



# Willapa Bay Enterprise Corporation

## PUBLIC SERVICES & ENTREPRENEURIAL GRANT PROGRAM

### WILLAPA BAY ENTERPRISE GRANT COMMITTEE

#### Guidelines & Requirements Public Services Grants

- *Applicants must provide services that already do or will benefit our Shoalwater Bay tribal members.*
- *Applicants may not apply more than once in a fiscal year nor have received a donation or grant from the Shoalwater Bay Indian Tribe within the same year.*
- *Regular requests are within \$2,500.*
- *Requests for more than \$2,500 will be considered based on funding availability and need, but are not guaranteed. Attaching a full budget is recommended.*
- *Grantees are required to follow up with a letter of completion to report how funding was used to benefit our community.*
- *Grantees who do not complete the follow up letter will not be considered for further grant awards.*

#### Guidelines & Requirements Entrepreneurial Grants

- *Applicants must be tribal members of Shoalwater Bay Indian Tribe, non-tribal member spouses or family of Shoalwater Bay Tribal Members.*
- *Applicants must be located and actively working, or planning to work, within 50 miles of the Shoalwater Bay Indian Reservation and/or provide services to our local area.*
- *Qualified applicants must complete the Indianpreneurship Course Booklet. Our designee will contact applicants to discuss arrangements.*
- *Applicants must complete and submit a feasible and complete business plan to the committee for final review and scoring. A good score does not guarantee an award. (see the scoring criteria on the website) **NEED CRITERIA TO GIVE PREVIEW***
- *Successful awardees will be required to complete a quarterly survey and possibly meet with our designee to monitor continued success.*
- *All awards must be dedicated to the startup of the applicants approved business.*



# **WILLAPA BAY ENTERPRISES**

## **PUBLIC SERVICES & ENTREPRENEUR GRANT PROGRAM**

If applicable, briefly describe how your program would benefit the Shoalwater Bay Tribal Community.

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If applicable, what is your organization’s mission? What part of the community is served by your organization?

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Do you expect funds from other sources? If so, from whom and how much?

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Signature: \_\_\_\_\_

*All fields must be filled out. Be certain it is complete.*

***Submission of Application:***

**Attention: WBE Grants**  
**PO Box 95**  
**Tokeland, WA. 98590**  
**[psegrp@willapabayenterprises.com](mailto:psegrp@willapabayenterprises.com)**

Thank you for your dedication to the betterment of our community!  
**Willapa Bay Enterprises**