

**Napaimute Application for COVID-19 Emergency Assistance**

**EFFECTIVE:** September 22, 2020

**ELIGIBILITY PERIOD:** March 1, 2020 – December 31, 2020

**APPLICATION:** One application per household

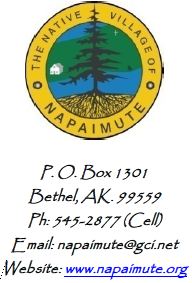
**ASSISTANCE LIMIT:** $1,500 per household

# PROGRAM ELIGIBILITY

* At least one member of the household must be an enrolled Tribal member
* Applicant must be over the age of 18 years old
* May reside in or outside of the village
* Must demonstrate *need* for assistance as it relates to the COVID-19 Pandemic
* One-time assistance program to prevent, mitigate or respond to effects of COVID-19and comply with the CARES Act
* Assistance is limited to identified NEED $ Amount or $1,500 whichever is less, per household supported by demonstrated need and impact by COVID-19
* Financial impact occurrence must be within the window of COVID-19 and CARES act funding deadlines. The Tribal Council has designated March 1, 2020 to December 31, 2020 as the assistance window.

**NEED FOR ASSISTANCE DOCUMENTATION IS REQUIRED**

All households are required to complete the Assistance Documentation Form for assistance and are required to provide applicable support to demonstrate the impact by COVID-19.



**Napaimute Application for COVID-19 Emergency Assistance**

TRIBAL MEMBER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL AMOUNT OF ASISTANCE REQUESTED: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The financial amount of assistance in total value should be documented by the applicant.

MAILING ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHYSICAL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if different than mailing) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## EVENT EFFECTED BY COVID-19 ASSISTANCE SELECTION

U.S. Treasury guidance is specific to the requirement that all Tribal entities that received CARES act funding document the resulting expenditures due to the COVID-19 pandemic, requiring that all expenditures be supported and records retained for a period of 5 years for potential audit by the Attorney General of the United States. Expenses resulting from the COVID-19 pandemic must be necessary and be direct result from the public health emergency. As such the NVN has designed a table format for summarizing information. Support documents such as pay stubs, mortgage statements, rent leases, late utility bill notice, etc. should be supplied to support the request for assistance. Receipts for food, hygiene products, protective equipment, cleaning products are an eligible expenditure.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Event** | **Necessity/ effect from COVID-19 (example)** | **Cost/ Income before COVID-19** | **Cost/ Income after COVID-19** | **Comments to support Necessity/ effect from covid-19** | **Documents provided (list)** | **Paid with other Federal funds** |
| Rent or mortgage assistance | Loss of income |  |  |  |  | Yes / No |
| Transportation | To/from work, to health care facility, etc. |  |  |  |  | Yes / No |
| Car loan payments | Loss of income |  |  |  |  | Yes / No |

Event Table continued….

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
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| Health insurance | Loss of insurance by employer |  |  |  |  | Yes / No |
| Food/supplies/COVID prevention supplies | Loss of income or supplies to mitigate or prevent spread of COVID-19 |  |  |  |  | Yes / No |
| Utilities | Loss of income |  |  |  |  | Yes / No |
| Medical | Additional medical costs because of COVID-19 |  |  |  |  | Yes / No |
| Other: |  |  |  |  |  | Yes / No |
| Example: Rent Assistance | *Loss of income/reduced hours* | $3000/ month  (Income was) | $2,000/ month  (Income is) | assistance needed because of reduction in income | Past due rent bill (or paycheck stubs) | *Yes / No* |

**Short Narrative to support request above:** How has the COVID-19 affected your household’s ability to provide food, housing, or other needs identified above?

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The application and documentation to support COVID-19 based assistance should be scanned and emailed to Stan Kelly at [skellynapaimuteent@gmail.com](mailto:skellynapaimuteent@gmail.com)

*Certification: I hereby certify that all information in this application is true and valid and the request for assistance is necessary because of the effect of the COVID-19 pandemic.*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature (Applicant) Date*

*\_\_\_\_\_\_\_ APPROVED \_\_\_\_\_\_\_\_\_\_\_\_ DENIED (Reason)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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*Signature (BDCM) Date*