/2020 RELATED TO BUSINESS INTERRUPTION CAUSED BY REQUIRED CLOSURE DUE TO THE COVID-19 PUBLIC HEALTH EMERGENCY. I ACKNOWLEDGE MY BUSINESS MAY BE ASKED AND MAY BE REQUIRED TO PROVIDE RECEIPTS OR ADDITIONAL DOCUMENTATION FOR UP TO <b>2 YEARS</b> FOLLOWING THE RECEIPT OF ANY GRANT FUNDING. IF ANY OF THE EXPENSES PAID WITH GRANT FUNDS ARE FOUND INELIGIBLE ACCORDING TO FEDERAL TREASURY OR APPLICATION GUIDELINES, I AGREE TO REIMBURSE NEZ PERCE TRIBE THE FULL AMOUNT OF THE GRANT AWARD. I FURTHER CONSENT TO THE JURISDICTION OF NEZ PERCE TRIBAL COURT AND AGREE THAT ANY DISPUTE WILL BE GOVERNED BY NEZ PERCE TRIBAL LAW.	<input type="radio"/> Yes <input type="radio"/> No

### ACKNOWLEDGEMENT

The undersigned authorizes our organization or its affiliates, successors, or assigns to make all inquiries with credit bureaus and others it deems necessary to verify the accuracy of the information provided herein. The undersigned hereby certifies that this application, including all attachments and supporting documents are valid, accurate, and complete as of the stated date. The undersigned further certifies that the proceeds of any grant made as a result of this application will be used for purposes stated herein. The undersigned, in applying for financial assistance, recognizes that prior to receiving any financial assistance he or she will agree to comply with all federal, tribal, state, and local laws and regulations to the extent that such are applicable.

### MEDIA RELEASE

The mission of Nimiipuu Community Development Fund (NCDF) is to foster economic growth through entrepreneurial capacity building and access to business capital while creating opportunities, advancing the Nimiipuu entrepreneurial spirit and preserving cultural values.

During your participation with the Nimiipuu Community Development Fund (NCDF) there will be many opportunities for NCDF to release media about you and your accomplishments. This can be beneficial to you and NCDF, by marketing your product, service and/or business and NCDF's ability to reach other potential loan participants.

Media released may be photos, videos, voice and/or information imparted through newspapers, informational flyers, social media, video, television, and other media. In order to publish any material, it is necessary for you to sign this.

I hereby authorize Nimiipuu Community Development Fund to release photos and/or media concerning my business and participation in NCDF programs.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE