



California Indian Manpower Consortium, Inc.
SUSTAINING NATIVE AMERICAN ECONOMIES PROJECT
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SNAE PROJECT APPLICATION

The CIMC Sustaining Native American Economies (SNAE) Project provides assistance to existing Native-owned businesses and/or Native entrepreneurs who have been negatively impacted by the COVID-19 pandemic.

APPLICATION CHECKLIST:

- | | |
|---|---|
| <input type="checkbox"/> Application and business plan | <input type="checkbox"/> Valid photo identification |
| <input type="checkbox"/> Proof of residence/business address | <input type="checkbox"/> Proof of legal operating entity |
| <input type="checkbox"/> Household income verification – AGI on 1040 tax form | <input type="checkbox"/> Additional Documents (as needed) |
- ✓ Submission of an application does not guarantee that services will be provided.
 - ✓ Documents are reviewed to verify information. Receipts may be requested.
 - ✓ SNAE services may be denied if information provided is false, misleading, or withheld.

RELEASE OF INFORMATION AUTHORIZATION:

I certify by signing this sheet that I have read and understand the above information and hereby give the CIMC SNAE Program authorization to obtain any and all required information in order to complete my application process for assistance.

Applicant Signature: _____ Date: _____

Applicant Printed Name: _____

Co-Applicant Signature: _____ Date: _____

Co-Applicant Printed Name: _____

CIMC USE ONLY

Applicant Eligibility: *Check all that apply.*

- | | | |
|---|---|--|
| <input type="checkbox"/> Located in the CIMC geographic service area | <input type="checkbox"/> 18 years of age or older | <input type="checkbox"/> Native American heritage |
| <input type="checkbox"/> Meets the low-to-moderate household income threshold | | |
| <input type="checkbox"/> Existing business | <input type="checkbox"/> Five or fewer employees | <input type="checkbox"/> Business negatively impacted by the COVID-19 Pandemic |
| <input type="checkbox"/> Start-up business | <input type="checkbox"/> Lost employment due to the COVID-19 Pandemic | |

Sustaining Native American Economies Project Application

APPLICANT INFORMATION

Please type or print clearly.

Mr. Ms. Other _____

First Name: _____ MI: _____ Last Name: _____ Jr, Sr, III, etc: _____

Date of Birth: _____ Age: _____ Tribal Affiliation: _____

Residence Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Telephone: _____

Annual Household Income: _____ Number of Persons in Household: _____

List of Family Members with Earned & Unearned Income (included in Annual Household Income):

Name	Relation To Applicant	Date of Birth	Total Income (AGI*)	Supporting Income Documentation Provided
				<input type="checkbox"/> Most recent IRS 1040 <input type="checkbox"/> Other: _____
				<input type="checkbox"/> Most recent IRS 1040 <input type="checkbox"/> Other: _____
				<input type="checkbox"/> Most recent IRS 1040 <input type="checkbox"/> Other: _____
				<input type="checkbox"/> Most recent IRS 1040 <input type="checkbox"/> Other: _____
				<input type="checkbox"/> Most recent IRS 1040 <input type="checkbox"/> Other: _____
				<input type="checkbox"/> Most recent IRS 1040 <input type="checkbox"/> Other: _____

List of Family Members with NO Income (not included in Annual Household Income): *Adjusted Gross Income

Name	Relation To Applicant	Date of Birth	Supporting Income Documentation Provided
			<input type="checkbox"/> N/A – Minor/Dependent <input type="checkbox"/> Certification of zero income
			<input type="checkbox"/> N/A – Minor/Dependent <input type="checkbox"/> Certification of zero income
			<input type="checkbox"/> N/A – Minor/Dependent <input type="checkbox"/> Certification of zero income
			<input type="checkbox"/> N/A – Minor/Dependent <input type="checkbox"/> Certification of zero income
			<input type="checkbox"/> N/A – Minor/Dependent <input type="checkbox"/> Certification of zero income
			<input type="checkbox"/> N/A – Minor/Dependent <input type="checkbox"/> Certification of zero income

BUSINESS INFORMATION

Please type or print clearly.

Please select one: EXISTING BUSINESS START-UP BUSINESS

Business Industry: _____ Business Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Telephone: _____

County: _____

Years in industry: _____ Date Business Established: _____

Legal Form of Business: Incorporated Partnership Sole Proprietorship Limited Liability Corporation Other _____

Annual Business Income: _____ Federal Tax Identification Number: _____

Number of Current Employees: _____ Number of jobs expected to be created: _____

List of current employees:

Employee Name	Job Title/Position	Date of Hire

STATEMENT OF BUSINESS NEED

Please select requested assistance (up to two selections).

Retain a job

Create a job

Start a new business

Business operating expenses

Describe assistance needed:

Describe in detail what happened that caused your need for assistance. Was this a COVID-19 related emergency?

Have you received CARES Act funding? Yes No

I certify by signing this application that all information given is true and accurate to the best of my knowledge. I am aware that giving false/misleading information is considered perjury and may be subject to prosecution. I understand this application must be accompanied by verification of income, residency, number of employees, and COVID nexus. Also, by signing this application, I hereby give permission to the CIMC SNAE Project to verify and obtain any information needed for the processing of this application.

Applicant Signature: _____

Date: _____

Applicant Printed Name: _____

Applicant Signature: _____

Date: _____

Applicant Printed Name: _____