

**WINNEBAGO TRIBE OF NEBRASKA  
CORONAVIRUS RELIEF FUND  
SMALL BUSINESS GRANT PROGRAM**

**Purpose:** The Winnebago Tribe of Nebraska developed this program to assist small businesses, as defined below, either owned directly or indirectly by the Winnebago Tribe of Nebraska or owned by an enrolled tribal member of the Winnebago Tribe of Nebraska to assist in the recovery from government mandated business interruption in the wake of the COVID-19 crisis.

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**Definitions:**

**“Small Business Concern”** shall have the same meaning as given the term in section 3 of the Small Business Act (15 U.S.C. 636) except that any small business concern for purposes of this grant shall be owned by an enrolled Winnebago tribal member or owned directly or indirectly by the Winnebago Tribe of Nebraska and Small Business Concern shall further mean any tribal business concern described in section 31 (b) (2) (C) of the Small Business Act (15 U.S.C. 636) that employees not more than 500 employees. Any affiliation rules in the SBA shall be waived and this definition includes any tribal gaming entity with 500 employees or less. Any business that received funds under the Paycheck Protection Program portion of the CARES Act shall be considered a de facto small business for purposes of the Winnebago Coronavirus Relief Small Business Grant Program.

**“Business Interruption Costs”** shall mean income lost due to government action that causes the operation to cease or restrict business temporarily, such costs shall include operating expenses, a move to a temporary location, if necessary, payroll, taxes, and loan payments provided none of these costs are covered by another grant or government program or the Paycheck Protection Program small business loans.

**“Payroll Expenses”** shall have the same meaning as given in the CARES Act, Title 1, Section 1102 (a) (2) (viii) which is the sum of payments of any compensation with respect to employees that is (a) salary, wage, commission, or similar compensation; (b) payment of cash tip or equivalent; (c) payment for vacation, parental, family, medical or sick leave; (d) allowance for dismissal or separation; (e) payment required for the provisions of group health care benefits, including insurance premiums; (f) payment of any retirement benefit; or (g) payment of State or local tax assessed on the compensation of employees.

## **Grant Eligibility**

Any tribal business concern or small business that was forced or voluntarily ceased or limited their operations by governmental order (federal or tribal) may apply to the Winnebago Tribe of Nebraska's Coronavirus Relief Fund for a grant to cover some or all necessary business interruption expenses related to the COVID-19 public health emergency.

The Tribe's Coronavirus Relief Fund ("CRF") will be administered by the Finance department of the Tribe. Any decisions to award grants will be based upon the following:

1. There are funds available to fund the Winnebago Tribe of Nebraska Coronavirus Relief Fund Small Business Grant Program.
2. A decision-making body appointed by the Tribal Council makes the decision to provide all or some of the requested funding.
3. Application must show a decline or complete stop of revenue during the period of the required business stoppage.

Any applicable tribal member owned small business or tribal business concern shall submit information to the CRF administrator indicating the amount of the grant they wish to receive listing in detail from their January and February 2020 information as an average, to determine the amount of their business interruption costs, including lost revenue.

Any applicant must submit documentation showing that their business was required to be shut down due to governmental action.

Upon receipt of any grant funds each grant recipient must supply documentation showing the use of the funds for the eligible uses constituting business interruption purposes. This documentation is due by December 31, 2020.

Email submissions to the Tribal CFO at [alan.post@winnebagotribe.com](mailto:alan.post@winnebagotribe.com)

# WINNEBAGO SMALL BUSINESS GRANT PROGRAM APPLICATION

1. Business Name: \_\_\_\_\_

2. Business Address: \_\_\_\_\_  
\_\_\_\_\_

3. Contact Person: \_\_\_\_\_  
\_\_\_\_\_

4. Contact Phone Number: \_\_\_\_\_

5. Amount of grant funding requested: \_\_\_\_\_

6. Was your business required to be shut down as a result of COVID-19? YES  NO

7. Was your business shutdown the result of government action? YES  NO

8. Did your business have a decline or complete stop of revenue during the period of required business stoppage? YES  NO

9. Please attach documents showing the following, and check once attached:

Document showing your business was required to be shutdown as a result of COVID-19

Financial documentation from January and February 2020 showing the cost of interruption costs to the business

Which of the following types of income did you lose as a result of business interruption costs:

- Payroll
- Taxes
- Loan payments
- Operating expenses
- Move to a temporary location

Applicant Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

# WINNEBAGO SMALL BUSINESS GRANT PROGRAM APPLICATION

THIS PAGE IS TO BE FILLED OUT BY GRANT ADMINISTRATOR ONLY

The Grant Administrator has:

Approved the grant application in full

Approved the grant application in part.

Reason for partial approval: \_\_\_\_\_

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Denial of the grant application.

Reason for denial: \_\_\_\_\_

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Grant Administrator Signature: \_\_\_\_\_