**Napaimute ARPA Application for COVID-19 Tribal Member Assistance**

**December 2021**

**Application Due Date:** December 20, 2021 (*will accept Post Date of 12/20*)

**Assistance Amount:** One-time payment of up to $1,500 supported by completed self-certified Application for COVID-19 emergency Assistance form below

**Eligibility Criteria:**

* Napaimute Adult Tribal Members who are 18 years or older
* Completed application demonstrating economic harm resulting from or exacerbated by the Public Health Emergency
* Negative financial impact must have occurred within ARPA eligibility Period March 21, 2021 – December 21, 2024

## Self-Certification for ARPA Assistance and Tribal Accountability Notification

U.S. Treasury guidance specifically requires that all Tribal entities that implement Cash transfers ensure that cash transfers respond to the negative impact of the pandemic and are reasonably proportional to the negative economic impact they are intended to address. Cash transfers grossly in excess of the amount needed to address the negative economic impact identified by the recipient would not be considered to be a response to the COVID-19 public health emergency or its negative impacts and would be outside the scope of eligible uses under section **\***602(c)(1)(A) and 603(c)(1)(A) of the Social Security Act and could be subject to repayment.

**Napaimute Application for COVID-19 Emergency Assistance – Self Certification Form**

I am experiencing or have experienced financial hardship and/or unreimbursed, unbudgeted, and necessary expenses from March 21, 2021, through current as a result of the COVID-19 public health emergency that has not been paid by or reimbursed by any other Alaska Native Corporation, ARPA Program or federal, state, tribal or local government.

**Tribal Member Information**

Tribal Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last 4 SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| MAILING ADDRESS:  | PHYSICAL ADDRESS *if different than mailing*: |
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|  |  |

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Check all boxes that apply, reporting the negative economic impact you and your family experienced or are experiencing.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Increased food costs related to groceries, meals, and nutrition costs necessary to sustain health & well-being while complying with public health mandates  |  | Increased expenses to comply with social distancing mandated or recommended by federal, state, county, or tribal guidelines |
|  | Increased expenses related to online learning to maintain and support the education needs of school-age children, or post-secondary school, as a result of school changes in response to COVID-19 |  | Increased cost for remote work/remote schooling for children, including additional childcare cost due to school or daycare closures |
|  | Increased transportation cost for COVID testing and/or treatment |  | Increased expenses for food, transportation, child, or adult care because of COVID-19 |
|  | Increased cost for personal protective equipment (masks, face shields, etc.), or Increased household cleaning & sanitization |  | Housing assistance: cost increases to avoid foreclosure, eviction, or need assistance for rent, etc.) |
|  | Increased cost for utilities and/or household expenses because of the need to stay home/isolate and adhere to public health mandates issued in response to COVID-19 Including: electricity, gas, propane, firewood, water, sewer, waste disposal, internet, phone |  | I have incurred increased expenses to address food security issues caused by supply-chain issues related to COVID-19 by purchasing subsistence material including: fishing gear (poles, permits, hooks, line, nets), fuel, ammunition, canning supplies, and other subsistence items |
|  | Increased medical costs or prescription drugs related to COVID-19 or suspected exposure to COVID-19, including COVID-19 tests |  | Other cost incurred due to COVID-19 (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Job Loss: laid off, furloughed, reduced hours, or loss of self-employment/business income $ \_\_\_\_\_\_\_\_\_\_ |  | NONE of these apply to me, I am ineligible to apply for this assistance. |
|  | Increased health care costs (unreimbursed prescriptions, counseling, COVID test and/or treatment) $ \_\_\_\_\_\_\_\_\_\_ |

**TOTAL FINANCIAL ASSISTANCE AMOUNT CLAIMED: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SELF CERTIFICATION (initial)**

\_\_\_ None of the claimed expenditures have been reimbursed previously by an Indian Tribal organization, any other federal, state, tribal, or local government entity (only report negative economic impacts that have NOT been reimbursed by any of the above referenced agencies).

\_\_\_ All information on this application is true and correct to the best of my knowledge. I certify that I need emergency financial assistance due to the COVID-19 pandemic and further certify that any payment I receive from the Napaimute ARPA Application for COVID-19 Tribal Member Assistance program will be used to address the economic harm and response to the negative impacts of the COVID-19 pandemic

\_\_\_ I agree to retain reasonable documentation to support my claim for a period of five years and provide support documentation to Napaimute should it be requested by the Office of Inspector general or other federal agency ensuring compliance with eligible activities of the ARPA Act.

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

*Signature (Applicant) Date*

*\*This section for Napaimute Office Use Only*

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

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*Signature (Napaimute Designated Official) Date*

**Please mail this completed form back to:** Native Village of Napaimute, PO Box 1301, Bethel, Alaska 99559

 **Or by email to:** skellynapaimuteent@gmail.com