Due date: May 1, 2022

Must be Native Village of Savoonga Tribal Member by March 15, 2022

COVID-19 (Coronavirus) Emergency Assistance Program Application

Must be Native Village of Savoonga Tribal Member by March 15, 2022.

The Native Village of Savoonga has declared a public health emergency for its Tribal members due to the COVID-19 pandemic. In order to meet the immediate and critical needs of Tribal members, the Native Village of Savoonga has instated a COVID-19 Emergency Assistance Program that is available through an application process from March 27, 2021, to May 1, 2022.

One application per Adult Tribal Member:

\*Please allow a minimum of 30 days for staff to process your application\*

The community of Savoonga is considered a Qualified Census Tracts (QCTs) and we have been responsive to disproportionate impacts of the pandemic.

The ARP out of community COVID-19 assistance is income based per US Treasury final rule guidance. Low-income (135% above the Federal Poverty Guidelines) to moderate-income (300% above the Federal Poverty Guidelines) based.

FY2020 US Treasury CARES funding was based on outdated geographic HUD numbers and was meant for in-community spending. The Native Village of Savoonga IRA Council decided to still include out of community Tribal Members to ensure they were taken care of in the beginning of the pandemic.

FY2021 US Treasury ARP funding was designed to allow for:

Replace lost public sector revenue, using this funding to provide government services up to the amount of revenue lost due to the pandemic

Respond to the far-reaching public health and negative economic impacts of the pandemic, by supporting the health of communities, and helping households, small businesses, impacted industries, nonprofits, and the public sector recover from economic impacts

Provide premium pay for essential workers, offering additional support to those who have and will bear the greatest health risks because of their service in critical sectors

Invest in water, sewer, and broadband infrastructure, making necessary investments to improve access to clean drinking water, to support vital wastewater and stormwater infrastructure, and to expand affordable access to broadband internet

Moving forward, there will be income based funding available to out of community Tribal Members. Native Village of Savoonga is focusing on long term solutions to the issues our community of Savoonga has been facing to ensure we come out of this pandemic and are ready for the future. Including overcrowded housing, water/sewer issues, and fixing long term issues to ensure a better quality of life for our Tribal Members living in Savoonga.

This year’s funding will be $250 per Tribal Member living outside of the community with the income at or below the 300% Federal Poverty Guideline: $4,023/month. Please provide proof of income including but not limited to: paystubs, bank statements, last year’s federal tax return, W2 form, 1099 form, unemployment letter, disability insurance, SSI income verification letter, etc.

Thank you for the patience as we aligned to be in compliance of the American Rescue Plan Act Final Rule.

\*Please allow a minimum of 30 days for staff to process your application\*

Please complete the following information:

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enrollment #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you need to change your mailing address please write it here, if not leave blank:

Street or PO BOX:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Household Information**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Date at Birth** | | | **Relation to Head** | **Age** | **Sex** | **Last 4 of Social Security #** | **Tribe:** |
|  |  |  |  | **Self** |  |  |  |  |
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**How many persons live in the house:**  Adults Children

**Financial Hardship Assessment:**

**I am experiencing genuine financial need as a result of the COVID-19 pandemic as follows (check all that apply):**

☐ Employment/Financial Hardship

☐ Food Nutritional Hardships

☐ Medical-Related Hardships

☐ Housing Hardships

☐ Childcare dependent Hardships

☐ Transportation Hardships

**Certifications and Acknowledgements (Please review thoroughly):**

1. I certify that I am over the age of 18, a current NVoS Tribal Member, have held my tribal status since March 15, 2022, or before, and that the information provided in this application and any attachments thereto is true, accurate, and complete, and will be made available to and shared with NVOS.
2. I certify that the financial hardships I have NVoS will meet or won’t exceed the amount I will receive of $250. If I receive over the amount, I will update the NVOS.
3. I certify that I have not already received, and will not seek, payment or reimbursement from any other Alaska Native Corporation, CARES Act Program (e.g., the Paycheck Protection Program), or federal, state, tribal or local government, for the expense(s) or financial hardship(s) for which I am currently applying for assistance. **Meaning this expense is allocated for a different month than the other assistance you received. For Example, if you received assistance from your Tribe or Native Corporation allocate it for the months of January and if you receive assistance from your Native Corporation allocate it for the months of February’s expenses.**
4. I agree to keep reasonable documentation of the expenses for which any funds under this program are received for a minimum of five years and, upon request, to assist NVOS during that five-year period by providing copies of that documentation and any further information necessary to verify the information I have submitted relative to those expenses. I understand that any misrepresentations or inaccuracies in the information provided or my failure to keep all documentation of expenses may result in the need for me to repay assistance funds.
5. I agree to waive any and all claims against NVOS arising from or in any way connected with NVOS’s approval and/or denial of this application.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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