



CARES ACT TRIBAL MEMBER SMALL BUSINESS GRANT APPLICATION

This funding is a **one-time** only assistance program for small business owners who have been affected by the Covid-19 pandemic. Please fill out application entirely and attach supporting documents along with a copy of your tribal id.

****Priority will be given to St. Paul business owners. Not all applications will necessarily be funded.****

Return applications and documentation to: covid19biz@aleut.com by December 3, 2020.

What type of business do you own: _____

Business Name: _____

*Business License No: _____

Business Owners Full Name: _____

Mailing Address: _____

Phone No.: _____

Email: _____

- | | Yes | or | No |
|--|--------------------------|----|--------------------------|
| • Do you have a business Plan?
○ If yes, please attach to application. | <input type="checkbox"/> | | <input type="checkbox"/> |
| • Do you have business financial statements for calendar year 2019?
○ If yes, please attach to application. | <input type="checkbox"/> | | <input type="checkbox"/> |
| • Were you in business prior to 3/1/2020?
○ If yes, please attach to application. | <input type="checkbox"/> | | <input type="checkbox"/> |
| • Has your business been financially impacted by the Covid-19 Pandemic? | <input type="checkbox"/> | | <input type="checkbox"/> |

Please explain how Covid-19 has affected your ability to do business: *Attach supporting documents if able to (such as bank statements or a type of financial statement showing decline in your sales from prior years/months to when Covid-19 lockdown began).*

*If you do not have a business license nor any other type of documentation showing you indeed have a business, please bring in a signed affidavit from a person who does not reside in your home, preferably a customer, that can verify you indeed have a business and attach with the application.

Signature: _____ Date: _____

Date Received: _____ Intake person Initials: _____ Amount Received: \$ _____