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Now Accepting Applications

Blended Capital Grant (Dept. Of Commerce)

Re-Opens September 2025. (Please Read before applying)

The Office of Economic Policy is proud to announce the launch of the **Blended Capital Grant Program**, **Re-opening** for applications on **September 2025. This funding opportunity is designed to support entrepreneurs, small businesses, and community-focused ventures within the Lummi Nation and Whatcom County.** We are thankful to Department of Commerce and strive to follow their Grant Guidelines.

Note: Non-profit organizations, Treaty Fishing and Fireworks businesses, are not eligible for this grant opportunity. This is being offered on a First Come First Serve Basis to eligible applicants as funding is limited. Application Deadline: When funds are exhausted or the grant ends (December 31, 2025)
All applications must be complete. See list of required documents for all grants **Tier I and above and expanded list for Tier II to Tier V**.

Who Should Apply? Small business grant applicants only who have not been awarded in 2025. No-Returning Grant Recipients for this grant opportunity as this is a continuation of the Blended Capital Grant.

The program is intended to assist:

- **Primary Beneficiaries:**
  - Emerging entrepreneurs
  - Individuals impacted by systemic barriers or the war on drugs who are starting or continuing a small business.
  - Must have a valid **LIBC Business License (2024-present)** or **WA State Business License or Whatcom County Business License.**
- **Secondary Beneficiaries:**
  - Community-oriented businesses addressing cultural preservation, youth engagement, environmental stewardship, or wellness services
  - Underrepresented groups in entrepreneurship, including women, youth (18–35), and elders

Eligible Locations:
Businesses must be located **on the Lummi Reservation** or **within Whatcom County**.

Program Goal:
To foster sustainable economic development, empower tribal members through entrepreneurship, and expand equitable access to capital for those historically excluded from mainstream funding opportunities.

For questions or assistance, please contact the Office of Economic Policy.

- Laura Solomon | ✉ LauraS@lummi-nsn.gov | 📞 (360) 380-8591
- James Jefferson | ✉ JamesJ@lummi-nsn.gov | 📞 (360) 312-2393

"The mission of the Office of Economic Policy is to analyze, plan, implement, and administer government economic policies and actions necessary for increasing the standard of living of Lummi Tribal members, advancing self-determination, and improving the sustainable economic health and prosperity of Lummi Nation's public and private sector to empower our tribal members and entities to do more, now and in the future in order to preserve, promote and protect our ScheLangen."

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Let's build a stronger, more resilient local economy—together!!!

LUMMI INDIAN BUSINESS COUNCIL
2665 KWINA ROAD BELLINGHAM, WASHINGTON 98226 (360) 312-2000
DEPARTMENT_____DIRECT NO. _____

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Office of Economic Policy

SMALL BUSINESS GRANT APPLICATION. Re-opening September 2025

Note: Treaty Fireworks, Fishing, Crabbing, Commercial Diving businesses, and non-profits organizations **are not eligible** for this grant opportunity set forth by the Grant Agency.

Dear Applicant, (**This Grant Award is based on your business' total revenue**)

Please submit the following documents for start-ups, re-starts, and existing businesses:

- Business grant application (attached)
- Business plan (outline attached)
- Business License
- Copy of valid state issued ID (Driver's license or ID)
- Proof of Tribal affiliation
- Last 2 years tax returns (individual and business, if applicable) if you filed. Shows Revenue.
  Submit all applicable documents above to be eligible for Tier I.

Existing Businesses, submit the following:

To be eligible for Tier II, III, IV, & V, please provide the information in the box above.

