

Craig Tribal Association P.O. 828 Craig, Alaska 99921 Tel: 907-826-3996

Fax: 907-826-3997

2021 DOI CARES COVID-19 RELIEF

The Craig Tribal Council and Administration realize that the economic impacts of the COVID-19 pandemic are still present. At a special meeting, the Tribal Council has allocated a portion of the DOI Cares funding to provide a one-time distribution of a \$550 grocery card to your primary grocery store. 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

September 29, 2021

Please allow 6 weeks for processing.

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.	
P.O.W. Residents will rece	tion to my primary grocery store pive an Alaska Commercial Company (ACC) Card. card is to assist Tribal Members in purchasing food and food	



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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 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, 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.			
SIGNATURE	DATE		
CERTIFICATION OF COMPLETENESS			
FOR OFFICE			
□Craig Tribal Member Dually enrolled □Yes □No □US Citizen	Approval/Denial Stamp		
Authorizing Signature	Date Certified		