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| **1.0 TRIBAL GOVERNMENT APPLICANT INFORMATION** |
| Name of Eligible Applicant | *Enter name of eligible applicant* |
| Federal Tax ID Number | *Enter Tax ID number* |
| Authorized Applicant Preparer: | Name | *Enter name of authorized application preparer* |
| Title | *Enter title of preparer* |
| Address of Applicant: |
| Physical Address | *Enter physical address* |
| Mailing Address | *Enter mailing address (if different than physical)* |
| City | *Enter city* |
| ZIP | *Enter 5 digit ZIP code* |
| County | *Enter County* |
| Phone Number | *(   )-   -* |
| Email Address | *Enter email address* |
| Fax Number | *(   )-   -* |

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| **2.0 PROJECT SUMMARY INFORMATION** |
| Name of Project | *Enter name of project* |
| Proposed Use of ICED Funds: *Please check all use(s) of funds that apply* | ☐Business Development☐Entrepreneurial Training☐Feasibility Study/ Business Planning☐Workforce Training☐Grant Administration (up to 5%)☐Other Business Development Projects |
| Project Location | *Enter project location* |
| Senate and House Districts | *Enter House & Senate District (i.e. HD 12, SD 15)* |
| Total Project Cost | *Enter total project cost* |
| Amount of ICED Funds Requested ($65,000 maximum) | *Enter amount of ICED funds requested* |
| Total Cash Match (See Guidelines Section I E. Definitions) | *Enter the total cash match* |
| Total In-kind Contribution(See Guidelines Section I E Definitions) | *Enter the total in-kind contribution*  |
| Name of Assisted Tribal Enterprise/ Business (If Applicable) | *Enter the name of the assisted tribal enterprise or business* |
| Total # of New Jobs to be Created, Retained, or Trained (specify below) |
| Created      # FTE      # PTE      # Temp | Trained      # FTE      # PTE      # Temp | Retained      # FTE      # PTE      # Temp |
| **NAICS Category** please enter the National American Industry Classification Standard (NAICS) for corresponding jobs created, trained or retained. (see <http://www.bea.gov/industry/pdf/2012_industry_code_guide.pdf>for a classification guide. |
| Created      FTE      PTE      Temp | Trained      FTE      PTE      Temp | Retained      FTE      PTE      Temp |
| Would you like to do a 10 minutes presentation to the Grant Review Committee once your application has been accepted as complete? | Yes [ ]  No [ ]  |

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| 1. **DETAILED PROJECT DESCRIPTION**
 |
| 3.1 Please provide a detailed description of this proposal which describes the nature of the proposed activity and the nature of the assisted tribal enterprise/business (if applicable).  |
| *Enter a detailed proposal description* |
| 3.2 List or describe for what the ICED financial assistance will be used. |
| *List or describe for what the ICED grant funds will be used* |
| 3.3 List each of the entities involved in carrying out the project and a description of their specific roles. **Specify if outside professional services will be procured.** |
| *List participating entities and their roles* |
| 3.4 For each activity that will need to be undertaken in order to complete the project, include a description, the source of funding and the responsible entity. |
| *List and describe required project activities with responsible entity and source of funding* |
| 3.5 Provide any relevant historical information on this project or the region it would support.  |
| *Provide background information on the project* |
| 3.6 Please provide a plan of how the project will be sustained beyond start-up. How will the project be supported at the close of grant funding? |
| *Describe sustainability of project beyond ICED funding* |

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| **4.0 PROJECT OBJECTIVES & DELIVERABLES** |
| 4.1 Please describe, in detail, the objectives of the project  |
| *Describe the objective(s) of the project* |
| 4.2 **What** activities will be demonstrated and/or documented to the Department verifying objectives were met at the end of the project (include a bulleted list). |
| *Enter what activities will be demonstrated or documented* |
| 4.3Explain **how** the project team will meet their stated objectives. |
| *Explain how the project team will meet their stated objectives* |

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| **5.0 PROJECT ECONOMIC IMPACT STATEMENT** |
| 5.1 Please provide a summary of the economic impact the project would have on the geographic area and its residents.  |
|  *Summarize the economic impact the project will have on the area and residents* |
| 5.2 Answer **why** this project is important. |
| *Explain why the project is important* |

| **6.0 PROJECT TIMELINE** |
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| *Please provide timeline for when the project activities/scope of work will be completed within a one-year contract period. Please include project start-up or preparation activities, procurement of professional assistance activities (if applicable) and project implementation and execution activities. Allow for 45 days from the submission of application to contract execution.* |
| **Select tribe from dropdown list: =** | **Enter Name of Project** |
| **TASK** | **Quarter 1** | **Quarter 2** | **Quarter 3** | **Quarter 4** |
|  | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| *Enter project activity* | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| *Enter project activity* | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| *Enter project activity* | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| *Enter project activity* | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| *Enter project activity* | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| *Enter project activity* | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| *Enter project activity* | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| *Enter project activity* | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| *Enter project activity* | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| *Enter project activity* | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| *Enter project activity* | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| *Enter project activity* | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| *Enter project activity* | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| *Enter project activity* | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **ADMINISTRATIVE TASKS** | **Quarter 1** | **Quarter 2** | **Quarter 3** | **Quarter 4** |
| Sign ICED contract (w/in 30 days of receipt)  | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Submit quarterly report by end of month | X |  | X |  | X |  | X |  |
| Submit Designation of Depository Form | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Submit Signature Certification Form | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Submit initial request up to $57,200 (88%) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Submit midterm request up to $3,900 (6%) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Submit final comprehensive report | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Submit final request up to $3,900 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Submit project closeout certification form | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

