

## SPIRIT LAKE TRIBE COVID-19 EMERGENCY GRANT PROGRAM

### INSTRUCTIONS FOR CONFIDENTIAL GRANT APPLICATION

The Spirit Lake Tribe has established the COVID-19 Emergency Grant Program to provide financial relief to tribal members who have suffered financial impacts as a result of the COVID-19 public health emergency due to the loss of income, closure of businesses and stay at home orders and increased expenses attributable to the pandemic. In order to receive a grant, an applicant must demonstrate eligibility for a grant on an application supported by information showing need.

**Applicants:** To qualify for a grant, an applicant must be an enrolled Tribal member and 18 years or older by the time the grant is awarded. A grant shall be for the amount of actual COVID-19 impacts shown for the applicant up to a maximum of \$1,000. **No person is eligible for a grant while incarcerated.**

Applicants must provide information about financial impacts attributable to COVID-19 such as job loss, reduced work hours, lost family business income, other adverse income impacts attributable to COVID-19 public health emergency. Additional or increased food and household expenses due to price increases, added travel due to shortages when shopping, unable to pay rent or mortgage, electricity, medical, and other expenses due to the COVID-19 public health emergency. For travel use extra miles per week round trip times 57.5 cents = total expense. Attach receipts, bills, any other documents if available.

Applicants must provide honest, accurate information supported by available documentation. An application may be submitted for all members of a household, including children who are legal dependents, comprised of members of an immediate or extended family residing together. Or, individual adults may submit a separate application. This program applies to Tribal members whether living on or off the reservation.

The application shall include information on lost income and added expenses attributable to the COVID-19 public health emergency from March 1, 2020 to the date of application and estimated to December 30, 2020. Receipts and other documentation supporting the application shall be included with the application as much as possible when available, however while strongly encouraged, a receipt for every expense is not required.

**Do not include receipts for medical expenses due to privacy.**

Grantees should consult with their tax advisor regarding taxability of grant funds.

Applications may be submitted as follows:

Cora Whiteman at [slt-adminsec@spiritlakenation.com](mailto:slt-adminsec@spiritlakenation.com) or 701-381-0946

Charmayne Bohanon at [sltedu@spiritlakenation.com](mailto:sltedu@spiritlakenation.com) or 701-230-0972

**Please be patient.**

**Applications must be received by October 30, 2020.**

Please allow up to two weeks for processing time. Picking up checks will not be available due to COVID-19 social distancing for safety of all concerned.

SPIRIT LAKE COVID-19 EMERGENCY GRANT APPLICATION  
Spirit Lake Tribe, PO Box 359, Fort Totten, ND 58335, Phone: 701-766-4221, Fax 701-766-4126

Every tribal member 18 years old and above who is not incarcerated is eligible for this assistance, and eligibility is not based on household size. **DEADLINE TO SUBMIT APPLICATION: October 30, 2020.** Checks will be mailed- no exceptions.

**PLEASE COMPLETE APPLICATION IN ITS ENTIRETY. INCOMPLETE APPLICATIONS MAY BE DELAYED UP TO TWO (2) WEEKS OR LONGER.**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Spirit Lake Tribal Roll # \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_ SS # (last four digits) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**WHAT IS YOUR COVID-19 RELATED NEED? Please check all that apply and state the amount of household losses or increased expenses due to quarantine, stay-at-home order or other COVID-19 impacts per week from March 1, 2020 – Dec. 30, 2020. The grant will be for the amount of actual COVID-19 financial impacts shown up to a maximum of \$1,000 for an adult 18 years and above.**

Job loss/reduction \$ _____	Rent/Mortgage \$ _____	Travel \$ _____
Utilities \$ _____	Medication \$ _____	Medical Equipment \$ _____
Food \$ _____	Household Items \$ _____	Cleaning \$ _____
Child Care \$ _____	Education \$ _____	Purchase of PPE \$ _____
Other (please be specific) _____		\$ _____
Other (please be specific) _____		\$ _____
Other (please be specific) _____		\$ _____

**SPIRIT LAKE ENROLLED TRIBAL MEMBERS**

By my signature below, I attest that the information provided above is true and correct and that the children listed are enrolled in the Spirit Lake Tribe and are in my sole custody. I understand that if I purposely falsify this document in order to receive funds, I will jeopardize future services with the Spirit Lake Tribe.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY – PLEASE DO NOT WRITE IN THIS SPACE**  
**APPROVED**

**Date Application Received** \_\_\_\_\_ **Amount Approved** \_\_\_\_\_

**Caseworker Initials** \_\_\_\_\_

**TOTAL**  
**GRANT AMOUNT**