

CHINIK ESKIMO COMMUNITY
Native Village of Golovin
P.O. BOX 62020
Golovin, Alaska 99762
(907) 779-2214 Fax (907) 779-2000

2023 CEC - ARPA Financial Assistance Application

What is the ARPA Financial Assistance Program?

In response to the pandemic, the Chinik Eskimo Community Tribal Council created a program for families who have been impacted by the coronavirus pandemic. The CEC COVID-19 Financial Assistance Program is an opportunity for qualified tribal members to apply that can show a demonstrated need for financial support during this specific crisis. CEC will disburse funds through an application process. This is a limited funding opportunity.

Who can apply?

Any (local or non-local) Head of Household Tribal member who established enrollment with CEC as of April 10, 2023. Head of household may complete the application on behalf of their dependents/children under 18 years of age. Individuals are encouraged to apply ASAP!

What is the distribution process? **Thursday's are application review and check processing on Friday's.**

APPLICANT INFORMATION

First Name: _____ MI: _____ Last Name/maiden: _____

Mailing address: _____ Street address: _____

City/State/Zip Code: _____ Enrollment Number: _____ DOB: _____

Contact #: _____ SSN: _____ email: _____

List ALL enrolled tribal members living in household.

Full Legal Name:	Relationship:	DOB:	M or F:	Social Sec. #:	Enrollment #: (if known)

How has the pandemic impacted your household income? IE: reduced hours/wages, furloughed or other:

☐ Limited travel restrictions ☐ Increased prices in food/supplies ☐ Lack of subsistence and/or commercial fishing harvest

☐ Other: Please explain: _____

☐ All of the above

Return application to the Chinik Eskimo Community Tribal Office, Monday – Friday, 9:00 – 4:00 PM.

You may expedite the application process by submitting your application through email or fax.

Email application to: tc.glv@kawerak.org or by fax: (907) 779-2000

Please check all the appropriate boxes below:

☐ I certify that I am NOT dually enrolled to CEC and to another Tribe.

☐ I certify and understand that this is a limited, one-time program for the Chinik Eskimo Community Tribal membership.

☐ I certify that I am applying to replace lost wages or immediate needs resulting from the COVID-19 pandemic.

READ BEFORE SIGNING:

I/we declare under penalty of perjury that the information in this application is true and correct and that I/we are the legal guardian of the dependents listed above and I/we authorize C.E.C. to use enrollment files to verify eligibility. I/we also agree to use the funds to meet personal and family needs that result from the COVID-19 pandemic as intended for this Financial Assistance Application Program.

Applicant/Sponsor Signature

Date:

Signature of Other Adult Household Member

Date:

Please allow staff enough time to properly process all applications, we appreciate your patience!

<u>FOR OFFICE USE ONLY:</u>	
Date Application Received:	Mail out or pick up date:
Assistance approved: Yes or No	Check number:
Approving Official Printed Name:	Title
Approving Official Signature:	Date: