

The Hopi Tribe

COVID-19 SMALL BUSINESS CRF APPLICATION

This Application is provided by the Hopi Tribe (“Tribe”) to businesses seeking federal financial assistance through the Hopi Tribe Coronavirus Relief Fund (“CRF”) Business Program. The program is being offered to assist businesses owned by members of the Tribe or wholly owned by the Tribe that have suffered business interruption costs incurred due to COVID-19 required closures. Complete the Application and submit to the CARES Act Committee at GPovatah@hopi.nsn.us. Applications will be accepted beginning **August 11th, 2020** and will continue to be accepted and reviewed on a rolling basis to address ongoing or evolving needs.

Tribally-owned businesses can only be awarded funds for expenditures that meet the following criteria:

1. Necessary expenditures incurred due to the public health emergency with respect to the Coronavirus disease 2019 (COVID-19);
2. Were not accounted for in the budget most recently approved as of March 27, 2020 (the date of enactment of the CARES Act);
3. Were incurred during the period that begins on March 1, 2020 and ends on December 30, 2020.

1. Basic Information

Name of Business: _____

EIN#: _____

Street Address: _____

DUNS#: _____

City/State/Zip Code: _____

2. Business Ownership

- a. Is the business wholly owned by the Hopi Tribe? Yes No
- b. Is the business owned by Hopi Tribal member(s)? Yes No

If the business is wholly owned by the Tribe, complete the following table:

<u>Position</u>	<u>Name</u>	<u>Contact Phone</u>	<u>Contact Email</u>
Board Chair			
Board Vice Chair			
Board Treasurer			
Board Secretary			
Executive Director/CEO			
Business Manager/CFO			

If the business is not wholly owned by the Tribe, 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 Hopi Tribe	Tribal Enrollment Number, 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, fill in the following dates:

Business closure date: ____ / ____ / ____

Businesses reopen date or target reopen date: ____ / ____ / ____

- o Estimate the cost of business interruption expenditures related to COVID-19:

\$ _____

- o Describe the specific business interruption expenditures the business has made to date:

- o Describe any other information that may assist the CARES Act Committee in awarding federal financial assistance:

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

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

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

ANY FUNDS RECEIVED UNDER THE HOPI TRIBE CRF SMALL BUSINESS PROGRAM MAY NOT BE USED CONTEMPORANEOUSLY WITH FUNDS RECEIVED UNDER THE CARES ACT THROUGH THE PAYCHECK PROTECTION PROGRAM, NOR MAY THE SAME COSTS BE CLAIMED FROM BOTH THE CRF SMALL BUSINESS PROGRAM AND OTHER FEDERAL FUNDING.

3. Additional Required Information:

- Attach the Articles of Organization or similar formation document(s) to the application.
- Attach proof of ownership to the application.
- Attach any receipts for business interruption expenditures incurred to date.
- Attach an itemized budget or spreadsheet that details the business interruption expenditures for which you are applying.
- Attach an itemized budget or spreadsheet that details the expenditures being reimbursed from other federal relief.

I _____ hereby certify that the above information is true and correct and, if requested by the Hopi Tribe, can provide documentation in support of this information.

Name and Signature

Date

Title

For Committee Use Only

Date Received: ___/___/___

Date Processed: ___/___/___

Processed By: _____