OMB Approved No.: 1505-0271 Expiration Date: 11/30/2021

Coronavirus State Fiscal Recovery Fund Tribal Government Employment Information Form May X, 2021

Each Tribal government must confirm or amend its 2019 employment numbers as provided below by June 21, 2021, in order to be eligible to receive a payment based on its share of the employment allocation as described in the Tribal governments allocation methodology. A Tribal government that does not submit this information will not receive this payment.

Eligible Tribal governments include the recognized governing body of any Indian or Alaska Native tribe, band, nation, pueblo, village, community, component band, or component reservation, individually identified (including parenthetically) in the list published by the Bureau of Indian Affairs in the Federal Register at 86 FR 7554 (Jan. 29, 2021), available at https://www.federalregister.gov/documents/2021/01/29/2021-01606/indian-entities-recognized-by-and-eligible-to-receive-services-from-the-united-states-bureau-of.

| Did the Tribe submit 2019 employment numbers to the U.S. Department of the Treasu | ıry |
|---|-----|
| for the Coronavirus Relief Fund? [] Yes [] No | |

If "No," provide the following information:

| | Calendar Year 2019 | | | |
|-----------------------------|--------------------|----|------------|----|
| Number of Employees* | Q1 | Q2 | Q 3 | Q4 |
| Employed by Tribe | | | | |
| Employed by Tribal Entities | | | | |

| * Er | nployee | s: Total | l number o | f person | s emplo | yed | by the | Tri | bal gov | ernment an | ıd |
|------|-----------|----------|------------|------------|----------|-----|--------|-----|---------|------------|----|
| any | tribally | owned | entity (to | include | entities | in | which | the | Tribal | governmen | nt |
| main | ntains at | least 51 | % ownersh | nip) on Ja | nuary 1, | 20 | 20. | | | | |

Did the Tribe file an IRS Form 941? [] Yes [] No

If "Yes" upload all applicable Forms 941 for each employing entity.

If "No" please upload other supporting information for employment counts.

If "Yes," do you have reasons to amend 2019 employment numbers as submitted for the Coronavirus Relief Fund (shown below)?

[] Yes [] No

If "No," no further information is needed at this time.

If "Yes," provide amended 2019 employment numbers below:

| | Calendar Year 2019 | | | |
|-----------------------------|--------------------|----|------------|----|
| Number of Employees* | Q1 | Q2 | Q 3 | Q4 |
| Employed by Tribe | | | | |
| Employed by Tribal Entities | | | | |

* **Employees:** Total number of persons employed by the Tribal government and any tribally-owned entity (to include entities in which the Tribal government maintains at least 51% ownership) on January 1, 2020.

Does the Tribe file an IRS Form 941? [] Yes [] No

If "Yes," upload all applicable Form 941s for each employing entity.

If "No," please upload other supporting information for employment counts.

I hereby certify that I am authorized by the Tribal government to submit the information included with this form and that it is true and correct to the best of my knowledge. I further understand that a materially false, fictitious, fraudulent statement or representation (or concealment or omission of a material fact) in this form may be the subject of criminal prosecution under the False Statements Accountability Act of 1996, as amended, 18 U.S.C. § 1001, and also may subject me and the Tribal Government to civil penalties, damages, and administrative remedies for false claims or otherwise (including under 31 U.S.C. § 3729 et seq.).

| Signature of Authorized Representative | |
|--|--------------------|
| Name: | Date: |
| Title: | Name of Recipient: |

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