

# Orutsararmiut Native Council

P.O. Box 927 • Bethel, Alaska 99559 • Phone (907) 543-2608 • Fax (907) 543-2639

## CARES Act Assistance Application

Please note: This is a one time assistance program.

### APPLICATION INSTRUCTIONS

Please Read and follow the instructions accompanying this application!

1. This application should be filled out by the Head of Household or Principal Resident of a ONC-Member household. Only one application will be accepted for each household, or Individual Tribal Member.
2. The deadline for receipt of your application is October 16, 2020.
3. Your application must be completed in full, including Dates of Birth, Social Security Numbers, and all other requested information. ONC will only contact you once about an incomplete application. It is your responsibility to ensure its completeness and accuracy!

### Eligibility

The Orutsararmiut Native Council Tribe CARES Act Assistance Program is designed to provide economic relief to enrolled Tribal Members of Orutsararmiut Native Council Tribe with additional resources to maintain adequate housing, transportation, food, water, medication, medical care, utilities, and basic life necessities to help alleviate the financial hardships endured from the loss of income and increased costs due to the COVID-19 pandemic. Funding for the Program is being distributed from the CARES Act funding received by the Tribe and this Program is designed to comply with the CARES Act requirements and guidance issued by the US Department of Treasury.

### Who Can Apply:

Any Orutsararmiut Native Council enrolled adult Tribal Member who has attained the age of 18 years old may apply on behalf of their household.

**Application Submission:** Your eligibility will be based on the information submitted as of your application date – no new information will be accepted after your application is submitted.

**By Mail:** P.O. Box 927, Bethel, AK 99559 ATTN: Cares Grant

**By Email:** CARES@nativecouncil.org

**By fax:** 907-543-2639

**In Person:** 117 Alex Hatley Drive (Drop in the porch)

For further assistance regarding this program, please contact ONC.

**APPLICATION INSTRUCTIONS — PLEASE READ CAREFULLY!**

**What is ONC’s Coronavirus Emergency Financial Assistance Grant Program?**

- ✔ This is a one-time financial assistance grant program for enrolled Orutsararmiut Native Council Tribal Members who have been impacted by the coronavirus pandemic.
- The majority of assistance will be in the form of vendor payments and not in cash disbursement.

**What is the deadline to apply?**

- ✔ 5pm Friday October 16, 2020.

**Who can apply?**

- ✔ All ONC tribal member households, no matter where located, can apply.
- ✔ Only one application per household will be accepted. Attempting to submit multiple applications for the same household may disqualify the household from future financial assistance.
- ✔ Each household’s application is to be completed by a “main applicant,” who must be at least 18 years old by October 16, 2020.
- ✔ Non-ONC tribal member parents or legal guardians can apply on behalf of tribal member dependents under 18 years old.

**What expenses can be covered by this grant?**

- ✔ Assistance will be provided for these added or increased expenses or economic losses related to COVID-19: Cleaning supplies, personal protective equipment (PPE), medical care, food, shelter, increased internet costs due to teleworking or long-distance education, health, subsistence, elder and disabled care, propane/gas/fuel, emergencies and disaster relief.

**What identification information is required?**

- ✔ Social security numbers, dates of birth, and ONC enrollment numbers for all household members are required. The ONC enrollment number can be found on the tribal ID or on the verification of tribal enrollment certificate. Call 907-543-2608 if assistance is required.

**How do I qualify for funding?**

- ✔ You must certify that you suffered an economic impact due to the coronavirus pandemic
- ✔ You must provide details regarding expenses or economic losses beginning on March 20, 2020, for which you are requesting assistance.
- ✔ You must provide a signature on the form, in the Applicant Certification section. Unsigned applications cannot be accepted.
- ✔ You must attach a copy of the main applicant’s tribal, state or federal photo ID.
- ✔ Assistance is available until the budget approved by the Tribal Council is expended.

**Where do I submit my completed application?**

- ✔ Mail to: Orutsararmiut Native Council Attn: CARES, Box 927 Bethel, Alaska 99559
- ✔ Email to: [cares@nativecouncil.org](mailto:cares@nativecouncil.org)
- ✔ Fax to: (907) 543-2639

**ONC is expecting a high volume of applications. We appreciate your patience! Applications will be processed in the order received. Please allow staff enough time to properly process all applications.**

## FREQUENTLY ASKED QUESTIONS ABOUT THE PROGRAM

**1. Do I need to read the instructions before applying?**

Yes! Ensuring your application is complete before submission will help speed up the review process

**2. Are individual applications required for each household member?**

No, a main applicant should apply on behalf of the entire household. Please include all personal information and certify that the individuals reside in the same household.

**3. Do all of our household members need to be tribally enrolled at ONC?**

No, but at least one member of the household has to be tribally enrolled with ONC.

**4. Can tribal members who do not reside in Bethel apply?**

Yes, this program is available to all ONC Tribal members regardless of residence.

**5. What if I live alone and do not have additional household members?**

You can apply for assistance, just list yourself and leave the household member section blank or list n/a.

**6. Why do I have to provide tribal enrollment numbers and identification?**

Confirming identity and tribal enrollment is a very important step to confirm eligibility and will help speed up internal processing.

**7. What does the period beginning March 20, 2020, mean?**

If you experienced added or increased expenses or economic losses related to Covid-19, your request can include expenses going back to March 20 but not before. If you only experienced a loss since May 1, just include that information, etc.

