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|  **Department of Finance & Administration** **Economic Recovery & Releif Fund Application**  |
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|
| 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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