



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. YOU MUST PROVIDE TAX RETURN DOCUMENTATION FOR THE BUSINESS OR THE SCHEDULE C OR SCHEDULE F FROM YOUR PERSONAL TAX RETURN. **YOU ARE NOT ELIGIBLE FOR THIS PROGRAM IF YOU PREVIOUSLY RECEIVED A SMALL BUSINESS GRANT FROM THE FORT PECK TRIBES**.****

GRANT ASSISTANCE IS AVAILABLE UP TO \$25,000 AND THE AMOUNT IS DETERMINED BASED UPON THE EXPENSES OF YOUR BUSINESS, AS REPORTED ON THE MOST CURRENT FEDERAL TAX RETURN (i.e., 2019 or 2020). IF YOUR BUSINESS IS AWARDED FUNDING, YOU WILL BE REQUIRED TO SIGN A GRANT ASSISTANCE AGREEMENT AND PROVIDE DOCUMENTATION ON HOW THE FUNDS WERE EXPENDED.

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
Tribal Enrollment #	206-U-_____		
Business Name (If Applicable):	_____		
Business Address:	_____		
	Street/P.O. Box		City, State, Zip code
Phone Number:	() _____		
Email Address:	_____		
Business TIN (EIN, SSN):	_____		

Section 3: Required Documentation

Attach the following documents, if applicable			
<input type="checkbox"/>	Tribal ID or CIB ***REQUIRED****	<input type="checkbox"/>	Tribal Lease Document
<input type="checkbox"/>	TERO certificate, if applicable		
<input type="checkbox"/>	Secretary of State Business Certificate		
<input type="checkbox"/>	2019 or 2020 Federal Tax Return or Schedule C/F ***REQUIRED***		
<input type="checkbox"/>	Current Fiscal Year To Date Expenditures/Expenses		

Not all documents will be applicable, unless noted otherwise. Provide what is necessary for your Business Type.

Section 4: Statement of Need/Negative Economic Impacts of the Pandemic

Please provide a brief narrative on your need for financial assistance on how your business has been impacted by the Pandemic:

The Fort Peck Tribes will not cover any expenditures that the Applicant has already received or will receive assistance for. This assistance includes, but not limited to, 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 a detailed listing below of the type and amount of assistance received:

Assistance Type	Agency	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

DISCLAIMER: APPLICATION DOES NOT ENSURE ASSISTANCE. APPLICANT MAY ALSO BE ASKED FOR MORE DOCUMENTATION. FAILURE TO SUBMIT REQUIRED DOCUMENTATION WILL VOID YOUR APPLICATION.

Certification

I hereby certify that the information I have provided in this application is accurate and true in all material respects, and I understand that knowingly making a false statement to obtain economic assistance from the Small Business Grant Assistance Program is punishable under the law.

Signature

Date

Mail completed applications and all required documentation to:

Fort Peck Tribes
Attn: Small Business Grants
P.O. Box 1027
Poplar, MT 59255