

Little Traverse Bay Bands of Odawa Indians - CARES Act Funding for Small Businesses

Qualification Information - Please answer YES or NO.	
Is the business 51% or more LTBB-Citizen owned?	
Did the business sustain a loss of revenue or was otherwise negatively impacted by COVID-19?	
Is this a marijuana-based business?	

Contact Information of Business Owner	
Name:	
LTBB Enrollment #:	
Residential Address:	
City, State, and Zip Code:	
Phone Number:	
Email:	

Identifying Business Information	
Legal Name of Business:	
Business Address:	
City, State, and Zip Code:	
County:	
Physical Business Address: <small>(if different from above)</small>	
Does business have multiple locations? <small>If yes, include all other addresses in this box.</small>	
Business Phone Number:	
Business Email:	
Business Website or Facebook Name:	
Year Founded:	
How long under current ownership?	
State or Tribal Land where business was established:	
Is this business a franchise?	
Organization Type:	
Industry of Business:	
DUNS ID#:	
EIN/Federal Tax ID:	
Local Bank Name:	
Local Bank Phone Number:	
Local Bank Email:	

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Description of Business Activities & Impact of COVID-19

Please describe your business and the services/products you supply.

Please describe how your business has been impacted by COVID-19, including if the business was forced to close, voluntarily closed, or remained open. Please also include how your business is currently operating.

Please describe any change(s) you have made to your workforce in response to COVID-19.

Is the business providing support to impacted employees? If yes, please explain.

Please list and describe current monthly business expenses (payroll, rent/mortgage, utilities, supplies, etc.).

Please describe your plans to continue business operations, including how funding will assist.

Please describe how the funds will be used, and how usage will be documented to ensure compliance with eligible uses.

Please list any other sources of funding that have been requested for this business in response to COVID-19. Include whether the request(s) were approved, denied, or declined by the business and the amount of such funds.

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Business Financial and Employee Information:				
Annual revenue for the following years: (attach copy of income statements)	2017		2019	
	2018		2020 YTD	
2020 estimated revenue loss:	March		June	
	April		July	
	May		August	
2019 Expenses:				
Estimated capital investment in business in last 3 years:				

How many employees did the business have in the past 3 years? Include full-time and part-time employees.	2017	
	2018	
	2019	

Number of employees before COVID-19 pandemic:	
Number of employees receiving pay as of date of application:	
Number of employees to be retained if funding is approved:	

Amount of Funding Requested <i>(please provide specific monetary amount)</i> :	
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Additional Questions - Please answer YES or NO.	
Has the business ever filed for bankruptcy?	
Is the business currently involved in litigation which would have material effect on financial solvency?	
Has the business or owner(s) been convicted of a financial crime?	
Has the business or owner(s) been involved in bankruptcy, creditor's rights, receivership, or foreclosure proceedings?	
Is the business or owner(s) under active investigation or indictment for any criminal act of a financial crime?	
Is the business or owner(s) subject to state or federal tax liens or child support enforcement orders?	
Are you aware of any potential conflicts of interest with those who are reviewing this application?	

If you answered YES to any of the above questions, please provide a description here.

If desired, please use this space to share any additional comments or information in regard to your application.

By signing below, you are certifying that the information contained in this application is true and accurate to the best of your knowledge.

X _____

SIGNATURE OF APPLICANT

X _____

DATE