



Craig Tribal Association
P.O. 828
Craig, Alaska 99921
Tel: [907-826-3996](tel:907-826-3996)
Fax: 907-826-3997

2021 American Rescue Plan Act 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 American Rescue Plan Act funds to provide a one time distribution of a \$500 grocery card and a \$500 Cabela's or Log Cabin gift card. *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 31, 2021.

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.

One-time \$500 distribution to the following grocery store _____

AND

One-time distribution gift card of \$500 to Log Cabin Sports **OR**

One-time distribution gift card of \$500 to Cabela's.

I understand that these gift cards are to assist Tribal Members in purchasing food and food supplies, including subsistence supplies, packing, storing and/or processing food supplies.



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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 USE ONLY

Craig Tribal Member

Dually enrolled Yes No

US Citizen

Approval/Denial Stamp

Authorizing Signature

Date Certified