



Tulalip Owned Business Assistance Grants Application Form

The Tulalip Owned Business Assistance Grant from COVID 19 Impacts program is designed to provide economic assistance to Tulalip Tribal member owned businesses and/or Tribes who have experienced financial hardships due to the effects of the COVID-19 pandemic. Funding of this program is in accordance with ARPA and FRF.

DISTRIBUTIONS: Checks will be mailed to the address on file with Tulalip Tribes Enrollment. Checks may take up to three weeks after your application has been received.

APPLICATIONS RECEIVED OR POSTMARKED AFTER 12:00 PM ON OCTOBER 29, 2021 WILL NOT BE PROCESSED.

Applications can be submitted three ways

- Drop off with the CSR Desk at the Administration Building
- Email Application to: caresact@tulaliptribes-nsn.gov
- Mail Application to:
Attn: CEO Office
Tulalip Tribes Admin Building,
6406 Marine Drive, Tulalip, WA 98271

PART 1 – APPLICANT INFORMATION

Business Owner Name _____

Business Name _____

Tribal or State Business License # or Fishing Permit # (attach a copy of license):

Business Owner's DOB _____ Business Owner's Tribal Enrollment No. _____

Business Owner's Contact Phone No. _____

Business Owner's Email _____

PART 2 – ECONOMIC NEED

Between April 1, 2020 and June 2021, I/we have experienced the following (check all that apply) economic impacts caused by the COVID-19 Pandemic:

- | | |
|-----------------------------------|---------------------------|
| Reduced Revenue | Increased inventory costs |
| Increased utility costs | Increased personnel costs |
| Increased PPE costs for personnel | |

List other unanticipated costs due to COVID-19:

PART 3 – CERTIFICATION

I certify that the funds I received from the Tulalip Tribes shall be used for the economic impacts of COVID-19. I certify I meet the Tulalip Owned Business Assistance Grant from COVID 19 Impacts Program requirements, and the information contained herein is true and correct to the best of my knowledge. I agree that if we do not meet the requirements, I may be required to repay the funds to the Tulalip Tribes.

Applicant Signature _____ Date _____

Required Documents:

- Copy of Tulalip Tribal ID
- Copy of Tribal Business License or State Business License, or fishing permit or fireworks permit

OFFICIAL USE:	
Application Received _____	Received by: _____
Reviewed _____	Reviewed by: _____
Approved: _____	Approved by: _____