

Business Enterprises of Nevada	Number: 05-01	Page 1 of 5
Procedure for UNASSIGNED COMMISSIONS FOR SUBSIDIES		
Approved: Gayle M. Sherman, Chief of Program Services Date:	Reviewed: Richard Saperstein, Chair, NCBV Date:	
Reviewed: Michael T. Coleman, Administrator Date:	Original Date: 09-10-05 Revision Dates:	

ELIGIBILITY

Licensed operators in good standing are eligible for income subsidies for no more than 6 months if net profit has been reduced as a result of:

1. Direct construction – construction on operator’s facility or on building that hosts operator’s facility.
2. Indirect construction – construction in area adjacent to operator’s facility that prevents normal customer access or traffic flow.
3. Direct destruction – destruction of operator’s facility or destruction of the building that houses the operator’s facility.
4. Indirect destruction – destruction of an area adjacent to the operator’s facility that prevents normal customer access or traffic flow.
5. Loss of clientele due to circumstances beyond the control of the operator.
6. Increased competition.
7. Closure or partial loss of use due to natural or unnatural causes including terrorism.
8. Closure of a facility through no fault of the operator.
9. Operator health related issues.

SUBSIDY APPLICATION

All subsidy applications must be submitted on the prescribed Loan/Subsidy Application Form (see Attachment A) and faxed or mailed to the BEO II. In order to be eligible for review, the Loan/Subsidy Application Form must be filled out in an accurate, complete and timely manner, and must include all requested documentation. The BEO II will review the submission for form, content and eligibility criteria and will forward all requests to the Loan/Subsidy Review Panel for recommendation.

A Loan/Subsidy Review Panel will be established to review all qualified subsidy applications and to provide recommendations to the Bureau Chief. The panel will consist of the Bureau Chief or appointed designee, an NCBV Committee member who is not a direct or indirect recipient or beneficiary of a subsidy considered, and a Business Enterprise Officer (BEO).

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Within 30 days of the date of the application, the Loan/Subsidy Review Panel will review applications, the BEO analysis and all other pertinent information relating to the subsidy request. The panel will hold all application information in the strictest confidence. After reviewing all of the information, the panel will submit a written recommendation to the Chief to approve or deny the subsidy application. The Chief will make a determination within 15 days after the recommendations have been received from the panel.

If a submission is found to contain inadvertent errors or incomplete, the Loan/Subsidy Review Panel will return the form for correction and resubmission. If deemed appropriate, the panel reserves the right to reclassify an application from subsidy to loan.

An operator who is in urgent need of assistance may request emergency review of his/her application. To be considered, an operator must submit an Emergency Loan/Subsidy Application form (see Attachment B) to the Bureau Chief. If the Chief agrees that an emergency review is justified, the Loan/Subsidy Review Panel will be convened in no more than seven (7) business days.

SUBSIDY APPROVAL

Subsidies, pending availability of funds, are limited to the lesser amount of:

1. The difference between the current actual monthly net profit and one-twelfth of the current prevailing Nevada Median Income as reported by the United States Department of Health and Human Services for a family of four; or,
2. The difference between the current actual net profit and the average monthly net profit for the twelve-month period preceding the request.

Operators are not required to pay set-aside on the approved subsidy amount. However, they are required to submit monthly profit and loss statements and pay set-aside and set-up recovery on any earned income as required by regulation.

The Loan/Subsidy Review Panel will review all current income subsidies on a monthly basis. All operators receiving income subsidies will be required to appear before the Loan/Subsidy Review Panel each month for the purpose of answering questions, explaining action plan steps and progress, and providing updates to the panel. The panel will forward recommendations to the Chief following each meeting.

Pursuant to NAC 426. 225(2), subsidies may not be authorized for more than six (6) months. If at the end of six months the operator finds that the circumstances which necessitated the subsidy still exist and are not likely to improve, s/he may reapply for additional subsidy payments after waiting at least one month without receiving a subsidy

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payment. If the Loan/Subsidy Review Panel agrees that conditions at the facility are unlikely to improve, the panel may recommend that subsidy payments be continued for an additional period of time up to six (6) months.

The total amount of subsidies and loans granted to BEN Program operators in any given month will not exceed the total unassigned revenue collected by the Bureau in that same month. The BEO II will submit to the Bureau Chief a monthly summary report of all subsidies being paid to operators or operator trainees.

PAYMENT OF SUBSIDIES

Subsidy payments approved by the Bureau Chief will be submitted for payment immediately upon approval.

Attachment A

LOAN / SUBSIDY APPLICATION FORM

This form must be faxed to the BEO II for review and submission to the Loan/Subsidy Review Panel

Date ____/____/____

Vendor Name _____ **BEN #** _____

Amount Requested \$ _____

Describe the circumstances surrounding this request:

Attach additional sheets and supporting documents if necessary

Vendor Signature _____

(Do not write below this line)

Date Received by BEO II ____/____/____

BEO II Signature _____

Bureau Chief Signature _____

Date ____/____/____ Approved _____ Denied _____

Administrator Signature (if > \$10,000) _____

Date ____/____/____ Approved _____ Denied _____

Attachment B

**EMERGENCY REVIEW
LOAN / SUBSIDY APPLICATION FORM**

*This form must be faxed to the BEO II for review and
submission to the Bureau Chief*

Date ____ / ____ / ____

Vendor Name _____ **BEN #** _____

Amount Requested \$ _____

Describe the circumstances surrounding this request

Attach additional sheets and supporting documents if necessary

Vendor Signature _____

_____ (Do not write below this line) _____

Date Received by BEO II ____ / ____ / ____

BEO II Signature _____

Bureau Chief Signature _____

Date ____ / ____ / ____ Approved _____ Denied _____

Administrator Signature (if > \$10,000) _____

Date ____ / ____ / ____ Approved _____ Denied _____