



P.O. Box 1301
Bethel, AK. 99559
Ph: 545-2877 (Cell)
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Website: www.napaimute.org

Napaimute CDC Grant for COVID-19 Test Reimbursement 2020

EFFECTIVE: September 22, 2020

ELIGIBILITY PERIOD: June 1, 2020 – December 31, 2020 (or **June 09, 2021** - via CDC Grant)

APPLICATION: One application per Tribal Member (up to 2 tests). Multiple members in a household allowed.

ASSISTANCE LIMIT: \$250 per Tribal Member (up to 2 tests)

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 (*but can apply on behalf of a Minor who received the test*)
- May reside in or outside of the village
- Preferred if documentation is provided, as it relates to the COVID-19 Pandemic (*copy of **test results & cost** (receipt), **invoice**, etc.)*)
- One-time assistance to provide testing or respond to effects of COVID-19 and comply with the CDC Grant
- Assistance is limited to identified NEED \$ Amount, or \$250 whichever is less (up to 2 test per TM), per household supported by demonstrated need and impact by COVID-19
- Financial impact occurrence must be within the window of COVID-19 and CDC Grant funding deadlines. The Tribal Council has designated **June 1, 2020 to December 31, 2020** as the assistance window (or **June 09, 2021** - via CDC Grant).

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.



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Napaimute Application for COVID-19 Emergency Assistance

TRIBAL MEMBER NAME: _____

LAST 4 DIGITS of 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.

The application and documentation to support COVID-19 based assistance should be scanned and emailed to Stan Kelly at 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)*

Signature (BDCM)

Date