



## COVID-19 Economic Support Program Application

In May 2020, upon receipt of Coronavirus Aid, Relief, and Economic Security (CARES) Act funding from the U.S. Treasury, the Sac and Fox Nation Business Committee (BC) approved the COVID-19 Economic Support Program, based on the BC's assessment that all tribal members have faced unforeseen financial hardships due to the COVID-19 pandemic. Under the program, all enrolled members of the Sac and Fox Nation age 18 or older are eligible to receive two payments of \$1,000.00: a \$1,000.00 payment distributed in early June 2020 and a \$1,000.00 payment to be distributed in September 2020. Enrolled members under the age of 18 are eligible to receive two payments of \$250.00: a \$250.00 payment distributed in June 2020 and a \$250.00 payment to be distributed in September 2020. On June 24, 2020, the U.S. Treasury updated its guidance documents on use of CARES funds. The guidance was updated to state that economic support payments must be based on an assessment of individual need. The official guidance is routinely updated and we are closely tracking it to ensure compliance. **To receive the economic support payment, you must complete and submit this application.** Checks will be distributed once the application is received, beginning immediately. No checks will be sent without a completed application on file. All applications must be submitted by November 1, 2020.

### TRIBAL MEMBER INFORMATION

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Enrollment Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Sac and Fox Minors. Please list all Sac and Fox Minors that you are the parent/legal guardian of (attach a separate sheet if more space is needed):**

Name of Minor	Date of Birth	Enrollment Number

**COVID-RELATED HARDSHIPS AND EXPENSES. Please check ALL emergency hardships and financial impacts you have experienced due to the COVID-19 public health emergency (options continued on next page):**

- |   |   |
|---|---|
| <input type="checkbox"/> Loss of income                   | <input type="checkbox"/> Medical/health expenses      |
| <input type="checkbox"/> Increased grocery expenses       | <input type="checkbox"/> Increased childcare expenses |
| <input type="checkbox"/> Transportation expenses          | <input type="checkbox"/> Quarantine expenses          |
| <input type="checkbox"/> Cleaning and sanitation expenses | <input type="checkbox"/> Housing expenses             |
| <input type="checkbox"/> PPE expenses                     | <input type="checkbox"/> Utility expenses             |

Telework expenses

Distance learning expenses

**Other-** please list all other expenses and hardships resulting from the COVID-19 public health emergency (attach a separate sheet if more space is needed):

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## CERTIFICATIONS AND AUTHORIZATIONS

By signing below, you make the following representations, authorizations, and certifications:

- I certify that I have been negatively impacted by the COVID-19 public health emergency.
- I certify that I have incurred expenses related to the disruption of daily life due to the COVID-19 public health emergency.
- I certify that the funds will be used for COVID-19 related eligible expenses that have not been reimbursed by another federal, state, or tribal assistance program.
- I understand that I am subject to prosecution to the fullest extent of the laws of the Sac and Fox Nation if I knowingly, willfully and fraudulently provide false information for the purpose of obtaining benefits which I am otherwise ineligible to receive.

For Minors:

- I certify that I am the parent/legal guardian of the minors listed in this application.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**PLEASE SUBMIT COMPLETED APPLICATION NO LATER THAN NOVEMBER 1, 2020 TO:**

Sac and Fox Nation  
Attention: Finance Department  
920963 S. Highway 99  
Stroud, OK 74079  
covidrelief@sacandfoxnation-nsn.gov

*FOR OFFICAL USE ONLY.*

Date Received:

Approved by:

Date: