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| **Department of Finance & Administration**  **Economic Recovery & Releif Fund Application** | |
|
|
| BUSINESS NAME: | |
| APPLICANT’S NAME (Last, First, Middle) | TYPE OF BUSINESS:: | |
| ADDRESS (Village, Island, State) | FSM SOCIAL SECURITY NUMBER | |
|  | |
| E-MAIL ADDRESS: | TELEPHONE NUMBER | |
| MOBILE NUMBER: | |

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| **Does your business supply goods & Services to the Tourism Sector?** | Yes  No |
| **If yes, please explain:** | |
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| **Was your business significantly impacted by the COVID-19 public health emergency declaration?** | Yes  No |
| **If yes, please explain:** | |
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| ***DECLARATION BY BUSINESS OWNER/MANAGER:***  ***I hereby submit this application assistanmce from the Economic Recovery & Relief Fund. All information provided herein are a true and accurate record for the business under this application. I also understand that the FSM Government may request further information to verify any part of this application.*** | | |
| SIGNATURE OF APPLICANT: | SIGNATURE OF INTERVIEWER: | DATE (Month/ Day/Year) |

Business name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee List

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Employee Name** | **Social Security #** | **Position** | **Hourly Wage Rate** | **Date last paid** | **Date put on reduced hours** | **Current # weekly hours** | **Date released from Work** |
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