



**COVID-19 Community and Business Support Funding Program**  
Post Office Box 398 / Ada, OK 74821 / (580) 310-7992 / Email address: [CBSapplication@chickasaw.net](mailto:CBSapplication@chickasaw.net)

**Chickasaw Nation COVID-19 Community and Business Support  
Funding Application**

This application must be completed by all applicants and signed by an authorized representative.  
**NOTE: COMPLETING THIS APPLICATION DOES NOT AUTHORIZE SPENDING ON THIS GRANT.**

**Applicant information:**

*Approved requests will be made payable to the legal name of the organization and mailed to the organization address provided.*

Legal name of organization: \_\_\_\_\_

Applicant type:  Chickasaw citizen owned business\*  
Citizenship ID no.: \_\_\_\_\_ Birth date: \_\_\_\_\_ (for citizenship verification)  
 Community entity  Tribal subsidiary

Organization type:  
 Higher education  School district (K-12)  Not for profit\*  
 State or local government  Non-profit\*  
 Other (describe): \_\_\_\_\_

Organization address: \_\_\_\_\_  
Street City State ZIP

Federal employer ID no. (EIN): \_\_\_\_\_  
CAGE code: \_\_\_\_\_ DUNS no.: \_\_\_\_\_  Organization does not have a DUNS no.  
Organization is registered in the System for Award Management (SAM.gov):  
 Yes (expiration date: \_\_\_\_\_)  No

*Note: Active SAM registration is required for direct recipients and sub-recipients of US federal funds per 2 CFR Part 25.*

Primary principal contact/title: \_\_\_\_\_

Business address: \_\_\_\_\_  
Street City State ZIP

Same as organization address

Phone: (\_\_\_\_) \_\_\_\_\_ Ext.: \_\_\_\_\_ Email address: \_\_\_\_\_

Secondary principal contact/title: \_\_\_\_\_

Business address: \_\_\_\_\_  
Street City State ZIP

Same as organization address

Phone: (\_\_\_\_) \_\_\_\_\_ Ext.: \_\_\_\_\_ Email address: \_\_\_\_\_

Funding request amount: \_\_\_\_\_  
Begin date: March 1, 2020 End date: December 30, 2020

**Attachments:** (To complete this application, you must supply copies of the following)

- |  |  |
|--|--|
| 1. Grant request narrative                 | *5. Most recent tax return, if applicable            |
| 2. Planned expenditures with narrative     | (Will accept 2019 or 2018, whichever is most recent) |
| 3. Updated W-9                             |  |
| 4. Banking information (ACH authorization) |  |

**Special review and certifications:**

**Purpose:** As a pass-through entity of federal funds that are considered "other financial assistance" under CFR § 200.40, the Chickasaw Nation (CN) is required by 2 CFR Part 200 Subpart F to monitor activities of sub-recipients to ensure deferral awards are used for authorized purposes and verify that sub-recipients expending \$750,000 or more in federal awards during their fiscal year have met the 2 CFR Part 200 Subpart F Audit Requirements. Your entity is a sub-recipient subject to such monitoring by the CN because it is a non-federal entity that expends federally awarded funds received from the CN as a pass-through entity to carry out a federal program. 2 CFR Part 200 Subpart F should be consulted when completing this application.

Do you have prior experience with federal grants or other federal awards?  Yes  No

**Conflict of interest:**

Sub-recipient organization/institution hereby certifies that it has an active and enforced Conflict of Interest policy and has attached said policy to this application.  Yes  No

**Debarment, suspension, proposed debarment:**

Is this organization, any of its employees and/or students currently debarred, suspended or otherwise excluded from or ineligible for participation in federal assistance programs or activities?  Yes  No

*If yes, please explain below, Note: Sub-awards to any entity or individual included in the Federal Excluded Parties are prohibited.*

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*If no, the organization hereby certifies they (answer all questions below):*

