



THE ALLIANCE CDFI

144 Klamath Blvd., Klamath, CA. Phone: (707)482-0657

**SMALL BUSINESS  
COVID RELIEF FUND APPLICATION**

\*The Alliance developed the COVID Relief Fund to help Tribal Businesses of all kinds make it through these uncertain times; We want you to know that we are here to support you and your business. If you have questions, or need assistance with this application, please contact Sara Barbour at [sbarbour@yuroktribe.nsn.us](mailto:sbarbour@yuroktribe.nsn.us) to set up a phone meeting for guidance.

**Applicant:**

Legal Business Name (If no Business name, use your name)

Business License #

☐ No Business License Required

Operating dba (if applicable):

Federal Tax ID (Do NOT input Social Security No. on this form.)

**Physical Business Address: (No P.O. Box Allowed)**

Street Address/P.O. Box

City

State

Zip

+ 4

County

**Primary Contact Information**

Last

First

MI

Email address:

Street Address/P.O. Box

City

State

Zip

+ 4

County

Telephone - Voice:

Alternative Telephone - Voice:

Telephone - Fax:

Loss of revenue due to COVID-19 (Funding request):

\$

\*Must complete attached Profit & Loss worksheet (page 4)

**At this time, you must be a Yurok Tribal Member to be eligible to receive Small Business COVID Relief Funds through The Alliance CDFI.**

Are you a member of a Federally Recognized Tribe?

☐ Yes Which Tribe? \_\_\_\_\_  
☐ No

Enrollment # \_\_\_\_\_

All eligible Artisans, Vendors, and Small Business owners will qualify for up to a \$10,000 grant for COVID relief assistance in the initial round of funding. If your business is in need of additional assistance due to a greater revenue loss, please complete the following 2 pages of the application. Eligible businesses that qualify for a greater need will be required to supply additional information and documentation to verify the amount requested, including, but not limited to: Last two years of tax returns, profit and loss statements for 2019, and 2020 year to date. If you are not requesting more than the \$10,000 relief grant, please sign the bottom of this page, complete page 4 (profit and loss worksheet) and submit for processing.

I swear and affirm that all the information in this application is true to the best of my knowledge.

I understand that the intent of this grant is to assist tribal entrepreneurs and small businesses to help them survive the economic impact of the COVID-19 pandemic. I understand that if I use the grant for any purpose other than the intended use, that I may be asked to pay back the money at terms and conditions of the Alliance CDFI choosing. I further consent to the jurisdiction of the Yurok Tribal Court and agree that any dispute will be governed by Yurok law.

Signature

Name

Date

**Businesses in need of assistance greater than \$10,000.00 due to revenue loss and other shortfalls as a result of COVID-19, please complete the remaining sections of the application:**

**Business Legal Structure:**

☐ Individual/Sole Proprietorship ☐ C-Corp ☐ S-Corp ☐ Corp LLC ☐ Partnership- LLP ☐ Partnership - Joint Venture ☐ Trust

☐ Other If Other, please define:

Is this a franchise? ☐ Yes ☐ No Franchise Name:

**Business Type:**

☐ Retail ☐ Restaurant ☐ Consumer Service ☐ Professional Service ☐ Healthcare Provider ☐ Manufacturing ☐ Other:

Date Business Started:  Mo.  Day  Yr. (YYYY)

Date Ownership Began:  Mo.  Day  Yr. (YYYY)

Date Hardship Began:  Mo.  Day  Yr. (YYYY)

**% drop in revenue from the same period last year?**

% March  % April  % May

**Normal # of Hours Open Each Day**

Mon	Tues	Wed	Thurs	Fri	Sat	Sun
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Which of the following best describes your current operations?** (Check Only ONE)

☐ Non-essential; forced to close ☐ Essential – Operating normally ☐ Essential- at reduced hours ☐ Reduced hrs. due to lack of customers

Mon	Tues	Wed	Thurs	Fri	Sat	Sun
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Current # of Hours Open Each Day:

**Employment Information:**

# Owners Working in Business			
Prior to 3/1/2020		3/1 - Present	
FT	PT	FT	PT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

