



Fort Peck Tribes

501 Medicine Bear Road, P.O. Box 1027, Poplar, MT 59255
(406) 768-2300

COVID-19 Business Assistance Application

NOTICE: BUSINESS MUST QUALIFY, UNDER THE DEFINITION OF THE SMALL BUSINESS ADMINISTRATION, AS A SMALL BUSINESS ENTITY

Section 1: Business Entity Organization

| | | | | | | |
|------------|--------------------------|------------------------|--------------------------|-------------|--------------------------|--------|
| Check One: | <input type="checkbox"/> | Sole Proprietor | <input type="checkbox"/> | Partnership | <input type="checkbox"/> | C-Corp |
| | <input type="checkbox"/> | S-Corp | <input type="checkbox"/> | LLC | | |
| | <input type="checkbox"/> | Independent Contractor | | | | |
| | <input type="checkbox"/> | Farmer | <input type="checkbox"/> | Rancher | | |
| | | | | | | |

Section 2: Applicant Information

| | | | |
|-----------------------------------|-----------------|-----------------------|----------------|
| Applicant Name: | _____ | | |
| | Last Name | First Name | Middle Initial |
| Business Name (If Applicable): | _____ | | |
| Business Address: | _____ | | |
| | Street/P.O. Box | City, State, Zip code | |
| Phone Number: | () _____ | | |
| Email Address: | _____ | | |
| Business TIN (EIN, SSN): | _____ | | |

Section 3: Supporting Documentation

| | | | |
|-------------------------------------|---|--------------------------|------------------------|
| Checklist (Include all that apply): | | | |
| <input type="checkbox"/> | Tribal ID or CIB ***REQUIRED**** | <input type="checkbox"/> | Tribal Lease Document |
| <input type="checkbox"/> | TERO certificate | <input type="checkbox"/> | Proof of Business Loss |
| <input type="checkbox"/> | Secretary of State Business Certificate | <input type="checkbox"/> | W-9 |
| <input type="checkbox"/> | Most Recent Tax Return or Proof of Income | | |
| <input type="checkbox"/> | Current Fiscal Year To Date Expenditures/Expenses | | |

DISCLAIMER: APPLICATION DOES NOT ENSURE ASSISTANCE. APPLICANT MAY ALSO BE ASKED FOR MORE DOCUMENTATION.

Signature

Date

INSTRUCTIONS

NOTE:

The Fort Peck Tribes will not cover any expenditures that the Applicant is already receiving assistance for. This assistance includes the Paycheck Protection Program (PPP) and Coronavirus Food Assistance Program (CFAP). Please sign the following and certify that the applicant has not received any other assistance:

Signature:

Date:

If the applicant has received any other assistance, please provide in a detailed letter how the applicant will use the Fort Peck Tribes Business Assistance for expenditures that other assistance received will not cover. This may include like expenditures that fall outside the other assistance's allowable time frame.

*****The Fort Peck Tribes may ask any Applicant for documentation of proof that the assistance was used in a manner deemed allowable.*****

Section 1: Business Entity Organization

Entity must qualify under the SBA Table of Small Business Size Standards released on August 19th, 2019. Assistance will be provided with any questions or disputes to Entity size classification.

Section 2: Applicant Information

Provide email address if Entity has a valid one.

Section 3: Supporting Documentation

Not all documents will be applicable. Provide what is necessary for your Business Type. Proof of loss documents may be standardized in the future, as effects of pandemic are more evident. Currently, Entity should provide documents they feel necessary to show loss. Judgements may be made as to the acceptance of such documents.