



Gwichyaa Zhee Gwich'in Tribal Government
(Formerly known as the Native Village of Fort Yukon, IRA)
P.O. Box 126
Fort Yukon, AK 99740
Phone: (907) 662-2581
Fax: (907) 662-2222

COVID Financial Assistance for GZGTG Non-Resident enrolled Tribal Members

At the December 14, 2020 GZGTG Regular Tribal Council meeting a motion was made and passed to distribute financial assistance to GZGTG non-resident enrolled tribal members, who have not previously received a covid 19 distribution. At this time, we will start the application process and the amount has yet to be determined. The deadline for the application is **December 22, 2020**. Applications are available at www.fortyukon.org

Please email completed applications to
Ruby Thomas, COVID Coordinator at: ruby.thomas@fortyukon.org
Or the GZGTG Assistant, Asha Peter at: receptionist@fortyukon.org.
or fax to (907) 662-2222

Gwichyaa Zhee Gwichin
Tribal Government
P.O. Box 126
Fort Yukon, Alaska
99740



**Gwichyaa Zhee Gwich'in Tribal
Government
COVID-19 Public Health
Emergency Assistance Program
Confidential Grant Application for:
GZGTG Tribal Members**

12-14-2020

The Gwichyaa Zhee Gwich'in Tribal Government has established the COVID-19 Public Health Emergency Family Assistance Program to provide financial assistance to GZGTG Tribal Members who have suffered financial impacts as a result of the COVID-19 pandemic due to the loss of income, closure of businesses and stay at home orders and increased expenses attributable to the pandemic. In order to receive a grant(assistance), an applicant must demonstrate eligibility for a grant on an application supported by information showing need.

Household/ Applicant Name	Birth Date	Tribal Member Y/N	Resident Address	Phone/email
				APPLICANT

Children/Dependents' Name(s) (Attach additional page if needed)	Legal Guardian	Birth Date	

Is/Are the child(ren)Approved GZGTG Tribal Members? Yes _____ NO _____

Is/are the child/ren subject to a court order regarding custody? Circle: Yes or No

I _____ certify by signing below that I have physical custody/or legal guardianship of the above listed minor child/children. In the event of a dispute the award will be made to the person demonstrating custodial rights by court order or other acceptable documentation. If I unlawfully claim the minor child/children then I understand that I will be subject to prosecution and/ or denial of assistance.

Signature

Date

Have you been helped by GZGTG with Covid 19 relief funds in the past? Yes_____ No_____

Employment, Medical and Living Expense Impacts:

Has your employment been negatively affected by the Covid 19 Pandemic? Yes_____ No_____

Have you spent more on Groceries during the Covid 19 Pandemic? Yes_____No_____

Have you had difficulty paying your Mortgage/rent of lodging Expenses? Yes_____NO_____

Have you had difficulty paying for Heating, Electrical, Fuel or other Utility Costs? Yes_____No_____

I declare that the information in this application is true and correct and I/we authorized the GZGTG Tribe to use enrollment files to verify eligibility. Additionally, I agree to use the grant funds to meet personal and family needs that result from the COVID-19 pandemic as intended for this Emergency Family Assistance Program.

Signature of Applicant:	Date:

Reviewer Notes:

Reviewed and Approved by:

Date:

Approved Amounts	Paid by	Amount	Date
	Check #:		
Total paid			

- **GIVING FALSE INFORMATION MAY RESULT IN DENIAL OF FUTURE ASSISTANCE FROM THE GZGTG TRIBE.**

**Additional Information is required for the Gwichyaa Zhee Gwich'in Tribal Government
Cares Act Distribution for Family and Individual Grant Application.**

1. All applicants must certify that funds received under this distribution are necessary for the purposes stated in the application, and must agree to spend the funds on these allowable costs.

Below is a list of suggested expenditures:

2. 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: **** Effective March 2020-December 30, 2020 ****
 - A. Groceries, food, meals, and nutrition assistance costs necessary to sustain health and well-being
 - B. 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;
 - C. Transportation costs for increased distances and frequency of trips to access essential and/or emergency services. This may also include assistance with car payments if necessary, to prevent repossession;
 - D. Utility costs for the added expenses incurred to stay at home, isolate or adhere to public health and government mandates and recommendations, including electricity, gas, propane, firewood, water, sewer, waste disposal, internet, and phone.
 - E. Dependent care, including childcare services and added costs for care and feeding of children not able to attend school;
 - F. Unreimbursed medical and health-related expenses, in addition to costs of in-home care, prescriptions, supplements, wellness, and counseling;
 - G. All expenses related to online learning and expenses to maintain and support the education needs of school-age children, including post-secondary school
 - H. Costs incurred to improve or create teleworking capabilities;
 - I. Housing assistance to avoid foreclosure or eviction; and Housing maintenance including cleaning supplies and cleaning services necessary to maintain sanitary and safe living conditions.
3. Are you a Gwichyaa Zhee Gwitchin Tribal Member? Yes NO
4. Are the Adults included on this Application GZGTG Tribal Members Yes No
5. Please explain any other hardship or needs below, attach additional pages if necessary (e.g., difficulty in paying rent or mortgage, increased utility costs, closure of business, need to quarantine or isolate, increased costs for cleaning supplies or protective equipment, etc.).

6. 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 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 on alcohol, illegal 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.

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 GZGTG, the IRS or another arm of the federal government. We advise that you keep receipts.

By signing, you attest to your qualifications for this grant and agreement to the terms. By signing, you also agree to hold GZGTG harmless for any negative consequences caused by receipt of any relief funds, including tax consequences, availability of any public benefits or entitlements, or child and/or spousal support. GZGTG does not provide tax or benefits advice, and recommends you seek such advice.

Applicant Signature

Date