



## CONFEDERATED TRIBES OF THE WARM SPRINGS RESERVATION OF OREGON

### CARES ACT EMERGENCY AND DISASTER RELIEF GENERAL WELFARE PROGRAM

#### APPLICATION INSTRUCTIONS

The Confederated Tribes of the Warm Springs Reservation of Oregon (“Warm Springs Tribe”) CARES Act Emergency and Disaster Relief General Welfare Program is designed to provide non-taxable economic relief to enrolled Tribal Members of the Warm Springs Tribe with 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 loss of income and increased costs due to the COVID-19 pandemic. Funding for the Program is being distributed from the CARES Act funding received by the Tribe and this General Welfare Program is designed to comply with the CARES Act requirements and guidance issued by the US Department of Treasury.

#### **Who Can Apply:**

The following persons who have experienced a financial hardship due to the COVID-19 pandemic may apply for assistance:

- Warm Springs enrolled adult Tribal Member who has attained the age of 18 years may apply for the Adult Tribal Member Grant; and
- A Warm Springs tribal member who is Head of Household, or Qualified non-tribal member who is Head of Household, may apply **on behalf of** a Warm Springs enrolled minor dependent Tribal Member for the Dependent Tribal Member Grant.

**Application Submission:** Your eligibility will be based on the information submitted as of your application date – no new information will be accepted after your application is submitted. Please submit completed applications by the following dates:

For **July Grant:** Applications accepted through **August 7, 2020**

For **October Grant:** Applications accepted **beginning October 1 ending October 31, 2020**

**By Mail:** P.O. Box 455, Warm Springs, OR 97761 ATTN: Cares Grant

**By email:** [cares@wstribes.org](mailto:cares@wstribes.org)

**In Person:** 1233 Veterans Street (Outside Building in Designated Dropbox)

**By Fax:** 541-553-2236

**For further assistance regarding this Program, please contact the Program Administrator:**

**Isaac George, ph. 541-553-3476**

**WARM SPRINGS CARES ACT EMERGENCY AND DISASTER RELIEF  
GENERAL WELFARE PROGRAM**

**APPLICATION**

Name \_\_\_\_\_

Enrollment Number \_\_\_\_\_

Current Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email address \_\_\_\_\_

*If applicable*, Dependent Minor Tribal Member Information (See Addendum for additional space)

<b>NAME</b>	<b>AGE</b>	<b>ENROLLMENT NO.</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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 closed, furlough, layoff, unable to work full or part-time, etc.)
- Increased costs of health precautions and care (over age 50, disabled, underlying medical conditions, etc).
- Increased costs of living caused by COVID-19 (Difficulty paying rent/mortgage, accessing essential services, etc.; added costs of utilities, transportation expenses, food and nutrition, etc.)
- Added costs 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) \_\_\_\_\_

**Additional Information for Dependent Grants**

**If you are applying on behalf of a tribal member dependent, please provide the following:**

I certify that I have provided more than one-half (1/2) the financial support of the dependent(s) for whom I am applying for at least six (6) months of this year and that the dependent is living with me.

Initial: \_\_\_\_\_

## 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 Tribe shall be used for General Welfare and only to purchase essential goods and services to relieve the impacts of COVID-19 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 1, 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. Transportation costs including private vehicle use at \$0.575/mile, car rental, car service, or public transportation costs for increased distances and frequency of trips to access essential and/or emergency services. This may also include assistance with car payments if necessary to prevent repossession;
- iv. 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.
- v. Dependent care, including childcare services and added costs for care and feeding of children not able to attend school;
- vi. Unreimbursed medical and health-related expenses, in addition to costs of in-home care, prescriptions, supplements, wellness, and counseling;
- vii. All expenses related to online learning and expenses to maintain and support the education needs of school-age children, including post-secondary school
- viii. Costs incurred to improve or create teleworking capabilities;
- ix. Housing assistance to avoid foreclosure or eviction; and
- x. 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 Tribe, the IRS or another arm of the federal government. You are required to keep receipts for five (5) years.

By signing, you attest to your qualifications for this grant.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

FOR OFFICIAL USE ONLY

APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

ADDENDUM

Additional Dependents:

NAME	AGE	ENROLLMENT NO.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____