



PUEBLO OF ISLETA

APPLICATION

CARES ACT RELIEF FUND SMALL BUSINESS INTERRUPTION GRANT FOR FARMERS & RANCHERS

TRIBAL MEMBER INFORMATION

First Name: _____

Middle Name: _____

Last Name: _____

Census Number: _____

Social Security Number: _____

Phone Number: _____

Mailing Address: _____

GRANTS WILL BE MAILED TO ABOVE ADDRESS

BUSINESS INFORMATION

POI Business Permit Number: _____ (Not Required)

POI Tract Number(s) used for Farming and/or Ranching: _____

2019 Gross Sales: _____

Short Explanation of how business is impacted by COVID-19:

I do hereby certify under penalty of perjury that the foregoing is true and correct. I further understand that this grant is not guaranteed until approved by the Pueblo of Isleta. If grant application is denied, the applicant will be notified and no appeal process is provided.

Signature

Date

Please submit application to grant@isletapueblo.com or place in a designated drop box at the Governor's Office or Tribal Treasurer's Office