

# Quechan Indian Tribe of the Fort Yuma Indian Reservation

## COVID-19 SMALL BUSINESS GRANT APPLICATION

This Application is provided by the Quechan Indian Tribe to businesses seeking a grant through the Tribe's COVID-19 Small Business Grant Program. The program is being offered to assist businesses owned by enrolled members of the Tribe, as well as business enterprises wholly owned by the Tribe, that have suffered business interruption costs incurred due to COVID-19 required closures. Please complete the Application and submit to Quechan EDA, PO Box 1899, Yuma, AZ 85366-1899, or by e-mail to [b.golding@quechantribe.com](mailto:b.golding@quechantribe.com), by **October 30, 2020**.

### 1. Basic Information

Business Legal Structure:  Individual/Sole Proprietor     LLC     C-Corporation  
 S-Corporation     Partnership/LLP     Other: \_\_\_\_\_  
 Business Enterprise wholly owned by the Quechan Tribe

Name of Business: \_\_\_\_\_ EIN#: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Date Business Established or Formed: \_\_\_\_/\_\_\_\_/\_\_\_\_

### 2. Business Ownership

Please list all owners of the business, their respective percentage of ownership, and indicate whether the owner is an enrolled member of the Tribe:

Name	Percentage of Ownership	Enrolled Member of the Quechan Tribe?	Tribal Enrollment No., if applicable
_____	_____%	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____%	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____%	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____%	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____%	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____%	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

3. Business Interruption Information

- o Did the Business voluntarily close or was it required to close due to COVID-19?

Yes  No

- If yes, please fill in the following dates:

Business close date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Business reopen date or target reopen date: \_\_\_\_/\_\_\_\_/\_\_\_\_

- o Please estimate the cost of business interruption expenditures related to COVID-19 and incurred between March 1, 2020, through July 31, 2020: \$\_\_\_\_\_

- o Please indicate all of the specific business interruption expenditures the business has made, or is legally obligated to make (rent, utilities, insurance, etc.) but has not been able to make, to date, through July 31, 2020, and included in the cost given above:

Payroll costs and expenses	<input type="checkbox"/>	Utilities payments	<input type="checkbox"/>
Rent or mortgage payments	<input type="checkbox"/>	Insurance or tax payments	<input type="checkbox"/>
Purchase of personal protective equipment required by the business	<input type="checkbox"/>	Expenses incurred to replenish inventory or other necessary reopening expenses	<input type="checkbox"/>

- o Please describe any other information that may assist the Tribal Council in awarding a grant:

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- o Has the Business applied for or received federal relief to assist with its business interruption costs? Yes  No

- If yes, please list the program name or description and the amount received:

<b>Program Name/ Description</b>	<b>Date Assistance Received</b>	<b>Amount of Assistance</b>
_____	____/____/____	\$_____
_____	____/____/____	\$_____
_____	____/____/____	\$_____

ANY GRANT RECEIVED UNDER THE QUECHAN SMALL BUSINESS GRANT PROGRAM MAY NOT BE USED CONTEMPORANEOUSLY WITH FUNDS

RECEIVED UNDER THE CARES ACT THROUGH THE PAYCHECK PROTECTION PROGRAM

4. Additional Required Information:

- Please attach the Articles of Organization or similar formation document(s) to the application.
- Please attach proof of ownership to the application.
- Please attach any receipts for business interruption expenditures incurred to date, or bills, invoices, demand letters, etc., evidencing expenditures not made to date but for which you or your business are legally obligated to make.
- Please attach an itemized budget or spreadsheet that details the business interruption expenditures.

I \_\_\_\_\_ hereby certify that the above information is true and correct and, if requested by the Quechan Indian Tribe of the Fort Yuma Indian Reservation, I shall provide documentation in support of this information, within ten (10) working days of the request. I acknowledge and understand that if I fail to respond to the request within the specified time, my application shall be deemed incomplete and returned to me and will not be considered for award.

\_\_\_\_\_  
Name and Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

*For Department Use Only*

Date Received: \_\_\_/\_\_\_/\_\_\_

Date Processed: \_\_\_/\_\_\_/\_\_\_

Processed By: \_\_\_\_\_