



Shoshone-Paiute Tribes COVID-19 Public Emergency Family Assistance Program Instructions for Confidential Grant Application

Applicants: To qualify for a grant, an applicant must be an enrolled Tribal member by December 21, 2020. A grant shall be for up to a maximum of \$1,500 for an adult 18 years and above.

Applicants must provide honest, accurate information supported by available documentation. Individual adults please 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:

Scanned into a PDF File and attached to an e-mail to: assistancegrant@shopai.org

OR Fax Application and supporting documentation to: (208) 759-3103

**Applications must be received by December 28, 2020 @ 4:00 p.m.
(Mountain Time) NO EXCEPTIONS.**

**Call the Grant Program Administration staff if
you need assistance (208) 759-3100 Extensions**

1268, 1251 and 1241.



Shoshone-Paiute Tribes COVID-19 Public Health Emergency Family Assistance Program Confidential Grant Application

The Shoshone-Paiute Tribes have established the COVID-19 Public Health Emergency Family Assistance Program to provide financial assistance to tribal members who have suffered financial impacts as a result of the COVID-19 pandemic 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.

Applicant Name(s) Adults 18 and over	Birth Date	Enrollment Number	Address	Phone/email

Children/Dependents' Name(s) (Attach additional page if needed)	Legal Guardian	Birth Date	Enrollment Number

Is/are the child/ren subject to a court order regarding custody? Circle: Yes or No

I _____ certify by signing below that I have physical custody/or legal guardianship of the above listed minor child/children. In the event of a dispute the award will be made to the person demonstrating custodial rights by court order or other acceptable documentation. If I unlawfully claim the minor child/children then I understand that I will be subject to prosecution.

Signature

Date

Lost Income (From March 1, 2020 to present, describe reason for lost income e.g., job loss, reduced work hours, lost family business income, other adverse income impacts attributable to COVID-19 public health emergency. If you expect the losses to continue in the future, please state how long (give dates) up to December 30, 2020. (Attach available documentation):

Individual who lost income and reason	Total Amount Lost Income	Dates of Loss (from/to)

(Continue on back of application)

Application continued and for review, approval and payments made record:

Applicant Name(s) Same as front	Birth Dt.	Enrollment #	Phone/email

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 X 57.5 cents = total expense. Attach receipts, bills, any other documents if available. If you expect the losses to continue, please state how long up to December 30, 2020. (Do not attach medical receipts or records with health information due to privacy)

X	Reason (Check all that apply, attach additional page if needed)	Amount per week Since March 1	Expected to Last to Date
	Food expenses		
	Household supply expenses		
	Travel expenses		
	Childcare expenses		
	Mortgage or rent expenses		
	Medical care expenses		
	Utility expenses, electric, heating		
	Student education materials expenses		
	Student Internet access expenses		
	Student computer expenses		
	Other student expenses		
	Other, describe:		
	Other, describe:		
	Other, describe:		
	Other, describe:		

I/we declare under penalty of perjury that the information in this application is true and correct and that I/we are the legal guardian of the dependents listed above and I/we authorized the Tribes to use enrollment files to verify eligibility. Additionally, I/we agree to use the grant funds to meet personal and family needs that result from the COVID-19 pandemic as intended for this Emergency Family Assistance Program (refer to instructions).

Signature of Applicant(s):	Date:

Reviewer Notes:

Reviewed and Approved by:

Date:

FOR ADMINISTRATIVE STAFF, APPLICANT LEAVES BLANK			
Approved Amounts	Paid by	Amount	Date
	Check #:		
	Our Store Card:		
	Check #:		
	Our Store Card:		
Total paid			
Total eligible (\$1,500 per adult, \$750 per child)			
Balance available			