

# **SPIRIT LAKE TRIBE FINANCIAL ASSISTANCE PROGRAM**

## **SECOND EXTENSION INSTRUCTIONS FOR APPLICATION**

### **Program Summary:**

The Spirit Lake Tribe (Tribe) ARPA Fund Financial Assistance Program (FAP) has been established and developed to support enrolled members of the Tribe who have experienced financial hardship as a result of the COVID-19 pandemic. The Financial Assistance Program will be funded by the American Rescue Plan Act Funding received by the Tribe. In order to receive funding, individuals must show a financial impact resulting from the COVID-19 pandemic and must demonstrate that they are fully vaccinated, if medically able, by completing and submitting an application. This program is meant to provide assistance to those individuals who still have financial hardship resulting from the COVID-19 pandemic and to encourage vaccinations to promote public health benefit. The Tribe is not subject to any liability for any injury or other effects that may result from a Tribal member being vaccinated.

Applications will be accepted until **September 30, 2023**. All applications submitted during the application period will be evaluated. Final determination of payment will be based upon: 1) demonstrated need and 2) funding available to the program at the time the application is approved 3) one applicant per minor.

### **Eligibility Requirements:**

1. Tribal enrollment: All persons listed as a funding recipient in section two of the application must be an enrolled tribal member of the Spirit Lake Tribe as of the date of the application, and
2. Financial hardship: Enrolled tribal members will be required to attest that they have experienced a loss of income, reduced income, or other financial hardship that were a direct result from the COVID-19 pandemic, and
3. Vaccination: All persons included on the application must have received all required doses of an eligible COVID-19 vaccination (Pfizer, Moderna or Johnson & Johnson) or an excuse provided by a medical doctor as to the inability to obtain the vaccine, and
4. Incarcerated: Applicants cannot be incarcerated at the time of the application to be considered eligible.

### **Covered Period:**

Necessary costs incurred between the period of **March 1, 2020 and September 30, 2023** by an eligible applicant who has experienced financial hardship as a direct result of COVID-19 are covered under this program.

Applicants must demonstrate that they have received all required doses as outlined by the manufacturer to be considered to have met the vaccination requirement as of the date of the application.

### **Amount Requested per Applicant:**

The amount requested should be based on demonstrated need. Demonstrated need is defined as additional expenses or loss of income resulting from the COVID-19 pandemic. Adults 18 years and older as of the date of the application are eligible to request up to \$500 and minors ages 3 – 17 are also eligible to request up to \$500 per person based on demonstrated need. Applicants may only receive assistance under this program for necessary expenses incurred as a direct result of the COVID-19 public health emergency. Applicants will not be eligible for the maximum amount if the demonstrated need (e.g., expenses incurred or loss of income) is less than the maximum amount.

If you have already received an award of funds from the Spirit Lake COVID-19 Emergency Grant program(s), you cannot include income losses or expenses that were previously included in your previous application. Moreover, you cannot receive assistance from any other program, including any other tribal, federal, or state COVID-19 related program for any of the expenses you are now claiming in this application.

### **Application Process:**

All applicants 18 years and older must complete their own application. For applicants that have dependents (minors ages 3-17), please include yourself as well as any dependents in section two that qualify. Applicants should only be included once on an application and minors should only be claimed by their legal guardian on an application.

Applications can be picked-up at the blue building or downloaded at [www.spiritlakenation.com](http://www.spiritlakenation.com) and may be submitted using one of the following below:

**Mail:** Spirit Lake Tribe Attn: COVID Response Team, PO Box 359, Fort Totten, ND 58335

**Drop-off:** Spirit Lake Health Center, Attn: COVID Response Team, 3883 74<sup>th</sup> Ave NE, Fort Totten, ND 58335

**Phone:** 701-766-1659

**Fax:** 701-766-1626

All completed applications must be submitted by **September 30, 2023** to be considered for funding. Applications submitted past this date may be considered ineligible for funding.

Please allow up to five business days for your application to be processed. Once your application is processed and approved checks will be mailed to the address on the application. During this time, our team may reach out to you for additional information. Please note, checks will be mailed.

Applicants must provide honest, accurate information supported by available documentation. The failure to provide honest and accurate information could subject you to a recoupment of the funds from the Tribe or the federal government, and possible criminal penalties. An individual application is to be filled out by the member and submitted by the member; all members of a household residing together, including children who are legal dependents 18 years old and above. This program applies to Tribal members whether living on or off the reservation. Should another individual apply for you without your knowledge, the Spirit Lake Law & Order Code 3-7-120 Fraud will apply.

#### *Taxability of assistance*

The funds provided herein qualify as disaster relief payments as described under Section 139 of the Internal Revenue Code. As such, they are not considered taxable income for Federal income tax purposes. For questions on your individual tax scenario, please contact your tax professional.