Existing businesses must also provide the following additional documents (where applicable):

- Year-end financials (Balance sheet and profit & loss, existing business only)
- Account Receivable and accounts payable aging (existing business only)
- Profit & Loss Projections (2 to 5 years)
- Evidence of business insurance, including coverage of pledged collateral
- Appraisal and/or survey of pledged collateral
- Lease agreement

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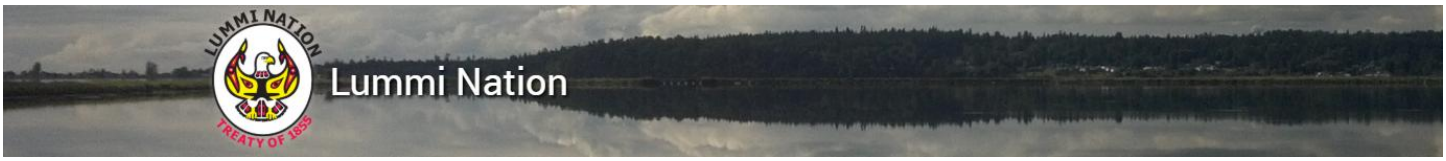

SMALL BUSINESS GRANT APPLICATION.

Enter Your Full Name	Business License Type: **Lummi / County / State** Circle all that apply to you.	Phone:
Business Name:	Business Type	
Business Street Address / Home Address if applicable	City:	
State	Zip Code:	
Email Address:	Check may be paid to LIBC: (If a balance is owed to LIBC/Dept. Part or all of your grant award may be paid out to dept. owed by you or business): Per Contract with OEP	

Grant Tier levels are based on actual Revenue Reports generated. Tier II, III, IV, & V. (Business License Required to be eligible)

💰 **What is Revenue? Revenue** is the total amount of money a business earns from its normal activities. That could be selling products, providing services, or receiving donations—before subtracting any costs or expenses. **Tax Returns, Actual Reports generated from your Account software is required as proof of revenue.** Contact us if you have questions on this matter. We are here to help you.

State the total revenue for 2024, Tax Return, or Actual Revenue Reports required: Quarterly tax filings or income loss statements are accepted as well.		State the total revenue for 2025 thus far: Report required. $
Total Sources: Please describe funding sources for your business: I.E.: Sales, or service.:	Sales:	$
	Services:	$
	Other:	$
	Other:	$
	Total Revenue	$
Are you a ☐ New/Start-up, ☐ established, ☐ returning (inactive), ☐ growing business		Date you started:

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Personal Finance Statement Continued

Do you owe LIBC (Any Department) **Child Support Payment, Rent, or Taxes**? Yes☐No☐ If yes, please state which type? _____ If approved you must use grant funds to pay towards amount owed.

Are there any outstanding charges or judgements against you and you owe the Lummi Tribal Court? If you are paying fines and are current and approved, you may choose to use all or part to pay amount owed to repay fines.

Yes☐ No☐

Are you currently a party to a lawsuit for your Business? Yes☐ No☐

Grant Acknowledgement

I certify that all responses provided on this application and attachments are true and correct. By signing below, I am giving authorization to OEP staff to check my employment history. I understand that OEP is relying on the information I have provided to decide regarding the extension of credit.

_____ _____

Applicant Signature Date

_____ _____

Co-Applicant Signature Date

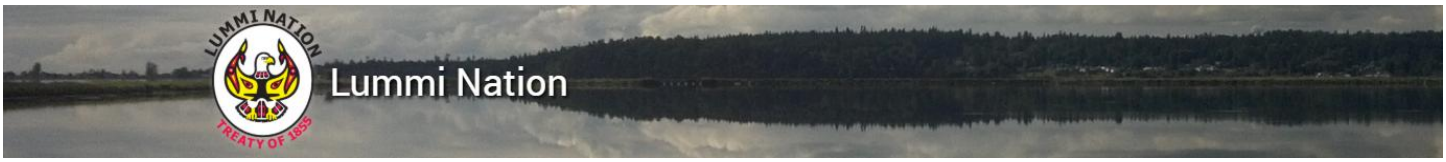
Federal reporting

DATA INFORMATION:

The following information is requested by the Federal government to maintain compliance with Federal laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to provide this information, but we encourage you to do so. This information will not be used in evaluating your application nor to discriminate against you in any way. However, if you choose not to provide it, we are required to note the race and ethnicity of applicants based on visual observation or surname. If you do not wish to provide the information below, please check the appropriate box:

I do NOT wish to provide gender, ethnicity, or race information. Initial _____
I will provide the information. (Please complete the section below)

