



BISHOP PAIUTE TRIBE

COVID Relief Funds for Small Business Owners

The Bishop Paiute Tribe one-time, non-recurring COVID Relief Funds for small business owners are intended to meet emergency needs if COVID affected business operations **during the timeframe of March 17 to June 14, 2020**. Submission of this application does not guarantee funds. **Fund amount is on a case-by-case basis and as funding is available**. This program is made possible by the CARES Act and approved by the Bishop Paiute Tribal Council.

Eligibility:

- Business Owner is a Bishop Paiute Tribal Member.
OR
- At least one (1) Bishop Paiute Tribal Member resides in the household which the Business Owner provides financial support to.
AND
- Have not received assistance through similar programs.

Application Submission

Please submit a completed application with supportive documents to:

By Mail or In Person: OR By Email:

Bishop Paiute Tribe
Attn: Sabrina Renteria
50 Tu Su Lane
Bishop, CA 93514

Sabrina.Renteria@bishoppaiute.org

You must provide ALL the following documents for your application to be complete.

- Completed Application
- Valid California Driver's License/State ID
- Tribal Verification
- Copy of Social Security Card
- Copy of Business License
- Income verification for the Months of February – May 2020
- Verification of Need
 - Examples include but are not limited to rent, utilities, business license fees, professional licensing fees, etc...

For further assistance regarding this program, please contact Sabrina Renteria by phone at 760-920-1093 or by email at Sabrina.Renteria@bishoppaiute.org.



COVID Relief – Small Business APPLICATION

BUSINESS OWNER INFORMATION:

Name: _____ Date: _____
Last First Middle Initial

Are you a Bishop Paiute Tribal Member? Yes No

If Yes, Enrollment # _____

If No, is at least one (1) member of your household a Bishop Paiute Tribal Member? Yes No

Name and Relation to Tribal Member: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Business License # _____

Home Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Home Cell Work

REASON FOR ASSISTANCE (please explain)

I certify that the information I have provided in this application is true and correct to best of my knowledge. I understand that any intent to defraud or deliberate falsification of information shall be grounds for immediate denial of assistance. I also understand that this application contains material covered by the "Privacy Act" and that all confidential information shall be maintained in a locked file and ONLY employees of the Bishop Tribe Administration shall have access to my private information.

Signature of Applicant

Date

Official use only:

Date: _____ Reviewed by: _____

Action Taken: Approved

Denied