#### *Questions*

Please contact 701-766-1659, Monday through Friday, 8:00 am – 4:30 pm



**SPIRIT LAKE TRIBE FINANCIAL ASSISTANCE PROGRAM APPLICATION – SECOND EXTENSION**

Spirit Lake Tribe, Attn: COVID Team, PO Box 359, Fort Totten, ND 58335,  
Phone: 701-766-1659, Fax 701-766-1626

Every enrolled tribal member who has experienced financial hardship due to the COVID-19 pandemic, is vaccinated (if medically able) and is not incarcerated is eligible to apply for the Spirit Lake Nation Financial Assistance Program. **APPLICATIONS WILL BE EXTENDED UNTIL SEPTEMBER 30, 2023.** All four sections of this application must be completed upon submission.

Checks will be mailed or available for pickup.

**SECTION ONE: APPLICANT INFORMATION**

Please fill out all fields below with accurate information. This will be used as the mailing address.

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

Spirit Lake Tribal Enrollment #: \_\_\_\_\_ SS # (last four digits) \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

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

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

Which State was your COVID-19 vaccine administered? \_\_\_\_\_ North Dakota  
\_\_\_\_\_ Other State (copy of immunization record required) \_\_\_\_\_ I was not able to get the COVID-19 Vaccine  
Due to health reasons (must attached medical verification)

**SECTION TWO: CHILD APPLICANT Information One Child per application**

Please complete this section for the minor dependents that are eligible. Only one adult guardian should claim a minor dependent(s).

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

Relationship to Contact (e.g., self, parent): \_\_\_\_\_ SS # (last four digits): \_\_\_\_\_

Spirit Lake Tribal Enrollment # \_\_\_\_\_ Amount Requested (up to \$500): \_\_\_\_\_

Which state was your COVID-19 vaccine administered? \_\_\_\_\_ North Dakota

\_\_\_\_\_ Other State (copy of vaccination record required) \_\_\_\_\_ I was not able to get the Covid-19 vaccine due to health reasons (must attach medical verification)



**SECTION THREE: ELIGIBLE EXPENSES:**

Applicants must use funds received from the Financial Assistance Program to cover the costs of expenses or lost income that resulted from the COVID-19 pandemic. Funds must be used to reimburse or pay reasonable and necessary personal, family, living, or funeral expenses incurred, including, but not limited to, rent, utilities, childcare, healthcare costs, purchase of personal protective equipment, and cost of food and fuel incurred during the period **March 1, 2020 through September 30, 2023**. Please select the box(es) below that are applicable to the individual(s) listed in section two. Applicants should select ALL boxes that apply.

- I/We have experienced a loss of income or other financial hardship resulting from unemployment, furlough, or layoff due to the COVID-19 pandemic;
- I/We have experienced a reduction in income resulting from a loss of hours worked or a decrease in the rate of pay due to the COVID-19 pandemic;
- I/We have purchased personal protective equipment to help prevent the spread of COVID-19
- I/We have incurred increased cost of necessities (e.g., food, water, fuel, cleaning supplies) due to the COVID-19 pandemic;
- I/We have been unable to pay past due utility bills as a result of economic hardship due to the COVID-19 pandemic;
- I/We have been unable to pay some or all of my rent or mortgage payments as a result of economic hardship due to the COVID-19 pandemic;
- I/We have had expenses related to isolation related to the COVID-19 pandemic;
- I/We have had medical expenses due to COVID-19, such as expenses related to COVID-19 testing, medical treatment, or vaccination;
- I/We have had education-related expenses that were incurred due to the COVID-19 pandemic;
- I/We have had remote working expenses that were incurred due to the COVID-19 pandemic;
- I/We have incurred expenses due to increased assistance to family members, including child care expenses as a result of the COVID-19 pandemic.

**SECTION FOUR: NOTICE OF INTENT TO COLLECT DATA**

1. I give the Spirit Lake Tribe permission to use the personal information provided on this form to check records and verify that I qualify for the incentive. This will include confirming that I have received all necessary doses of a COVID-19 vaccine, if medically able.
2. The Spirit Lake Tribe will check records to verify that individuals qualify for the incentive. Only one incentive per qualifying individual is permitted. Individuals providing false information could be denied the incentive and subject to civil penalties pursuant to Spirit Lake Law and Order Code Title IV, and any other civil or criminal penalties available under other applicable laws.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY - PLEASE DO NOT WRITE IN THIS SECTION**

**Date Application Received:** \_\_\_\_\_

**Enrollment verified:** \_\_\_\_\_

**Approval date:** \_\_\_\_\_

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

**Vaccine verified:** \_\_\_\_\_

**Approver initials:** \_\_\_\_\_