



COVID-19 Economic Support Program Application – NOVEMBER 2020

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. In November 2020, the Business Committee announced another distribution to address the critical needs of tribal members in light of the significant increase in coronavirus cases.

*All enrolled members of the Sac and Fox Nation (including minors) are eligible to receive another distribution of \$1,500.00. **To receive the distribution, you must complete and submit this application**, as required by the U.S. Treasury. Checks will be mailed out beginning on November 23, 2020 (upon receipt of a completed application). All applications must be submitted by **December 14, 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"/> Increased childcare expenses |
| <input type="checkbox"/> Increased grocery expenses | <input type="checkbox"/> Quarantine expenses |
| <input type="checkbox"/> Transportation expenses | <input type="checkbox"/> Housing expenses |
| <input type="checkbox"/> Cleaning and sanitation expenses | <input type="checkbox"/> Utility expenses |
| <input type="checkbox"/> PPE expenses | <input type="checkbox"/> Telework expenses |
| <input type="checkbox"/> Medical/health expenses | <input type="checkbox"/> 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):

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 DECEMBER 14, 2020 TO:

MAIL:

Sac and Fox Nation
Attention: Finance Department
920963 S. Highway 99
Stroud, OK 74079

EMAIL: covidrelief@sacandfoxnation-nsn.gov

FAX: 918-968-4528

**Applications may also be dropped off in the secure boxes at the Administration Building in Stroud or the Multipurpose Center in Shawnee.*

FOR OFFICIAL USE ONLY.

Date Received:

Approved by:

Date: