



CHI ISHOBAK

Pokagon Band of Potawatomi Indians 2021 COVID-19 Business Support Program Application

General Description

- a. The 2021 COVID-19 Business Support Program (“Program”) is established to provide economic assistance (“Assistance”) to businesses that are owned by Band Citizens in order to reimburse those businesses for increased COVID-19-related costs and/or costs of business interruption caused by the COVID-19 public health emergency.
- b. The applicant (“Applicant”) shall have the burden of proving eligibility under the Program. All applications for Assistance shall be made on a form approved by the Band and provided by Chi Ishobak, Inc. (“Chi” or “Chi Ishobak”).
- c. The Applicant must: (1) be a business that is majority-owned by one or more Band Citizens; (2) have suffered business interruption due to COVID-19-related business closures or decreased demand due to COVID-19 and/or have incurred increased costs associated with complying with COVID-19 public health measures; and (3) have documentation of the costs being claimed.
- d. Only costs that have been or will be incurred between March 1, 2020 and June 30, 2021 may be reimbursed through this Program.
- e. Assistance is limited and subject to available funding. The maximum amount of Assistance available to an Applicant is \$25,000, including amounts through this Program and the prior COVID-19 Business Support Program that ended in December 2020.
- f. Assistance shall not be used for or include expenses that have been or will be reimbursed under any federal program or any other Band program, or for damages covered by insurance.
- g. Applicants must include with the Application: (1) a brief description of how your business has been impacted by the COVID-19 public health emergency; (2) a list of expenses being claimed for reimbursement; (3) a signed copy of the filed 2020 federal income tax return for the business; (4) a completed IRS Form W-9 for the business; and (5) a copy of the majority owner Band citizen’s tribal identification.
- h. Applicants must have and retain a copy of all evidence submitted to the Band in support of this Application and must provide the same upon request.
- i. Anything in this Application notwithstanding, Chi and the Band retain the authority to (1) request supporting information or documentation from the Applicant if necessary to clarify the existence and extent of how an Applicant’s business has been impacted by the COVID-19 public health emergency; and (2) require an Applicant to provide additional proof of eligibility under this Program.
- j. All Assistance provided under this Program must be used in compliance with the Coronavirus Aid, Economic Relief, and Security (“CARES”) Act, P.L. 136-116, associated guidelines provided by the U.S. Department of Treasury (“Treasury”), and Band law. This Program shall be interpreted in a manner that is consistent with CARES, Treasury guidelines, and Band law.
- k. Completed Applications must be delivered to Chi Ishobak by any of the following methods: (1) personal or private courier delivery or U.S. mail to 27043 Potawatomi Trail, Dowagiac, Michigan 49047; (2) electronically, including without limitation, email to info@chiishobak.org or fax to (269) 783-2494. Chi Ishobak is assisting the Band in administering this Program, including by performing a review of the completed Applications for compliance with the Program.
- l. Completed applications must be received by 5:00 pm, June 30, 2021 (“Deadline”). No applications will be accepted after the Deadline.
- m. Any decision regarding the Program, including without limitation the Application or the Assistance, shall be final and shall not be subject to review or appeal.
- n. Nothing in this Program shall: (1) be construed to vest in any person or entity any right or interest in any Band revenue or assets or in any Chi Ishobak revenue or assets; (2) create any obligation that is legally enforceable against the Band or Chi Ishobak; or (3) waive the sovereign immunity of the Band or any of its officials or employees.
- o. The Band reserves the right to amend and/or repeal this Program, subject to applicable law.



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Small Business Support Application

Description of COVID-19 Impact

Please attach a brief description of how your business has been impacted by the COVID-19 public health emergency.

Assistance Requested

Total amount requested: _____

Please **attach** a list of expenses being claimed for reimbursement, with sufficient information regarding those expenses to determine their eligibility for reimbursement. All expenses must be either: (1) increased costs incurred to comply with COVID-19 public health measures; or (2) regular business expenses for which the business is in need of support due to the economic impacts of the COVID-19 public health emergency.

Please keep in mind that expenses not consistent with the CARES Act and Treasury guidelines will not be reimbursed, including but not limited to severance pay, legal settlements, and bonuses.

You **must also attach**: (1) a signed copy of the 2020 federal income tax return for the business, (2) a completed IRS Form W-9 for the business, and (3) a copy of the majority owner Band citizen's tribal identification.

If the business received assistance under the prior COVID-19 Business Support Program that ended in December 2020, please identify the amount of assistance received:_____.

Applicant			
Business Name:		Date:	
Contact Person:		Telephone Number:	
Business EIN:		Fax Number:	
Physical Address:	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:
Email:			

Ownership Information

List all persons or entities with a share in the ownership of the business.

Name:	Ownership Share (%):	Social Security Number	Enrollment Number

Certifications and Authorizations

By signing below, the undersigned Applicant makes the following representations, authorizations, and certifications:

- I have read this Application, and am eligible to receive Assistance under the Program.
- I attest and certify that to the best of my information, knowledge, and belief all information provided in and with this Application is true, accurate, and complete.
- I attest and certify that the business listed in this application has experienced business interruption and/or increased costs due to the COVID-19 public health emergency and is in need of financial assistance.
- I acknowledge and understand that I have and must retain a copy of all evidence submitted in support of this Application, and must provide the same to the Band upon request.
- I acknowledge and understand that Assistance shall not be used for or include expenses that have been or will be reimbursed by any other source, including under any federal program or any other Band program.
- I attest that Assistance provided under this Program shall not be used for lobbying.
- I attest that Assistance provided under this Program shall only be used consistent with this Program and applicable law.
- I acknowledge and understand that providing any false information may subject me to legal action, including without limitation, criminal prosecution.

Applicant's Signature

Print Applicant's Name

Date: _____

For office use only:

- APPROVED for amount requested DISAPPROVED
 APPROVED for amount other than requested of \$_____

By: _____
Signature

Print Name

Date: _____