

THE SHOSHONE-PAIUTE TRIBES  
of THE DUCK VALLEY INDIAN RESERVATION  
P.O. Box 219 Owyhee, NV 89832  
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## *ARPA Coronavirus of the Shoshone Paiute Tribes Fiscal Recovery Funds One-Time Disbursement*

### *Application for Tribal Members who received a COVID-19 vaccine*

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), 12 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): \_\_\_\_\_

Signed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Correct Mailing Address: \_\_\_\_\_

\*This is the address funds will be mailed to.

Phone Number: \_\_\_\_\_

Tribal Enrollment Number: \_\_\_\_\_

Required submission with Application for distribution approval:

\_\_\_\_\_ Application – Completely filled out

\_\_\_\_\_ 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 facility in which you received your vaccine from for proof of your vaccination.

***Checks will be disbursed by mail distribution only.***

**APPLICATION DEADLINE: DECEMBER 15, 2021 by 5PM**

**Applications can be turned into the Secretary/Receptionist at the Tribal Headquarters or by emailing your application and required documentation to [spt.secretary@shopai.org](mailto:spt.secretary@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.*