



## COVID-19 Business Relief Program Application

### BUSINESS INFORMATION

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Sac and Fox Tribal Member Business Owner: \_\_\_\_\_

Roll Number of Business Owner : \_\_\_\_\_

Please describe the ownership structure of the business (include ownership percentages, if applicable):

\_\_\_\_\_  
\_\_\_\_\_

Did the business suspend operations due to the COVID-19 public health emergency?

Yes  No

Please list the dates business operations were suspended:

\_\_\_\_\_  
\_\_\_\_\_

Did the business incur extra expenses due to the COVID-19 public health emergency that have not been reimbursed by another federal, state, or tribal program or business grant?

Yes  No

**ASSISTANCE BEING REQUESTED. Please provide a brief description of the assistance you are requesting (attach a separate sheet if more space is needed):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AMOUNT BEING REQUESTED:** \_\_\_\_\_

### CERTIFICATIONS AND AUTHORIZATIONS

By signing below, you make the following representations, authorizations, and certifications:

- I certify that I am an enrolled member of the Sac and Fox Nation with a majority ownership interest in the applicant business.

- I certify that the funds will be used to reimburse COVID-19 related eligible expenses that have not been reimbursed by another federal, state, or tribal program or business grant.
- I certify that the business has suffered economic loss from the suspension of operations due to the COVID-19 public health emergency.
- I certify that the business has been negatively impacted by the COVID-19 public health emergency.
- I understand that I am subject to prosecution to the fullest extent of the laws of the Sac and Fox Nation if I knowingly, willfully and fraudulently provide false information for the purpose of obtaining benefits which I am otherwise ineligible to receive.

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**Signature**

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**Date**

**YOU MUST ATTACH DOCUMENTATION TO VERIFY THE FOLLOWING:**

- **Business Ownership.** Documents to verify that the Sac and Fox tribal member is the sole owner or majority owner of the business (such as articles of incorporation, operating agreement, or by-laws).
- **Expenses.** Receipts to verify expenses related to COVID-19 response (such as expenses to reopen with expanded safety measures, additional cleaning supplies, signage, or other modifications to help stop the spread of COVID-19).

**PLEASE SUBMIT COMPLETED APPLICATION AND ACCOMPANYING DOCUMENTS TO:**

Sac and Fox Nation  
 Attention: COVID Relief Department  
 920963 S. Hwy 99  
 Stroud, OK 74079  
 coviddept@sacandfoxnation-nsn.gov

*FOR OFFICAL USE ONLY.*

Date Received:

Business Ownership Documentation Received:

Receipts to Verify Expenses Received:

Approved by:

Date:

Check Mailed On: