



**NATIVE AMERICAN SMALL BUSINESS APPLICATION**  
NORTH DAKOTA DEPARTMENT OF COMMERCE  
(12-2025)

**BUSINESS INFORMATION**

Business Name		Telephone Number		
Address		City	State	ZIP Code
Email		Website (if any)		
Type of Business  Sole Proprietor   Partnership   LLC   Corporation	Date Established		Primary Products/Services	

**OWNERSHIP & ELIGIBILITY**

Native American Ownership Percentage	Tribal Affiliation
Proof of Ownership (attach documentation)  Tribal Enrollment Card   Tribal Business Certification   Other (please describe)	

**FUNDING REQUEST**

Amount Requested	Total Project Cost (if applicable)
Proposed Use of Funds (check all that apply)  Working Capital (inventory, supplies)   Equipment or technology purchase   Business expansion/modernization Marketing/customer acquisition   Workforce training/development   Other (please describe)	

**PROJECT PROPOSAL**

Describe your project and how funds will be used (1-2 paragraphs)
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**IMPACT STATEMENT**

What outcomes do you anticipate from this funding (e.g. jobs created/retained, sales growth, expanded markets, community impact)?

**PREVIOUS STATE PROGRAM PARTICIPATION**

Have you applied to any other North Dakota state program for funding?

Yes      No

If yes, please list below

Program Name	Year Applied	Funding Received (Yes/No)	Amount Awarded

**BUDGET**

Expense Item	Amount

Total

**GOOD STANDING CHECKLIST**

Applicants must be in good standing with applicable state and federal requirements. Please check all that apply:	
	Registered and in good standing with the North Dakota Secretary of State (annual reports current).
	Current on state tax obligations (income, sales/use, withholding).
	Current on unemployment insurance and workers' compensation obligations (Job Service ND and WSI).
	Proper state/local business licenses and permits are active (if applicable).
	Current on federal tax obligations (IRS filings and payments).
	Employer Identification Number (EIN) is active (if applicable).
	Business is a for profit entity with fewer than 500 employees.
	In compliance with applicable federal labor, safety, and nondiscrimination laws (if employing staff).
	Business and owners are not debarred or suspended from receiving federal or state funds (SAM.gov).

**CERTIFICATION & SIGNATURE**

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that if awarded, funds must be used for the purposes described in this application and may be subject to reporting and monitoring requirements.	
Business Name	
Authorized Representative Name	Title
Signature	Date