



**SPIRIT LAKE COVID-19 HARDSHIP GRANT PROGRAM
4 APPLICATION 2ND EXTENSION**

Spirit Lake Tribe, PO Box 359, Fort Totten, ND 58335, Phone: 701-381-6209
Fax 701-766-4126 or 701-766-4739

Adult _____
Minor _____

Every enrolled tribal member who has experienced financial hardship due to the COVID-19 pandemic and will be at least 3 years old and enrolled by September 30, 2023, will be eligible to apply. Incarcerated individuals are not eligible to apply for an award.

THE EXTENDED DEADLINE TO SUBMIT AN APPLICATION IS SEPTEMBER 30, 2023.

All checks will be mailed.

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

Name: _____ Date of Birth: _____
Spirit Lake Tribal Enrollment #: _____ SS # (last four digits) _____
Phone: _____ Email address: _____
Current Mailing Address: _____
City: _____ State: _____ Zip: _____

WHAT IS YOUR COVID-19 RELATED NEED? Please state the amount of household income losses or expenses, including any increased expenses, due to quarantine, stay-at-home order or other COVID-19 impacts from **August 15, 2022 – September 30, 2023 due to increase living cost.** The award 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 and a maximum of \$500.00 for a minor ages 3 years to 17 years old. Eligibility of funding will be determined on amounts listed below:

Job loss/income reduction \$ _____ Rent/Mortgage \$ _____ Travel \$ _____ Household Items \$ _____
Utilities (including Internet) \$ _____ Medication \$ _____ Medical Equipment \$ _____
Cleaning supplies \$ _____ Education/supplies \$ _____ Purchase of PPE \$ _____ Food \$ _____
Child Care expenses \$ _____ Clothing Expense \$ _____ Quarantine/Isolation expenses \$ _____
Remote working expenses \$ _____ Relocation \$ _____

TOTAL REQUESTED \$ _____

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.

SPIRIT LAKE ENROLLED TRIBAL MEMBERS

By my signature below, I attest that the information provided above is true and correct. 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

Date Application Received _____ **Amount Approved** _____
Caseworker Initials _____
Check Date: _____ **Check #** _____ ; **Date Mailed** _____