



Office of Economic Policy

SMALL BUSINESS GRANT APPLICATION. OPEN FROM MAY 1 – JUNE 15, 2025

We are the Lhaq'temish, The Lummi People.

LIBC Office of Economic Policy

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Dear Applicant,

Thank you for applying for a business grant, offered through the Office of Economic Policy (LIBC). A complete grant application package is required to begin processing your application. Incomplete packets will not be accepted. Please submit the following documents:

- Business grant application (attached)
- Business plan (outline attached)
- Copy of valid state issued ID (Driver's license or ID)
- Proof of Tribal affiliation
- 3 most recent paystubs (or other documentation to support income)
- Last 2 years tax returns (individual and business, if applicable) other income verification such
- Authorization of release of information

Existing businesses must also provide the following additional documents:

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

If your grant is approved, there will be follow-up surveys, the first one occurring 6 months after the grant closing date. Your input will let us know what works and what needs improvement within our organization. Participation in the follow-up surveys is a requirement of our grant programs. By initialing below, you agree to follow-up survey(s) through the duration of the grant with OEP staff and/or technical assistance partners to determine progress and identify issues that may arise

Initial Here: _____

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Lummi Nation

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Please note: There may be additional forms requested after the above documents are processed, depending on individual circumstances. Once your completed grant application packet has been accepted, you will receive written notification within two weeks.

Employer Address:	City/State/Zip:	Phone:
Present Salary: (gross) \$ /month	(net)\$ /month	
Other Income:	Source:	
Do you receive public assistance? Yes <input type="checkbox"/> No <input type="checkbox"/>	Other:	
Other Household Employment and Income		
Present Employer:	Position:	# of years:
Employer Address:	City/State/Zip:	Phone:
Present Salary: (gross)\$ /month	(net)\$ /month	
Other income:	Source:	
Do you receive public assistance? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Other:	
Business Information		
Business Name	Employer Identification Number	
Legal Structure		
Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Company <input type="checkbox"/>		
Stage of Development		
Start-up <input type="checkbox"/> Existing Business <input type="checkbox"/>		
Current number of employees		
Full-Time:	Part-Time:	
Projected Number of employees		
Full-time:	Part-Time:	

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FUNDING NEEDS/TIER ELIGIBILITY WORKSHEET

Use of funds: Complete the following table for us to determine the amount of grant funds you are eligible to receive, what you will use the funds for, and what resources you have available to secure your business needs. NOTE: Grant funds are disbursed directly to **vendors** & is intended to be a reimbursement for prior purchases.

Amount Needed:		Use of funds (use “new purchases” section below to itemize; please be specific, attach invoices/estimates)	
Amount approved by OEP	\$	Working Capital	\$
Owner’s equity/pre-purchases: This along with your business plan will determine what Tier Amount you are eligible to be awarded.	\$	Equipment, machinery, tools	\$
		Business needs, Trailer	\$
Total Sources: Please describe funding sources for your business (including personal funds already invested):	Vehicle (for business)		\$
	Other gear, engine, appliances		\$
	Inventory		\$
	Other:		\$
	Total Project cost		\$
Source of repayment:			
Are you a <input type="checkbox"/> startup, <input type="checkbox"/> established, <input type="checkbox"/> returning (inactive), <input type="checkbox"/> growing business: Leave comments on how grant will help		Comments:	
NEW PURCHASES: If a new purchase will help your business, please explain and add them to your business plan. This will help OEP determine which Tier Amount you are eligible to be awarded.			
By valuing new purchases, you can determine the tier amount of grant funds you are eligible to be awarded. Knowing the actual prices of items to be purchased helps you calculate the accurate amount of funds needed. This will help OEP determine your eligibility to qualify for the Tier Amount you need. Please attach documentation of new purchases. Describe how it brings value to your business.			
Description	Quantity	Per Item	Total Value
		\$	\$
		\$	\$
		\$	\$
	Total		\$

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Equipment and Inventory Lists: Use this section to determine the value of your current assets in terms of equipment and inventory. This can be used to determine what can be used as collateral to secure your grant.

Existing business assets, tools, vehicles, equipment, gear etc. (Reminder, complete to best known value)

Description of Equipment	Quantity	Per Item	Resale Value
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		Total	\$

List your collateral (include year, make and model) I.E. Food truck/trailer, Work truck/car, trailer.

Item	Value	Appraisal Date	Appraisal attached?
	\$		
	\$		
	\$		
Total Value	\$		

Personal Financial Statement

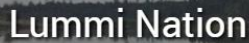
Assets		Liabilities	
Liquid Assets		Short Term	
Cash (checking & savings)	\$	Credit Card Pmnt:	\$
Short term investments	\$	Car loan Pmnt:	\$
Treasury Bills	\$	Liens/Taxes Due Pmnt:	\$
Investments	\$	Loan of Life Insurance	\$
Money Market Funds	\$	Installment Loan Pmnt:	\$
Cash Value of Life Insurance	\$	Accounts Payable:	\$
		Credit Card 2 Pmnt:	\$
		Other	\$
Total Liquid Assets	\$	Other	
		Total Short-term liabilities	\$

