

CURYUNG TRIBAL COUNCIL

P.O. Box 216 – 715 Seward Street
Dillingham, AK 99576
Phone: (907)842-2384
Fax: (907)842-4510

COVID-19 Public Health Emergency Assistance & Disaster Relief Program

On August 11, 2020 the Curyung Tribal Council established the COVID-19 Emergency Assistance and Disaster Relief Program, which is designed to provide non-taxable economic relief to enrolled citizens of the Curyung Tribal Council by providing additional resources to maintain adequate housing, transportation, food, water, medication, medical care, utilities, and basic life necessities to help alleviate the financial hardships endured from the loss of income and increased costs due to the global COVID-19 pandemic.

This Program is funded with monies received by the Tribe from the Treasury COVID Relief Fund. As such, this program is designed to comply with the CARES Act requirements and guidance issued by the U.S. Department of Treasury.

In order to receive assistance, an applicant must demonstrate eligibility for the program on this application and must include applicable information demonstrating a financial impact due to the global coronavirus pandemic. Assistance will be provided in the form of direct vendor payments and/or pre-purchased store cards/credit to be used for eligible supplies. Direct vendor payments will require statements and/or receipts provided to Curyung for payment processing. No direct payments in the form of cash or check to the tribal citizen will be provided.

Who Can Apply:

Any living, enrolled citizen of the Curyung Tribal Council, as listed on the August 11, 2020 tribal roll, who has experienced a financial hardship due to the COVID-19 global pandemic.

Application Submission: Eligibility will be based on the information submitted as of your application date – no new information will be accepted after your application is submitted. The main applicant must attach a copy of their tribal, state or federal photo ID in order to verify identity of the applicant, as well as valid Curyung enrollment numbers. Applications will be considered incomplete if they do not include ID and/or tribal enrollment information cannot be verified. Acceptable forms of ID include Curyung Tribal ID, State ID or Driver's Licenses, US Passport, BIA CDIB identification card.

There are three ways to submit an application:

By Mail: P.O. Box 216, Dillingham, AK 99576 ATTN: COVID-19 Emergency Relief Program

By Email: receptionist@curyung.com

In Person: Curyung Tribal Hall, 715 Seward Street (Place in Dropbox)

For further assistance regarding this program, please contact us by phone 907-842-2384 or via email at receptionist@curyung.com

Applications will be accepted until October 30, 2020. Please allow 30 days to process your application.

Quyana!

CURYUNG TRIBAL COUNCIL COVID-19 EMERGENCY ASSISTANCE & DISASTER RELIEF PROGRAM APPLICATION

Name: _____ Date of Application: _____

Date of Birth: _____ Enrollment Number: _____

Current Mailing Address: _____

Phone Number: _____

Email address: _____

If applicable, Dependent Minor Tribal Member Information. If more space is needed please list on Page 5.

NAME	DOB	ENROLLMENT NO.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

All Applicants

If you have been impacted by the COVID-19 Public Health Emergency, please indicate all of the impacts by checking all boxes that apply to your personal situation;

- Loss of Income (job loss, business closures, furlough, layoff, unable to work full or part-time.)
- Caring for Elder or Disabled individuals within your home.
- Increased costs of health precautions and health care.
- Increased cost of food and nutrition.
- Increased costs of living caused by COVID-19 (Difficulty paying rent/mortgage, accessing essential services, etc.; added costs of utilities, transportation expenses, etc.)
- Added cost for personal and household safety and protection from COVID-19 (PPE, sanitation, etc.)
- Added costs of dependent care (distance/online learning, child-care, health and wellness, etc.)
- Other financial hardship you have personally suffered (please explain)

COVID-19 RELATED EXPENSE	AMOUNT REQUESTED	COVID-19 RELATED EXPENSE	AMOUNT REQUESTED
Rent/Mortgage	\$	Cleaning Supplies	\$
Utilities	\$	PPE	\$
Internet Overages	\$	Medical Care	\$
Subsistence Supplies	\$	Elder/Disable Care	\$
Groceries	\$	Child Care	\$
Gas/Fuel	\$	Other - Explain Below	\$
*Amount requested must be justified in the table above and may not exceed \$709 per tribal citizen.			
Number of Citizens Receiving Assistance Through this Application			

Total Request	\$
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CURYUNG TRIBAL COUNCIL COVID-19 EMERGENCY ASSISTANCE & DISASTER RELIEF PROGRAM APPLICATION

Application Certification:

By signing below, I _____ (print name) certify that the above information is true and correct to the extent of my knowledge. I understand that knowingly submitting false information may be considered a crime under tribal and federal law. I further agree that the funds distributed by the Curyung Tribal Council are dedicated for disaster relief and will only be used to purchase essential goods and services to relieve the impacts of the COVID-19 global pandemic and shall not be spent on ineligible expenses.

