



Pride of the Ojibwe
13394 W Trepania Road
Hayward • Wisconsin • 54843
Phone (715) 634-8934 • Fax (715) 634-4797 • HR Fax (715) 699-1209

REQUEST FOR LETTERS OF INTEREST

LCO State Small Business Credit Initiative Program Committee

The Lac Courte Oreilles Tribe seeks individuals to serve on a committee to develop eligibility criteria, a selection process, and policies and procedures for the LCO SSBCI Program

OPENING DATE: March 7, 2023

CLOSING DATE: April 7, 2023

Primary Duties:

1. Members meet to develop and recommend SSBCI program policies and procedures development, Applicant Eligibility Criteria and Selection Process to receive Loan Participation Funds for Tribal Enterprises and LCO Entrepreneurs.
2. Members must be able to attend at least (2) meetings monthly.

Experience, Knowledge, and Commitment of Committee Members:

- Persons who are interested economic development of the tribal community and willing to commit their time and diligence to responsibilities.
- Appointed individuals will be expected to spend time preparing for and attending meetings, and understand Policy and Legal Issues.
- Individuals appointed will need to sign a conflict of interest/confidentiality statement.

**Interested Persons Should Submit a Letter of Interest with Qualifications
(Please fill out the release and authorization form)**

MAIL, FAX OR EMAIL ALL INFORMATION TO:

Lac Courte Oreilles Tribal Government
Attn: Human Resource Department
13394 W Trepania Road
Hayward, WI 54843
Fax (715)634-4797
HR Fax (715)699-1209
doreen.debrot@lco-nsn.gov
caroline.yellowthunder@lco-nsn.gov

RELEASE AND AUTHORIZATION

I hereby authorize the Lac Courte Oreilles Band of Lake Superior Chippewa Indians, to conduct an investigation into my personal background for evaluating my qualification for employment, promotion, reassignment or retention as an employee. I acknowledge and agree that the Lac Courte Oreilles Band of Lake Superior Chippewa Indians may obtain information pursuant to such investigation through personal interview and acquaintances, business associates and other persons who may have knowledge as to my personal and professional background. I further acknowledge and agree that inquiry into my character, personal characteristics, employment history and public record information (e.g., record of civil judgement, convictions, motor vehicle violations) as well as diplomas, degrees, licenses and transcripts may be relevant to the Lac Court Oreilles Band of Lake Superior Chippewa Indians evaluation of my qualifications. I hereby release the Lac Courte Oreilles Band of Lake Superior Chippewa Indians and any person providing information in connection therewith from all liability, which may arise in connection with the above described background investigation. In authorizing such investigation, I hereby voluntarily provide the following supplemental data to insure the accuracy of records obtained during this investigation.

The foregoing is in accordance with my understanding and agreement and my signature on this Release and Authorization confirms my acceptance hereof. Copies of the Release and Authorization that show my signature are as valid as the original Release and Authorization signed by me. Before signing, I have had the opportunity to review this document with anyone of my choosing, including an attorney. I verify by my signature, under penalty of perjury, the information provided is truthful and accurate.

Signature: _____

Date: _____

Print: Last Name _____

First Name _____

Middle Name _____

Maiden, former or alias name(s): _____

Social Security Number: _____

Other names you are known by? _____

Have you ever been convicted of a felony? Yes__ No__

Date of Birth: _____

Driver's License Number: _____

Tribal Affiliation: _____

Enrollment Number _____

Present Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ How long at present address? _____

Previous Address: _____

City: _____ State: _____ Zip Code: _____

From: (Month/Year) _____ To: (Month/Year) _____