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| **7.0 PROJECT SOURCES & USES OF FUNDS** |
| *Please list all sources and uses of funds for the entire project. List cash and in-kind contributions separately.* |
| USES | SOURCE:ICED | SOURCE:Match | SOURCE: |  SOURCE:In-kind | **TOTAL** |
| Grant Admin. (up to 5%) |       |       |       |       |       |
| Equipment Cost |       |       |       |       |       |
| Business Development Costs |       |       |       |       |       |
| Workforce Training Costs |       |       |       |       |       |
| Entrepreneur Training Costs |       |       |       |       |       |
| Feasibility Study Costs |       |       |       |       |       |
| Other: *If different than categories above, enter here* |       |       |       |       |       |
| **TOTAL PROJECT** |       |       |       |       |       |
| *Expense Assumptions: please describe in detail how costs are derived for each applicable economic development expense in the space provided below.* |
|  | ICED $ | Total Cost | Narrative |
| Grant Admin. (up to 5%) |       |       | *Describe how costs are derived for this cost or type "N/A"* |
| Equipment Cost |       |       | *Describe how costs are derived for this cost or type "N/A"* |
| Business Development Costs |       |       | *Describe how costs are derived for this cost or type "N/A"* |
| Workforce Training Costs |       |       | *Describe how costs are derived for this cost or type "N/A"* |
| Entrepreneurial Training Costs |       |       | *Describe how costs are derived for this cost or type "N/A"* |
| Feasibility Study Costs |       |       | *Describe how costs are derived for this cost or type "N/A"* |
| Other: *If different than categories above, enter here* |       |       | *Describe how costs are derived for this cost or type "N/A"* |
| Other: *If different than categories above, enter here* |       |       | *Describe how costs are derived for this cost or type "N/A"* |
| Other: *If different than categories above, enter here* |       |       | *Describe how costs are derived for this cost or type "N/A"* |
| Other: *If different than categories above, enter here* |       |       | *Describe how costs are derived for this cost or type "N/A"* |
| Other: *If different than categories above, enter here* |       |       | *Describe how costs are derived for this cost or type "N/A"* |
| Total Project Costs |       |       |  |

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| **8.0 ADMINISTRATIVE STRUCTURE AND PROJECT MANAGEMENT** |
| * *Please provide information for key staff and qualifications.*
* *All applicants must have the management capacity to undertake and satisfactorily complete the project applied for; and assure proper management of Program funds.*
* *Grant recipients must have the capacity to specifically assure proper tracking and recording of the use of ICED funds, including collection and reporting of the number of jobs saved or created by any awarded project and specific information about all subcontractors engaged in any work funded by a program grant.*
* *Only include contact information for individuals if it is different than the contact information in Section I.*
 |
| **Project Contact Person** | *Name: Enter project contact name* |
| *Title: Enter project contact's title* |
| Mailing Address | *Enter mailing address* |
| City | *Enter city* |
| ZIP | *Enter 5 digit ZIP code* |
| Phone Number | *(   )-   -* |
| Email Address | *Enter email address* |
| Fax Number | *(   )-   -* |
| Qualifications | *Enter qualification of project contact* |

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| **Project Reporting Person** | *Name: Enter project reporting contact name* |
| *Title: Enter project reporting contact's title* |
| Mailing Address | *Enter mailing address* |
| City | *Enter city* |
| ZIP | *Enter 5 digit ZIP code* |
| Phone Number | *(   )-   -* |
| Email Address | *Enter email address* |
| Fax Number | *(   )-   -* |

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| **Accounting/Financial Contact Person** | *Name: Enter project accounting/financial contact name* |
| *Title: Enter project accounting/financial contact's title* |
| Mailing Address | *Enter mailing address* |
| City | *Enter city* |
| ZIP | *Enter 5 digit ZIP code* |
| Phone Number | *(   )-   -* |
| Email Address | *Enter email address* |
| Fax Number | *(   )-   -* |

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| **Alternate Project Contact** | *Name: Enter alternate project contact name* |
| *Title: Enter alternate project contact's title* |
| Mailing Address | *Enter mailing address* |
| City | *Enter city* |
| ZIP | *Enter 5 digit ZIP code* |
| Phone Number | *(   )-   -* |
| Email Address | *Enter email address* |
| Fax Number | *(   )-   -* |

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| **9.0. ATTACHMENTS THAT MUST ACCOMPANY APPLICATION** |
| A formal tribal governmental resolution supporting the project or an official letter from the tribal chair or president authorizing the application to the Program, according to established tribal governmental procedures. Does a tribal resolution or authorized letter accompany this application? Yes [ ]  No [ ]  |

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| **10.0 CERTIFICATION BY TRIBAL GOVERNMENT** |
| As the responsible authorized agent of *Enter name of tribal government*, I hereby submit this Indian Country Economic Development Program Application, and will comply with all requirements set out in the ICED program guidelines in the implementation of this project.The information presented in this application is, to the best of my knowledge, true, complete and accurately represents the proposed project. I understand that additional information and documentation may be required.*Enter name of authorized agent* will accept responsibility for management of the project and compliance with Indian Country Economic Development Program regulations, and is the authorized contact for the release of additional information and/or documentation regarding this application. |
| Tribal Chairperson, President or other Designated Authority |
| Name (typed): |  *Enter name of Tribal Chairperson, President or Designated Authority* |
| Title (typed): |  *Enter title* |
|   |
| Signature: | X  |
| Date: |  *Enter date signed* |   |
|   |