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Investment Assets		Long Term Liabilities	
Notes Receivable	\$	Loans to purchase personal assets	\$
Marketable Securities/Bonds	\$	Loans to start-up business	\$
Business Vehicles	\$	Mortgage on personal residence	\$
Real Estate (Investment)	\$	Note to business	\$
Other	\$	Total Long-term Liabilities	\$
Retirement Funds (401k, Roth)	\$	Total Liabilities	\$
Total Investment Assets	\$		
Personal Assets			
Residence: Pmnt	\$	Financed by	Balance owing
Other real estate	\$	Financed by	Balance
Computers/Electronics	\$		
Household Furnishings	\$		
Vehicles	\$		
Other:	\$		
Total Personal	\$	Net Worth	\$
Total Assets	\$	Debt/Worth	%
Income	Amount	Monthly Expenses	Amount (per month)
Borrower's Salary	\$	Rent/Mortgage	\$
Spouse's Salary	\$	Utilities	\$
Bonus/Commissions	\$	Sewer/Water	\$
Alimony/Child Support	\$	Food/Groceries/Take out	\$
Investment Income	\$	Childcare	\$
Real Estate Income	\$	Insurance (vehicle, home, medical)	\$
TANF/ Cash Aid	\$	Internet/Phone/Cell Phone	\$
Per Cap	\$	Cable/Satellite	\$
Social Security	\$	Subscriptions (Netflix, Hulu)	\$
Business Net Income	\$	Alimony/Child Support	\$
Other:	\$	Gas	\$
Other	\$	Personal Expenses	\$
Other	\$	Misc:	\$
Total Income	\$	Total Expenses	\$

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Do you owe LIBC (Any Department) Child Support Payment, Rent, or Taxes? Yes ☐ No ☐ If yes, please state which type? _____

Yes ☐ No ☐

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

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.

Date _____

Date _____

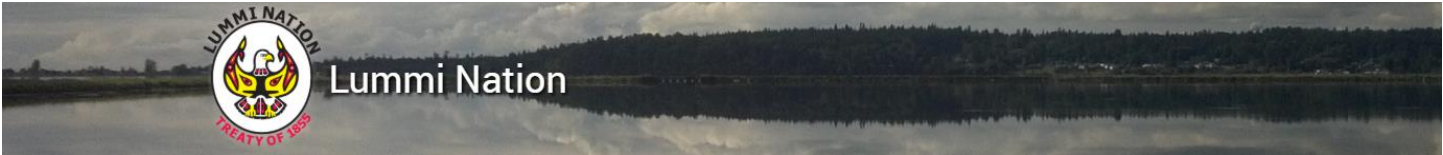
Federal reporting

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 will provide the information. (Please complete the section below)

Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Ethnicity: Hispanic <input type="checkbox"/> non-Hispanic <input type="checkbox"/>
Race (Mark all that apply): Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Pacific Island <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Other <input type="checkbox"/>
Data Information was provided by: Applicant <input type="checkbox"/> OEP staff <input type="checkbox"/>

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Authorization to Release Information

I hereby authorize the Office of Economic Policy (OEP), a Native Community Development Financial Institution, to access my credit report, which will be obtained from TransUnion, and Experian, on _____ day of _____, 2025 for purposes of providing me with financial counseling. I understand that this inquiry into my credit constitutes a “soft inquiry” and will not adversely affect my credit or credit rating. While this credit report and score pulled by OEP on my behalf will be used to provide me with financial counseling, it is understood that I will not receive a copy of this credit report. Notwithstanding the foregoing, I understand that I have the right to dispute information with the credit bureau, to request reinvestigation, and to have corrected reports reissued to previous recipients of this credit report, if warranted.

I understand that credit information is sensitive and that there may be inherent risks to accessing such data; I have had the opportunity to ask OEP staff questions regarding such risks. I understand that all of my personal information will be held confidential by Office of Economic Policy.

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: _____ _____ _____	

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Business Plan Outline

A business plan should include, at a minimum, some of the information related to the areas listed below:

- a. **Company Overview:** Describe the nature of your business.
 - What is the purpose of the business? What product or service are you selling?
 - What is unique to your business? What are your company's strengths and weaknesses?
 - Who are the key managers? Describe their experience and qualifications.
 - What is the legal structure of the business? Please include a copy of the business license.
- b. **Business Operations:** Describe how your business works.
 - How is the business organized operationally? How many employees are there? What are their specific jobs? How much do you pay your employees? Do you offer other benefits?
 - Who are your attorneys, accountants, or consultants that assist in management?
 - How do you manage your company financially? Do you use a manual or computerized accounting system? Who oversees this? What areas need improvement?
 - How do you price your product or service? How much price flexibility do you have?
 - Do you extend payment terms to your customers?
 - Who are your suppliers? Do they extend the terms to you? Do you have alternative suppliers?
 - Where is your business located? How does this help or hurt your business? Do you rent, lease, or own your business location? Are the facilities adequate for your business needs?
 - What specialized needs do your business have (that is, special licenses, equipment, permits)?
- c. **Business Environment: Describe your customers and competitors.**
 - Who are your target customers? Where are they located?
 - How large is the target market for your product or service? Is the market growing, stable or shrinking?
 - What are your marketing and advertising strategies?
 - What contracts or purchase orders do you currently have?
 - Who are your competitors? What are your competitors' strengths and weaknesses?
 - Have any competitors failed recently? Why? What are your competitive advantages?

Please note that these questions are only a guide to some of the topics you may need to address. Not all of them will apply to all businesses, and just answering this list of questions will not adequately describe every business. For assistance in developing a business plan, you can contact:

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