

CORONAVIRUS SUPPORT PROGRAM
KB-025-2020
KBIC TRIBAL MEMBER OWNED BUSINESS ASSISTANCE GRANT

Application Form

Business Information

Business Legal Name	Business EIN	Business Phone #
Business Address	Primary Contact	
Employee Count (include parent, subsidiary, and affiliate companies)		

Please attach:

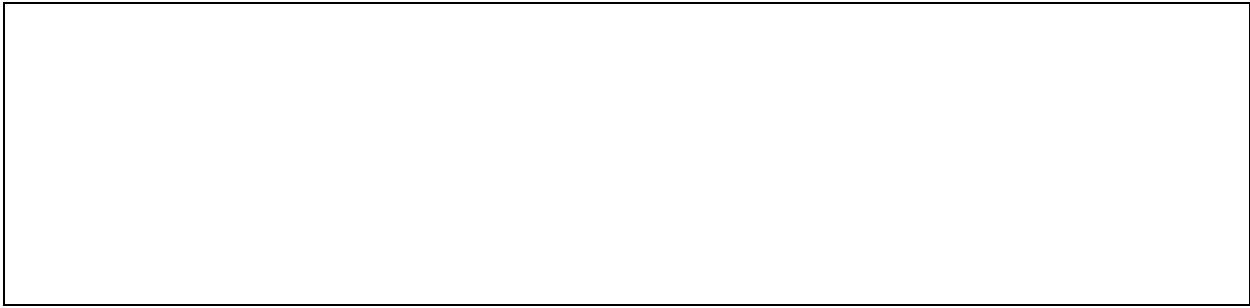
- Proof of ownership (51% owned by KBIC Community Member(s) or Tribal Business License)
- W-9

Eligible Costs and Reimbursements

Eligible costs of temporary Co-vid 19 closure and reopening, including but not limited to:
<ol style="list-style-type: none"> 1. lost profits; 2. inventory or supplies lost due to closure (<i>e.g.</i>, perishables); 3. start-up expenses (<i>e.g.</i>, utilities, maintenance, supplies); 4. administrative controls, safety equipment, and supplies needed to operate during the COVID-19 public health emergency; 5. and other equipment or supplies needed to operate under conditions caused by the COVID-19 public health emergency (<i>e.g.</i>, equipment purchases or upgrades).

Expenses or Proposed Use

List expenses to be reimbursed or proposed use of grant funds (please attach supporting documentation):



Acknowledgment and Certification

I acknowledge that funds used from the grant must be used for eligible expenses and reimbursements incurred between March 1, 2020 and December 30, 2020. I acknowledge that the Business must execute a grant agreement and any other documents required by the Community as a condition for obtaining the grant. I acknowledge that any funds used on expenses other than eligible expenses must be repaid to the Community Tribal Member Owned Businesses Assistance Grant Program.

I certify that the Business is experiencing economic hardship due to the COVID-19 public health emergency and that the amount requested is necessary to meet my/our business obligations.

Authorized Representative, Title

Signature

Date