



LTBB Commercial Fisher Small Grant Application 2024

Name: _____
Last First Middle

Address: _____
Street
City State Zip

License #: _____ Tribal Enrollment # _____

Date of Birth _____ Phone #: _____

Place of Employment: _____

Other Tribal Grants or Tribal financial programs you have participated in:

Date (s) of participation: _____

Describe your commercial fishing experience.

Describe purpose of Grant:

Grant amount requested: _____ Completed the Apprentice Program: YES NO

Itemized Budget (attached) _____

Business Plan (attached) _____

Signature _____ Date _____

I certify that the above information is true and that I have received a copy of the LTBB COMMERCIAL FISHER SMALL GRANT POLICY.

OFFICE USE ONLY

Date Received _____ Staff Initials _____

Copy of Captains License received _____