

Little Traverse Bay Bands of Odawa Indians
Department of Commerce (DOC)

7500 Odawa Circle
Harbor Springs, MI 49740

Phone: (231) 242-1584
Email: DOC@ltbbodawa-nsn.gov

LTBB DOC ARP Grant Program Guidelines

Little Traverse Bay Bands of Odawa Indians (LTBB) has received funding from the American Rescue Plan (ARP) Act and the LTBB Department of Commerce (DOC) is administering a portion of these funds to eligible businesses that have experienced a negative economic impact due to the pandemic. DOC will be distributing a total of \$1,600,000.00 in the form of grants to eligible businesses.

The deadline to submit an application and all required documents is March 8th, 2022.

Eligibility requirements are as follows:

- Must be: LTBB-Owned Business/LTBB Tribal Citizen-Owned Business/LTBB-Registered Non-Profit (as of Oct. 2021)
- Must have 500 or less employees – unless business is in the travel, tourism, or hospitality industries
- Must have been operating prior to the pandemic (**prior to March 13th, 2020**)
- Must have experienced a negative economic impact due to the pandemic
- Must have been affected by required closures and other efforts to contain the pandemic
- If business received CARES funds through LTBB DOC, all post-grant reports + supporting receipts must be submitted

To be considered for funding, each business must submit a signed application, proof of ownership, W-9, documentation of 2019-2021 revenues, and documentation showing the identified negative impact to the business.

The eligible timeframe for costs is 3/11/2021 – 12/31/2024, with all goods/services being received by 12/31/2026. Eligible uses include: supporting payroll and benefits costs of employees (cannot be owner pay), costs to retain employees, mortgage/rent for the business space, utility costs for the business, other operating costs for the business, assistance to implement COVID-19 prevention or mitigation tactics (examples are: physical plant changes to enable social distancing, enhanced cleaning efforts, barriers or partitions, COVID-19 vaccination/testing/contact tracing programs), technical assistance, counseling, or other services to assist with business planning needs (must be related to the pandemic), **for tourism, travel, and hospitality facilities ONLY – aid for a planned expansion or upgrade that was delayed due to the pandemic.** Other expenses may be considered; please contact DOC before submitting for “other” to verify eligibility.

Applicants must submit a post-grant report, with receipts, showing how the funding was used to respond to the identified negative economic impact. Any funds not utilized, or utilized inappropriately, must be returned to LTBB.

Flow of Program

1. The eligible entity was operating prior to the pandemic.
2. The eligible entity experienced a negative economic impact from pandemic & was affected by required closures and other efforts to contain the pandemic.
3. The eligible entity identifies the negative economic impact & explains how it was related to the pandemic.
4. The eligible entity identifies the amount of funds needed to respond to the identified negative economic impact.
5. The eligible entity indicates the eligible expense(s) for which funds will be used.
6. DOC evaluates application and awards funds accordingly for the entity to apply towards the eligible expense(s).
7. If funds are awarded, applicant submits a post-grant report and receipts within 6 months of spending funds or by December 31st, 2024 – whichever comes first.

- Incomplete applications or those missing required supporting documents will not be considered.
- Business must agree to being published as an awardee if funding is awarded.
- Business is subject to repayment of funds in the event of material misrepresentation or misuse of funds.
- Business must be in good standing, have all necessary permits, and be in compliance with all applicable laws.

Applications are scheduled to be reviewed during March 2022 with award notifications/denials being sent out after review. Funds are scheduled to be mailed out in April 2022 – only after the business signs and returns the award letter. If denied, appeals of procedural errors can be made to the LTBB Chief Financial Officer within 5 calendar days of denial notification.

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LTBB DOC ARP Grant Program Application

Eligibility Questions

Please indicate the status of the business:

LTBB-Owned Business

LTBB Tribal Citizen-Owned Business

LTBB-Registered Non-Profit

Did the business experience a negative economic impact (immediate or delayed) due to the pandemic? _____ (yes or no)

Was the business affected by required closures and other efforts to contain the pandemic? _____ (yes or no)

Was the business operating prior to the pandemic (prior to March 13th, 2020)? _____ (yes or no)

Is this a marijuana-based business? _____ (yes or no)

Contact Information

First Name: _____ Last Name: _____ LTBB Enrollment #, if applicable: _____

Phone: _____ Email: _____ Mailing Address: _____

Business Information – *Must be a form of business recognized under law.*

Name of Business: _____ Date Business Started Operating: _____

Business Address: _____ # of employees, including yourself: _____

Organization Type: Sole Proprietorship DBA Partnership LLC Corporation Other: _____

Industry/Nature of Business: _____ Business Website/Facebook Name: _____

2019 revenue: _____ 2020 revenue: _____ 2021 revenue: _____ *Documentation must be provided.

Please provide a brief description of what the business offers:

Impact of Pandemic – *Separate sheets may be attached if necessary.*

Please explain the negative economic impact to the business.

Please detail how the above negative economic impact was related to the pandemic.

Please state and describe the documentation being submitted with your application to show the above negative economic impact.

Please explain how the business was affected by required closures or other efforts to contain the pandemic.

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DOC ARP Program Application, continued.

Request for Funds & Planned Use of Funds

Specific dollar amount of funds needed to respond to the negative economic impact identified above: \$ _____

Please check the box(es) below to indicate what funds will be used for, and provide a brief explanation in the designated area following your selection. Use must be related and reasonably proportional to the type and extent of harm experienced. If funds are awarded, and the applicant subsequently needs to change their use of funds, DOC must be notified prior.

Supporting payroll and benefits costs of employees (cannot be owner pay): _____

Costs to retain employees: _____

Mortgage/rent for the business space: _____

Utility costs for the business: _____

Other operating costs for the business: _____

Assistance to implement COVID-19 prevention or mitigation tactics (examples include: physical plant changes to enable social distancing, enhanced cleaning efforts, barriers or partitions, COVID-19 vaccination/testing/contact tracing programs): _____

Technical assistance, counseling, or other services to assist with business planning needs (must be related to the pandemic): _____

***For tourism, travel, and hospitality facilities ONLY** – aid for a planned expansion or upgrade that was delayed due to the pandemic: _____

Other - Please contact DOC before submitting for "other" to verify eligibility. Applications submitted for ineligible uses could affect or delay the status of your application: _____

The eligible timeframe for obligating the funds is 3/11/2021-12/31/2024, with all goods/services being received by 12/31/2026. Please explain the timeframe in which funds will be obligated and the goods/services will be received.

Application Certification

I, the applicant, certify that I have read and understand the policies of this ARP grant funding. I certify that all information stated herein is true and accurate to the best of my knowledge. I agree to submit a post-grant report, including receipts documenting fund usage, within 6 months of fund usage or by December 31st, 2024 – whichever comes first.

The following items are required as part of the application. Please check each box to confirm submission of the item.

Proof of ownership

W-9

Documentation of 2019, 2020, and 2021 revenue

Documentation showing the identified negative economic impact to the business

Signature of Applicant – must be 18 years or older

Date

Submit completed application & documents to: LTBB DOC @ 7500 Odawa Circle, Harbor Springs MI 49740 or DOC@ltbbodawa-nsn.gov.

If submitting in person, you may place all documents in a sealed envelope and leave with the LTBB front desk staff to be placed in the DOC mailbox.