



ARPA Coronavirus of the Shoshone Paiute Tribes Fiscal Recovery Funds One-Time Disbursement

Application for Tribal Members who received a COVID-19 vaccine
As of December 14, 2021, applications for age 5 through 11 will be accepted

The Shoshone Paiute Tribal Business Council has approved by resolution, a one-time disbursement of \$250.00 to Tribal Members (enrolled as of August 19, 2021), 5 years or older, who received their COVID-19 Vaccination (either Moderna or Pfizer - 2 vaccinations or Johnson & Johnson - 1 vaccination). The Business Council approved the disbursement to increase the number of people who choose to get vaccinated, or motivate people to get vaccinated sooner than they otherwise would have.

I hereby request COVID-19 ARPA Coronavirus Recovery funds as per resolution 2021-SPR-109.
(Please write legibly)

Name (printed): _____, If this is a CHILD please state age: _____

Signature of Adult Applicant: _____ Date: _____

Signature of Legal Guardian of Child, Print, Sign, Date: _____

***Legal Guardian and Child's name will both be on the check. Please initial here _____ for acknowledgement.

Correct Mailing Address: _____

Phone Number: _____, Tribal Enrollment Number: _____

Required submission with Application for distribution approval:

- Application - Completely filled and initialed at identified areas
- Copy of your COVID-19 Vaccination Record Card, must have received both vaccinations if you received the Moderna COVID-19 vaccine and or Pfizer COVID-19 vaccine. If you received the Johnson & Johnson COVID-19 vaccine only verification of one vaccine received is required.
- If you have lost your Vaccination Card, contact the health care facility for a duplicate vaccine card.

Checks will be disbursed by mail distribution only.

APPLICATION DEADLINE: DECEMBER 30, 2022 by 5PM

Applications can be turned into the CARES ACT Program Secretary at the Tribal Headquarters or by emailing your application and required documentation to assistancegrant@shopai.org.

Certified by Recovery Act Administrator: Application #:	Date: _____
Check #: _____	Date of Check: _____

The Shoshone Paiute Tribal Business Council wants to "Thank You", for your concern with the health and welfare of the Tribal Membership and the welfare of your own health.