Limitations: The following is a non-exhaustive list of eligible expenses for which the financial relief under this program may be used. Eligible expenses are only those which are incurred by you because of the COVID-19 public health emergency, between March 27, 2020 and December 30, 2020.

- i. Groceries, food, meals, and nutrition assistance costs necessary to sustain health and well-being;
- ii. Personal care items such as face masks, sanitizer, hand cleaner, hygiene products, and special clothing necessary to maintain personal health and safety of oneself and others;
- iii. Utility costs for the added expenses incurred to stay at home, isolate or adhere to public health and Tribal government mandates and recommendations including electricity, gas, propane, firewood, water, sewer, waste disposal, internet, and phone.
- iv. Dependent care, including childcare services and added costs for care and feeding of children not able to attend school;
- v. Unreimbursed medical and health-related expenses, in addition to costs of in-home care, prescriptions, supplements, wellness, and counseling;
- vi. Expenses related to online learning and expenses to maintain and support the education needs of school-age children through post-secondary school,
- vii. Costs incurred to improve or create teleworking capabilities;
- viii. Housing assistance to avoid foreclosure or eviction; and
- ix. Housing maintenance including cleaning supplies and cleaning services necessary to maintain sanitary and safe living conditions.

Each individual receiving these funds is personally responsible for using those funds in the manner prescribed herein and is personally responsible for accounting for those expenditures should they be called upon to do so by the Curyung Tribal Council, the IRS, or another agency of the Federal Government. You are required to keep receipts for five (5) years and must provide them upon request.

The CARES Act prohibits duplication, which means that you may not receive assistance if already receiving the same benefit from another source or program. Applicants may be eligible for multiple programs to address different needs but may not receive assistance for the same need from multiple programs.

For example, if you are a commercial fishermen and applying for COVID relief through the State of Alaska for your commercial fishing *business*, you may still receive service from Curyung for your *individual* household needs. However if you are requesting COVID relief from the City of Dillingham to pay your mortgage, you cannot request the same mortgage assistance from Curyung. If you are receiving economic assistance from other relief programs, such as those operated by BBNA, the City of Dillingham, or other sources, and are not sure whether duplication may be an issue, please reach out to our Tribal staff for help completing this application.

By signing this application, you attest to not receiving duplicative CARES Act financial relief from the State, City of Dillingham or any other municipality, and/or another federally recognized tribal government.

By signing, you attest to your qualifications for the Curyung COVID-19 Emergency Assistance and Disaster Relief Program.

Signature of Applicant

Date

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Administrative Addendum

COVID-19 Public Health Emergency Assistance & Disaster Relief Program

In order to provide better assistance, we need some details. To help offset your loss of income and/or increased expenses due to COVID-19, please provide receipts or vendor statements as applicable. Please provide as much information as you are able.

Name: _____ Date: _____

How can we help mitigate your COVID-19 related financial impacts? Assistance available is set at \$709 per tribal citizen - Although your need may be more than the benefit available, you must only request the amount available to yourself and/or family. For example, an individual can only apply for \$709, a couple who are both enrolled would apply for \$1418 and a family of five enrolled citizens would be eligible for up to \$3,545		How many are you applying for? Total:	
Vendor Information For Assistance To Be Paid Directly to Account			
Rental/Landlord/Mortgage Company	Mailing Address	Account Number	Phone number
Utility Company	Name on the Account	Account Type Example: Electric, Phone, Internet	Account Number
Fuel Company	Name on the Account	Account Type Example: Fuel, propane	Account Number
Local Grocer of Choice	Total		
Childcare Provider	Name of Provider	Mailing Address	Contact Information
Other	Vendor Name	Contact Information	Provide Supporting Documents