TRIBAL MEMBER-OWNED BUSINESS ASSISTANCE PROGRAM

The Citizen Potawatomi Nation’s Coronavirus Relief Fund (Relief Fund) may be used for assistance to businesses of which a majority or controlling stake is owned by member(s) of the Nation, strictly for the purpose of assisting with expenses due to business interruption caused by required closures, limited reopening, or decreased customer demand related to the COVID-19 public health emergency. Expenses must not have already been reimbursed by other Federal, State, or local governmental assistance such as unemployment compensation, a payroll protection program, etc. The coverage period is March 1, 2020 through December 30, 2020. Applicants may request a maximum payment of up to $5,000.

Applicants will be required to provide supporting documentation with their application. Application shall include all documents and supporting materials necessary to substantiate its validity.

Assistance may include the following business costs paid by the business:

- Employee salaries, wages, commissions, etc.
- Retirement plan contributions,
- Payment for parental, family, medical or sick leave,
- Payment for vacation,
- Group health insurance payments, not including payments for an elective abortion or on research in which a human embryo is destroyed, discarded, or knowingly subjected to risk of injury or death,
- Utilities,
- Rent or lease payments, or
- Costs of debt service which obligation(s) pre-existed March 1, 2020

This assistance is to provide financial relief for loss that has not already been paid to you or your business or supplemented in some other way. For example, financial support received from the following will be considered when evaluating need:

- Paycheck Protection Program
- Unemployment benefits
- Workforce and Social Services
- Other income
DOCS

Applicants will be required to provide supporting documentation with their application. Application shall include all documents and supporting materials necessary to substantiate its validity.

Failure to provide this information will result in a delay in processing your application. Please provide copies of all relevant documents necessary for your application.

- Employee salaries, wages, commissions, etc.
- Retirement plan contributions,
- Payment for parental, family, medical or sick leave,
- Payment for vacation,
- Group health insurance payments, not including payments for an elective abortion or on research in which a human embryo is destroyed, discarded, or knowingly subjected to risk of injury or death,
- Utilities,
- Rent or lease payments,
- Costs of debt service which obligation(s) pre-existed March 1, 2020
- Prior year financials
- Current year financials
- Copy of Driver’s License
- Copy of Tribal ID
- Completed application (Next page)

Mail completed applications to:

**COVID-19 Assistance**
1601 Gordon Cooper Drive
Shawnee, OK
74801
BUSINESS APPLICATION

Name of Business ________________________________

Business Address ______________________________ Email __________________

City __________________________ State ___________ Zip ____________

Personal Address ______________________________

City __________________________ State ___________ Zip ____________

Phone number __________________________ Tribal ID Number ________________

Number of employees ________________

Did you suspend operations due to COVID-19? □ Yes □ No

   If yes, what dates were operations suspended? ________________________________

Have you reduced hours due to COVID-19? □ Yes □ No

   If yes, what dates did you have reduced hours? ________________________________

What are your normal hours? ________________________________

What are your reduced hours? ________________________________

Did you require extra staff or to pay staff overtime due to COVID-19? □ Yes □ No

Did you have additional expenses due to COVID-19? □ Yes □ No

(cost for additional cleaning supplies, signage, or other modifications to help stop the spread of COVID-19).

List all income/financial support

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<th>Source</th>
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Grant amount requested $______________

In submitting this application, I declare and certify that all the information and documentation is true and correct, and I acknowledge that any payments based on inaccurate assertions or submissions or based on material omissions are subject to recoupment from the recipient by Citizen Potawatomi Nation and/or the United States government and may be cause to seek other remedies allowable by law. I attest that I am a Citizen Potawatomi Nation tribal member with a controlling stake in the applicant business. I further agree to assist the Nation in seeking any further necessary verification of the submitted information upon reasonable request.

Signature ___________________________ Date __________________