

Tunica-Biloxi COVID Economic Rescue Program for Tribal-Member Businesses

Date: _____

Application Conditions & Information

Application submissions may be either emailed, hand-delivered, or mailed to Jessica Barbry, Budget & Data Analyst. For email submissions, please send the application to jabarbry@tunica.org. For mail submissions, please submit the application to the following address:

Tunica-Biloxi Tribe of Louisiana
Attn: Jessica Barbry, Budget & Data Analyst
150 Melacon Road
Marksville, LA 71351

Questions regarding this application may be submitted in writing to Jessica Barbry at the above address or by email jabarbry@tunica.org.

Applicant Information

Approved requests will be made payable to the legal name of the organization and mailed to the organization address provided.

Legal name of organization: _____

Tunica-Biloxi Member-Owned Business (Certificate of Preference Eligibility is encouraged)

Roll Number: _____ Birth date: _____

Applicant Business Organization:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> C. Corp | <input type="checkbox"/> S. Corp |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Other _____ |

Organization address:

Street City State ZIP

Primary principal contact/title:

Business address: Same as organization address

Street City State ZIP

Phone: (____) _____ Ext.: _____

Email address: _____

Funding request amount: _____

Begin date: March 11, 2021

Narrative Justification of Negative Impact of COVID-19

Please provide a narrative that identifies the negative impact your business suffered related to COVID-19.

COVID-19 Business Reimbursable and Future Expenditures

Provide a detailed budget of expenditures requested for reimbursement (01/01/21 to present date) and expenditures to assist the business to recover from the negative impact from COVID-19.

PPE and sanitization costs	\$ _____
COVID-19 testing/tracing costs	\$ _____
Telework costs	\$ _____
Contactless and/or touchless retrofitting costs	\$ _____
Equipment automation costs	\$ _____
Other COVID-19 costs	\$ _____

Budget Justification Narrative

Please provide a budget narrative that justifies reimbursement of expenditures and/or future expenditures that will assist the tribal business to recover from the negative impact of COVID-19.

Attachments: *(To complete this application, you must supply copies of the following)*

- Proof of expenditures due to COVID-19
 - Copies of invoices and checks issued pertaining to reimbursement requests associated with qualified expenses due to COVID-19
- Business License or Certificate of Formation
- Most recent tax filing (if applicable)
- IRS W-9 form
- Most recent tax filing (if applicable)
- Certificate of Preference Eligibility (TERO Office) is not required but encouraged

Certification

By signing this application, the recipient certifies that, if awarded funds under Tunica-Biloxi COVID Economic Rescue Program for Tribal-Member Businesses, the expenditure of such funds must adhere to applicable federal law and official federal guidance issued or to be issued on what constitutes a necessary expenditure.

To the best of my knowledge, this application and the enclosed supplemental documents represents a true, complete, and accurate representation of the business expenditures derived from the COVID-19 public health emergency.

Authorized Representative Signature

Date