Native Village of Council
P.O. Box 2050
Nome, AK 99762
(907) 443-7649
Email: council.cares@gmail.com

AMERICAN RESCUE PLAN ACT
2026 Financial Assistance Program Application

ELIGIBILITY
1. Must be a current, enrolled NVC Tribal Member effective 10/01/2026 or prior.
2. Must submit a completed, signed application.

THE FUNDING BEING DISPERSED IS TO ASSIST NVC TRIBAL MEMBERS WITH INCREASING COSTS SUCH AS:
- Heating Fuel
- Electric
- Transportation
- Home Appliances
- Groceries
- Insurance Costs (*auto, health, home, etc.*)
- Delivery Costs

BENEFIT AMOUNT
The amount will depend on funding available and the number of applicants.

HOW TO SUBMIT AN APPLICATION
- Email to **council.cares@gmail.com** (**preferred**)
- Drop off at the NVC Office, 606 E 5th Ave, Nome, AK, Monday-Friday, 9am-3pm. (**preferred**)
- Mail to Native Village of Council, P.O. Box 2050, Nome, AK 99762. Although, mailing is not recommended due to recent delays in the USPS system. It is the applicant's responsibility to arrange for NVC's physical receipt of the application prior to the deadline. Postmark date does not constitute receipt. NVC will not be responsible for applications lost, mutilated, stolen, or delayed in the mail.

NVC encourages applicants to verify with NVC that their applications have been received by the deadline.

DEADLINE
The deadline for applications to be received by NVC is **11/30/2026 by 2:00pm Alaska Standard Time.**

PREFERRED PAYMENT RECEIPT METHOD
☐ Mail

☐ Pick-up from the NVC Office, 606 E 5th Ave, Nome, AK

☐ I authorize _____ to pick-up the payment

APPLICANT INFORMATION

First Name	Middle Name	Last Name	Suffix
Tribal ID # or Date of Birth		Phone Number	
Mailing Address	City	State	Zip
Residence Address ☐ *Same as Mailing*	City	State	Zip
Email Address			

APPLICANT CERTIFICATION

1) I am requesting tribal assistance to offset the high cost of living.

2) I certify that I am not enrolled in another tribe.

3) I certify that I have not already received, and will not seek, payment or reimbursement from any other Alaska Native Corporation, NVC CARES Act/ARPA program, or federal, state, tribal or local government, for the same expense(s) or financial hardship(s) for which I am currently applying for assistance.

4) I understand that receipt of assistance funds may impact my eligibility to receive certain public/welfare assistance benefits and that the tax consequences of receiving grant funds, if any, depend on my individual circumstances, and I understand that NVC cannot advise me in this regard.

5) I agree to waive any and all claims against NVC arising from or in any way connected with NVC's approval and/or denial of this application.

6) I agree to submit a completed W-9, if needed.

7) If you are signing on behalf of an eligible adult applicant, you must provide a copy of the relevant Power of Attorney or Court Order.

I, _____ (printed name), hereby certify that all information in this application is true, accurate, and complete to the best of my knowledge.

_____ _____

Signature of Applicant or Guardian Date