Gender: Male☐ Female ☐
Ethnicity: Hispanic ☐ non-Hispanic ☐
Race (Mark all that apply): Native American ☐Caucasian ☐ Pacific Island ☐ Asian ☐ African American ☐ Other ☐
Data Information was provided by: Applicant ☐ OEP staff ☐



Authorization to Release Information

I hereby authorize the Office of Economic Policy (OEP), a Native Economic Development Department of LIBC, to access my credit report, which will be obtained from TransUnion, and Experian if deemed necessary for the purpose of providing me with financial counseling pertaining to the requirements set forth through this grant opportunity. I understand that OEP will not be pulling my credit report unless I do not follow through with my obligation to provide receipts up to the amount of the grant award. I will pay back grant amount not accounted for through business related purchases and or expenses.

Signatures:

_____ _____
Applicant Full Legal Name Applicant Signature

_____ _____
Applicant Date of Birth Applicant SSN#

_____ _____
Co-Applicant Full Legal Name Co-Applicant Signature

_____ _____
Co-Applicant Date of Birth Co-Applicant SSN#

Address:

NOTICE TO APPLICANT(S)

INCOME and HOUSEHOLD MEMBERS DISCLOSURE

The Department of Commerce programs require the full disclosure of Employed members of the household 18 years of age and over. While the income may or may not be used for credit qualifying purposes, it is necessary in order to determine compliance eligibility for the programs.

HOUSEHOLD MEMBERS:

Please list all members of the household – including the Applicant, Co-Applicants(s), and roommates. Include name, date of birth, relationship to Applicant(s), and whether or not any income is received by each household member. (Include names of children present in the household 50% or more of the time.)

NAME	DATE OF BIRTH	RELATIONSHIP to Owner(s)	RECEIVES INCOME (Circle One)
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No

I/We understand that all grant conditions set forth by the Economic Policy and the Grant Agency must be met.

I/We have disclosed the income of all persons 18 years or older who will reside in the household. In addition, we have disclosed all Applicant and Co-Applicant's. (or non-participating spouse) income.

_____ _____

Owner Name (Print) Co-Owner Name (Print)

_____ _____

Owner Signature Date Co-Owner Signature Date

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NOTICE TO APPLICANT(S)

This grant is for small businesses only. Our apologies for those of whom have Treaty businesses such as Fishing, Diving, Crabbing and Fireworks. These are considered treaty right activities and are not allowed under the grant guidelines. Economic Policy does not write the grant rules and regulations. Thank you for your understanding.

Tier Level and Grant Amount

Commerce Requires Proof of actual Revenue

Tier 1 Revenue of $0/Start up/Re-Start	$ 5,000
Tier 2 Revenue of $1 - $50,000	$ 7,500
Tier 3 Revenue of $50,000 - $150,000	$10,000
Tier 4 Revenue of $150,000 - $300,000	$15,000
Tier 5 Revenue of $300,000 and above	$25,000

(**This Grant Award is based on your business' total revenue**)

To provide proof of revenue or income, you can use the following documents: (Detailed Report Required)

- **Tax Returns:** For self-employed individuals, tax returns are important for income verification, specially Form 1040 with Schedule C.
- **Sales Revenue:** Income from selling goods and services. Example, retail store sales of products.
- **Service Revenue:** Incom from providing services, such as consulting, or maintenance services.
- **Rental Income:** Revenue earned from leasing property or equipment to tenants or clients.
- **Recurring Revenue:** Income that is expected to continue in the future, such as subscription fees.
- **Transaction Fees:** Charges for specific services, such as bank fees for money transfers or ticket sales for events.
- **Royalties:** Payments received for the use of intellectual property, such as patents or trademark,

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See *Specific Instructions* on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

5 Address (number, street, and apt. or suite no.). See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

___ – ___ – ____

or

Employer identification number

__ – _____

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here **Signature of U.S. person** **Date**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Cat. No. 10231X Form **W-9** (Rev. 3-2024)

advancing self-determination, and improving the sustainable economic health and prosperity of Lummi Nation's public and private sector to empower our tribal members and entities to do more, now and in the future in order to preserve, promote and protect our ScheLangen.