# Paid Employees			
Prior to 3/1/2020		3/1 - Present	
FT	PT	FT	PT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Projected # Employees Following Covid-19 Crisis					
Very Confident		Somewhat Confident		No Idea	
FT	PT	FT	PT	<input type="checkbox"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

**AMOUNT OF FUNDING REQUESTED: \*Last two year's tax returns, Profit and Loss statements from 2019 & 2020 YTD are required to process requests for amounts over \$10,000.**

REVENUE LOSS	<input type="text"/>
PAYROLL COSTS/EXPENSES	<input type="text"/>
PPE (Personal Protection Equipment) EXPENSES	<input type="text"/>
<b>TOTAL</b>	<input type="text"/>

**ADDITIONAL INFORMATION:**

Answers to the following questions and the information provided do not automatically make you eligible or ineligible for funding. Answers and information will, however, be used to make a final funding decision by the loan committee. \*If you answer "yes" to any of the following questions, additional information will need to be provided during phone interview.

Has any Business Owner ever declared bankruptcy?

☐ Yes ☐ No

Is any Business Owner a party to any legal claim or lawsuit?

☐ Yes ☐ No

Is any Business Owner past due on any taxes?

☐ Yes ☐ No

Are there any tax liens filed against any Business Owner?

☐ Yes ☐ No

Are there any other liens filed against your business or any Business Owner?

☐ Yes ☐ No

Is the business currently in violation of any government codes/ordinances?

☐ Yes. ☐ No

Does anyone else have ownership in this business?

☐ Yes ☐ No

Do you have 20% or more ownership in any other businesses?

☐ Yes ☐ No

**INFORMATION REGARDING OTHER COVID-19 RELATED PROGRAMS:**

**1. Have you applied for an SBA Economic Injury Disaster Loan (EIDL)?**

☐ YES (If yes, please complete the rest of this section.)

☐ NO (If answer is no, skip to the next question)

Were you awarded a loan?

☐ YES If yes, indicate amount received: \_\_\_\_\_

☐ NO If answered no, please indicate why you were denied: \_\_\_\_\_

**2. Have you applied for the SBA Payroll Protection Program?**

☐ YES (If yes, please complete the rest of this section)

☐ NO (If answer is no, skip to next section)

Were you awarded PPP funding?

☐ YES If yes, indicate amount received: \_\_\_\_\_

☐ NO If answered no, please indicate why you were denied: \_\_\_\_\_

**North Coast Small Business Development Center**

The Alliance works closely with the North Coast Small Business Development Center. Would you like us to connect you so that they can help provide additional resources to support your business?

☐ Yes ☐ No

Depending on the applicant's request for funding, verification of expenditures may be required for the grant to be forgiven. Any verification requirements will be determined PRIOR to funding being dispersed, and such applicants will receive written instruction regarding requirements specific to their grant.

I swear and affirm that all the information in this application is true to the best of my knowledge.

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

## ANNUAL PROFIT AND LOSS STATEMENT

BUSINESS NAME:

### INCOME:

SALES	
OTHER REVENUE	
<b>TOTAL INCOME:</b>	

### BUSINESS EXPENSES:

ADVERTISING/MARKETING	
CREDIT/DEBIT FEES	
EQUIPMENT RENTAL/LEASE	
INSURANCE	
LICENSES/PERMITS	
OFFICE SUPPLIES	
POSTAGE/DELIVERY	
RENT/MORTGAGE Office space/storage, etc.	
SUPPLIES/MATERIALS	
TRAVEL	
UTILITIES	
VEHICLE EXPENSE	
<b>TOTAL EXPENSES:</b>	

### OTHER EXPENSES:

PAYROLL:	
PAYROLL EXPENSES:	
PPE EXPENSES:	
OTHER:	
<b>TOTAL OTHER EXPENSES:</b>	

<b>TOTAL INCOME:</b>	
<b>SUBTRACT EXPENSES:</b>	
<b>SUBTRACT OTHER EXPENSES:</b>	
<b>NET INCOME (LOSS):</b>	