- 1. Presently debarred, suspended, proposed for debarment or declared ineligible for award for deferral contracts?  Are  Are not
- 2. Presently indicted for, or otherwise criminally or civilly charged by a government agency?  Are  Are not
- 3. Within three years preceding this offer, been convicted of or had a civil judgment rendered against them for commission of fraud or criminal offense in connection with obtaining, attempting to obtain or performing a public (federal, state or local) contract or sub-contract; violation of federal or status antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property?  Have  Have not
- 4. Within three years preceding this offer, had one or more contracts terminated for default by any federal agency?  Have  Have not

**Fiscal responsibility. The applicant/organization certifies the following (check each box that applies):**

- 1. Its financial system is administered/maintained in accordance with generally accepted accounting principles and:  Yes  No
- 2. Has the capability to identify, in its accounts, all federal awards received and expended and the federal programs under which they were received.  Yes  No

3. Maintains internal controls to assure that it is managing deferral awards received expended and the federal programs under which they were received.  Yes  No
4. Complies with applicable laws and regulations.  Yes  No
5. Can prepare appropriate financial statements, including the schedule of expenditures of federal awards.  Yes  No
6. There are no outstanding audit findings that would impact this project. If there are findings, submit a copy of the most recent report that describes the finding and steps to be taken to correct the finding.  Yes  No

**Lobbying (for U.S. Federal Projects):**

The organization certifies that no payments have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the proposed project.  
*(if no, attach explanation)*

Yes  No

**Audit status:**

As required by 2 CFR Part 200 Subpart F, non-federal entities that expend \$750,000 in federal awards in a fiscal year shall have a single or program-specific audit conducted for that year.

- If you are subject to single audit, complete section B.1 below and then move to Section C.
- If you **ARE NOT** subject to single audit, complete section B.2.

**B.1 – Organizations expending \$750,000 or more in federal awards during the past fiscal year are subject to Uniform Guidance 2 CFR §200.500, et seq. Single Audit requirements. Please select only one option below.**

1. We have *completed* our audit for the most recent fiscal year. There are **NO significant deficiencies, material weaknesses, questioned costs or findings**. A copy of our audit report is attached.  Yes  No
2. We have *completed* our audit for the most recent fiscal year. There were **significant deficiencies, material weaknesses, questioned costs or findings disclosed**. A copy of our audit report is attached.  Yes  No
3. We *have not yet completed* our audit for the most recent fiscal year. We expect that the audit report will be completed by this date: \_\_\_\_\_.  
**We will send written notification and a copy of the audit report within thirty days of its completion.** A copy of our previously completed audit report is attached.  Yes  No

**B.2 – Organizations NOT subject to Uniform Guidance 2 CFR §200.500, et seq. Single Audit requirements, please check all that apply from the following statements and continue to B.3 AUDIT QUESTIONNAIRE.**

We are an organization not subject to the audit requirements of the Uniform Guidance because we:  
(check Yes to all that apply)

1. Are a U.S. federal government agency  Yes  No
2. Did not expend \$750,000 or more U.S. federal funds during the last completed fiscal year  Yes  No

3. Are a for-profit organization  Yes  No

**B.3 – AUDIT QUESTIONNAIRE**

**For organizations not subject to the Uniform Guidance Single Audit requirements.**

**1. General information:**

- a. The organization has its financial statements reviewed or audited by an independent public accounting firm.  Yes  No  
(If yes, please attach copy of the audit report)
- b. The organization represents that it has not been the subject of a for-cause audit or similar investigation inquiry or review within the last two years by a government agency or independent public accountant.  Yes  No
- c. Responsibilities are separated between multiple persons within your organization so that no one individual has complete authority over an entire financial transaction.  Yes  No
- d. The organization has effective controls to prevent expenditure of funds in excess of approved, budgeted amount.  Yes  No

**2. Cash management:**

- a. All cash disbursements within organization are fully documented with evidence of receipt of goods or performance of services.  Yes  No
- b. The organization's bank accounts are reconciled monthly.  Yes  No