**8. What if our financial needs are in the future, beyond the deadline of October 16, 2020?**

The Covid-19 pandemic is expected to continue into the future. You can include reasonable anticipated needs through December 30, 2020, but not after. ONC does not recommend purchasing eligible items or committing eligible expenses related to C-19 until your funding request is approved and received.

**12. Do we need to provide copies of receipts as backup for our request?**

Receipts are not required unless requested. Please include a realistic funding request based on your actual expenses

**13. Am I eligible to apply for the grant program if I am already receiving services from ONC?**

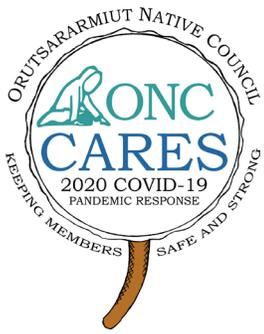
Yes, but our staff need to evaluate all funding requests very carefully to ensure we are not “double counting” assistance. Please work with a staff member on all requests.

**14. Is the program income based or can anyone apply?**

All completed applications will be evaluated based on financial need and household size. All tribal members who feel they have experienced a genuine financial need as a result of Covid-19 are encouraged to apply. Staff will get in touch with individual applicants if additional information is needed.

**15. I am a foster parent of an ONC Tribally enrolled member, am I able to apply?**

Yes but we encourage you to please call our office for assistance.



## BETHEL CARES ACT EMERGENCY AND DISASTER RELIEF ASSISTANCED PROGRAM APPLICATION

To be completed by Head of Household, non-member parent or guardian and individual ONC Tribal members.

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

Date of Birth: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_

Current Physical Address: \_\_\_\_\_

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

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

Email Address: \_\_\_\_\_

*If applicable, Dependent Minor Tribal Member Information (See Addendum for additional space)*

NAME	DOB	ENROLLMENT NO.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Use an additional page if needed.*

### All Applicants

**If you have been impacted by the COVID-19 Public Health Emergency since March 2020, please indicate all of the impacts by checking all boxes that apply to your personal situation;**

- Loss of Income (job loss, business closed, furlough, layoff, unable to work full or part-time.)
- Increased costs of health precautions and care (over age 50, disabled, underlying medical conditions, etc.)
- Increased costs of living caused by COVID-19 (Difficulty paying rent/mortgage, accessing essential services, etc. ; added costs of utilities, transportation expenses, food and nutrition, etc.)
- Added cost for personal and household safety and protection from COVID-19 (PPE, sanitation, etc.)
- Added costs of dependent care (distance/online learning, child-care, health and wellness, etc.)
- Other financial hardship you have personally suffered (please explain) \_\_\_\_\_

Does your household have any of the following specific needs? All payment programs are for the period beginning March 20, 2020.

- Rental assistance (one-time payment to avoid eviction) (Documentation will be required)
- Utility Assistance (Water/sewer, Electric, natural gas) (one-time payment to avoid shut-off)
- Home heating assistance (We will announce details of this program)
- Would your household like to receive a Meyers Farm food box? (Bethel and surrounding villages only)
- Mortgage assistance (one-time payment to avoid foreclosure) (Documentation required)
- Gas for subsistence activities (prepaid cards)
- Elder/disabled family member care assistance (if they are a member of your household or in a nursing home)

## Additional Information for Dependent Grants

**If you are applying on behalf of a tribal member dependent, please provide the following:**

I certify that I have provided more than one-half (1/2) the financial support of the dependent(s) for whom I am applying for at least six (6) months of this year and that the dependent is living with me.

Initial: \_\_\_\_\_

### Certification:

By signing below, I \_\_\_\_\_ (**print name**) certify that the above information is true and correct to the extent of my knowledge. I understand that knowingly submitting false information may be considered a crime under tribal and federal law. I further agree that the funds distributed by the tribe shall be used for General Welfare and only to purchase essential goods and services to relieve the impacts of COVID-19 and shall not be spent on ineligible expenses.

I agree that the Orutsararmiut Native Council must comply with the conditions set in the CARES Act and by the US Department of Treasury, and that all expenditures made on my behalf by ONC are subject to audit by the US Government.

I also understand that most expenditures by ONC on my behalf will be made by direct payments to vendors and not by cash disbursement to me.

**Limitations:** The following is a non-exhaustive list of eligible expenses for which the financial relief under this program may be used. Eligible expenses are only those which are incurred by you because of the COVID-19 public health emergency, between **March 1, 2020 and December 30, 2020**.

- i. Groceries, food, meals, and nutrition assistance costs necessary to sustain health and well-being;
- ii. Personal care items such as face masks, sanitizer, hand cleaner, hygiene products, and special clothing necessary to maintain personal health and safety of oneself and others;
- iii. Utility costs for the added expenses incurred to stay at home, isolate or adhere to public health and Tribal government mandates and recommendations including electricity, gas, propane, firewood, water, sewer, waste disposal, internet, and phone.
- iv. Dependent care, including childcare services and added costs for care and feeding of children not able to attend school;
- v. Unreimbursed medical and health-related expenses, in addition to costs of in-home care, prescriptions, supplements, wellness, and counseling;
- vi. All expenses related to online learning and expenses to maintain and support the education needs of school-age children, including post-secondary school
- vii. Costs incurred to improve or create teleworking capabilities;
- viii. Housing assistance to avoid foreclosure or eviction; and
- ix. Housing maintenance including cleaning supplies and cleaning services necessary to maintain sanitary and safe living conditions.

By signing, you attest to your qualifications for this grant.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date