

**FORT BELKNAP INDIAN COMMUNITY COVID-19
FINANCIAL ASSISTANCE CERTIFICATION**

The COVID-19 CARES Emergency Aid Welfare Program is designed to provide non-taxable economic relief to eligible Enrolled Members of the Gros Ventre and Assiniboine Tribes 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 loss of income and increased costs due to the COVID-19 pandemic. Funding for the Program is being distributed from the federal CARES Act funding received by the FBIC and this general welfare program is designed to comply with the CARES Act requirements and guidance issued by the US Department of Treasury and will be available on a one time basis only for \$800.00. **All information must be included.**

Print Name _____

Signed _____

Enrollment Number _____ Date of Birth _____

Spouse _____

Signed _____

Enrollment Number _____ Date of Birth _____

Minors/Dependents **in Household** who you have custody of:

Name _____	Age _____	Enrollment No. _____
Name _____	Age _____	Enrollment No. _____
Name _____	Age _____	Enrollment No. _____
Name _____	Age _____	Enrollment No. _____
Name _____	Age _____	Enrollment No. _____
Name _____	Age _____	Enrollment No. _____
Name _____	Age _____	Enrollment No. _____
Name _____	Age _____	Enrollment No. _____
Name _____	Age _____	Enrollment No. _____
Name _____	Age _____	Enrollment No. _____

Phone Number _____

Address _____

Email Address _____

Date _____

Eligibility:

- Enrolled Gros Ventre and Assiniboine Members who are enrolled or have submitted an application for enrollment by July 27, 2020; and
- Has experienced a financial hardship due to the COVID-19 pandemic.

If you have been impacted by the COVID-19 Pandemic, please indicate all of the impacts by checking all boxes that apply to your personal situation. (you must check at least one box)

- Loss of Employment/Temporary Layoff or Furlough.
 - Reduction in hours/pay.
 - Unable to work or experiencing financial hardship due to no childcare/school.
 - Had to close business.
 - Teleworking and related job changes.
 - Children being schooled at home/distance learning.
 - Underlying medical condition requiring staying home to prevent exposure.
 - Over the age of 50 and enduring increased costs related to the COVID-19 pandemic.
 - Difficulty accessing healthy foods.
 - Difficulty paying rent/mortgage.
 - Did not receive federal stimulus funding.
 - Contracted COVID-19.
 - Disabled and enduring increased costs related to the COVID-19 pandemic.
 - Experienced increased essential costs due to COVID-19 (i.e. paid a higher price for essential items)
- Other financial hardship (please explain) _____
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Limitations: The following are examples of items that financial relief under this program may be used for:

1. Groceries, food, meals, and nutrition assistance costs necessary to sustain health and well-being.
2. Materials associated with Gros Ventre and Assiniboine Tribal activities, and other ceremonial and prayer activities.
3. 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.
4. Transportation costs including private vehicle use at \$0.57/mile, car rental, car service, or public transportation costs for increased distances and frequency of trips to access essential and/or emergency services.
5. 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.

6. Dependent care, including childcare services and added costs for care and feeding of children not able to attend school.
7. Unreimbursed medical and health-related expenses, in addition to costs of in-home care, prescriptions, supplements, wellness, and counseling.
8. All expenses related to online learning and expenses to maintain and support the education needs of school-age children, including post-secondary school.
9. Costs incurred to improve or create teleworking capabilities.
10. Housing assistance to avoid foreclosure or eviction.
11. Housing maintenance including cleaning supplies and cleaning services necessary to maintain sanitary and safe living conditions.

Each individual receiving these funds is personally responsible for using those funds in the manner prescribed herein and is personally responsible for accounting for those expenditures should they be called upon to do so by the FBIC, the IRS or any federal agency. If you are unable to account for the expenditures when requested, you agree to repay the funds to the FBIC. *We advise that you keep receipts.*

Certification:

I, _____ (**print name**) hereby certify that any funds received by me, for myself or on behalf of any dependent, from the Fort Belknap Indian Committee Emergency Assistance Program (the "Program") are intended for and will be used only for the purposes of offsetting unexpected or increased expenses due to the effects of the COVID-19 pandemic, in accordance with the terms of Section 5001 of the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act").

I hereby certify that any funds received by me, for myself or on behalf of any dependent, from the Fort Belknap Indian Community Emergency Assistance Program (the "Program") are intended for and will be used only for the purposes of offsetting unexpected or increased expenses due to the effects of the COVID-19 pandemic, in accordance with the terms of Section 5001 of the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act").

By signing below, I certify that the above information is true and correct to the extent of my knowledge. I understand that submitting false information may be considered a crime and is punishable under FBIC and Federal Law. I further agree that the funds distributed by the FBIC 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 to **not spend** these funds alcohol, drugs (including marijuana), tobacco and gambling (other than use of those items in association with ceremony), or benefits used in any way that would be considered lavish or extravagant.

Signature of Applicant

Date

Application Submission: Please submit completed application by December 30, 2020.

By Mail: Robert Bearcub, CFO, P.O. Box 1369 Harlem, MT. 59526

By email: rbearcub@ftbelknap.org

For further assistance regarding this Program, please contact:

Robert Bearcub