**3. Payroll:**

- a. Payroll charges are checked against program budgets.  Yes  No
- b. The organization has an effective system to control paid time charged to sponsored agreements. Please briefly describe or provide online link:  Yes  No

**4. Procurement:**

- a. The organization has procedures in place to ensure procurement at competitive prices. The organization has an effective system for authorization and approval of:
- Capital equipment expenditures  Yes  No
  - Travel expenditures  Yes  No
  - Vendor and sub-contractor expenditures  Yes  No

**5. Property management:**

- a. The organization requires detailed records of individual capital assets kept and periodically balanced with the general ledger accounts.  Yes  No
- b. The organization has effective procedures for authorizing payment and

accounting for the disposal of property and equipment.

Yes  No

c. The organization periodically conducts a physical inventory against detailed property records.

Yes  No

d. The organization has written policies concerning capitalization and depreciation. Please briefly describe or provide online link:

Yes  No

**6. Cost transfer:**

a. The organization has a system to ensure that all cost transfers are legitimate and appropriate. Please briefly describe or provide online link:

Yes  No

**7. Cost sharing:**

a. The organization has an effective system for tracking and determining that it has met any cost sharing goals required for a project. Please briefly describe or provide online link:

Yes  No

**SECTION C: Federal Funding Accountability and Transparency Act (FFATA)**

In accordance with 2 CFR 170, the prime awardee (the Chickasaw Nation) must file a sub-award report on any sub-grants issued that are equal to or greater than \$25,000 in total. This includes reporting the names and total compensation of the five most highly compensated senior executives of the entity **if ALL of the following conditions apply:**

- If your organization in the preceding fiscal year received 80 percent or more of its annual gross revenues in federal awards; **and**
- if your organization in the preceding fiscal year received \$25,000,000 or more of its annual gross revenues from federal awards; **and**
- the public does not have access to this information about the compensation of the senior executives of the entity through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. §§ 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. See FFATA § 2(b)(1).

Did you answer **YES** to **ALL** of these conditions?

Yes  No

(If yes, provide the names and total compensation of the five senior executives)

Name	Total compensation
	\$
	\$
	\$
	\$
	\$

**Certification:**

By signing this application, the sub-recipient certifies that, if awarded funds under the Chickasaw Nation's CBS Program, the expenditure of such funds must adhere to applicable federal law and official federal guidance issued or to be issued on what constitutes a necessary expenditure.

The sub-recipient certifies and acknowledges that funds awarded under the Chickasaw Nation's CBS Program to a sub-recipient are considered federal financial assistance subject to the Single Audit Act (31 U.S.C § 7501-7507) and the related provisions of the Uniform Guidance, 2 CFR § 200.303 regarding internal controls, § 200.220 through 200.332 regarding sub-recipient monitoring and management, and Subpart F regarding audit requirements.

By signing this application, the sub-recipient certifies that it currently complies or will comply with the applicable parts of the Uniform Guidance and will provide notice of the completion of required audits and any adverse findings which impact this sub-award as required by 2 CFR § 200.501 – 200.521.

The sub-recipient acknowledges that any funds awarded under the Chickasaw Nation's CBS Program cannot be used for expenditures for which the applicant/organization has received any other emergency COVID-19 supplemental funding (whether state, federal, tribal or private in nature) for that same expense.

The appropriate programmatic and administrative personnel involved in the application are aware of applicable Chickasaw Nation guidelines and policies and are prepared to enter into a Sub-Recipient Agreement consistent with the applicable flow-down requirements.

To the best of my knowledge, this application and the enclosed supplemental documents represents a true, complete and accurate representation of the organization and the work to be performed and cost to be incurred in the performance of the proposed project.

\_\_\_\_\_  
Authorized representative signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name and title

**Please submit completed application and supporting documentation to:**

**CBS Funding Program**

**Post Office Box 398**

**Ada, OK 74821**

**Phone: (580) 310-7992**

**Email address: [CBsapplication@chickasaw.net](mailto:CBsapplication@chickasaw.net)**