**Winter 2022 BIA- ARPA FINAL Distribution**

The Craig Tribal Council and Administration realize that the economic impacts of the COVID-19 pandemic are still present. At a regular meeting, the Tribal Council has allocated a portion of the American Rescue Plan Act funds to provide a one-time distribution of $700 in monetary donations, as part of our final distribution.

*These funds are intended to assist to the basic need for essential foods.*

The following are the requirements set forth in order to qualify for funding:

[ ] Only ***one*****application** can be submitted ***per* Craig Tribal Member over the age of 18+**

[ ] Being dually enrolled will DISQUALIFY member of any distributions.

[ ] Application must be filled out *completely* with required signature and certification

[ ] Applications will be reviewed and processed in the order that they are received

Application must be submitted to covid@craigtribe.org or mailed/faxed to info above

**PAPERWORK MUST BE SUBMITTED NO LATER THAN**

**December 30, 2022**

Applicant Information

*First Name*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *MI*: \_\_\_\_\_ *Last Name (Maiden)*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Other Last Names Used*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Phone Number: (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Mailing Address*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *City/State/Zip*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Physical Address*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *City/State/Zip*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Birth date*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Opting into our electronic database for any CTA related news.

*There is a back side to this application.*

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ certify that the following are true and accurate. I understand that any misinformation could potentially delay my application, or have my application denied.

 I certify that I am a Tribal Member of the Craig Tribal Association that is 18 years or older.

* I certify that I am not enrolled in any other tribe besides Craig Tribal Association.

 I certify that I am not enrolled in KCA, HCA, OVK, KIC, Etc.

I certify that I am a U.S Citizen.

I certify that the COVID-19 has impacted my ability to meet household expenses in one or more of the following ways: Job Loss, Decreased Hours, Furlough, or Increased Cost of: Child Care, Mortgage Payments/ Utilities, Internet, Food/Food Preparation supplies, or Fuel.

I certify that I am submitting this form to Craig Tribal Association to request relief from financial impacts caused by the pandemic on behalf of myself.

ALL INFORMATION MUST BE FILLED IN, AS WELL AS ALL BOXES CHECKED ACCURATELY FOR THE APPROVAL OF THIS APPLICATION.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE DATE**

**CERTIFICATION OF COMPLETENESS**

**FOR OFFICE USE ONLY**

[ ] Craig Tribal Member Approval/Denial Stamp

Dually enrolled [ ] Yes [ ] No

[ ] US Citizen

