

Trinidad Rancheria
CARES FUND COVID RELIEF ASSISTANCE

Description:

The purpose of this program is to provide temporary financial relief to all adult Tribal Members due to the COVID-19 pandemic and is not a recurring financial assistance program. The objective of this one-time assistance is to provide emergency financial support for Trinidad Rancheria Tribal Members. This assistance is to carry out the requirements of funding agencies to Prevent, Prepare for, and/or Respond to the COVID-19 pandemic. Some categories of assistance with these funds will be paid directly to the service provider on behalf of the Tribal Member. Categories of assistance that are not service related will be distributed directly to the Tribal Member.

I. Eligibility:

Trinidad Rancheria enrolled adult members only, who have not yet applied for assistance under this program.

II. Assistance Amount Available:

\$500 per eligible member, limited to a one-time allocation in the category of applicant's choice.

III. Requirements:

Application must be complete with the following documented items.

1. Completed COVID Relief Assistance Fund Application with signature (Tribal Member).
2. Copy of Tribal Membership card (applicant).
3. Invoice or Billing Statement with account number, if applicable.
4. Billing Statements and/or Notices must include Tribal Member's name and service address matching the current address on file with the Tribal Programs Department. If the billing statement does not match then the Tribal Member must provide written justification or submit an address update form.

IV. Distribution Funding Limits:

1. This program will cover one of four specific categories of assistance: Utilities Assistance, Rental Assistance, Gas Cards, Food/Supplies Gift Card
2. Funds must be applied to one assistance category per applicant.
3. Tribal Members may only apply once for the full amount of available assistance unless additional funds are released for this purpose.

V. Application Process:

1. Fill out COVID Relief Assistance Fund Application (and provide any accompanying documents) and submit to the Tribal Programs Administrator either in-person, via mail, or via email at areed@trinidadrancheria.com. All applications and attached documents will be considered confidential. **All complete applications received by 4:30 pm on Monday will be considered for processing in the week received.** Applications received after 4:30 pm on Monday will be processed in the following week.
2. The Tribal Programs Director will review the application and documentation to ensure all requirements are met.
3. Upon verification that requirements have been met and all documentation is present, the Tribal Programs Director will recommend application for funding.
4. After receiving funding approval, the Tribal Programs Administrator will prepare the requisition for payment (if the request involves payment to an outside vendor or service provider).

5. The Tribal Programs Administrator will notify the Tribal Member when the funds are ready for distribution and the Tribal Member will be required to sign verification of receipt prior to funds being distributed. **Depending on the category and vendor chosen, distribution may take up to a week to receive.**
6. The Tribal Programs Administrator shall maintain all COVID Relief Assistance Fund records in a confidential file in the Office of the Tribal Programs Department.



Cher-Ae Heights Indian Community of the Trinidad Rancheria



COVID RELIEF ASSISTANCE FUND APPLICATION

Submit completed application, along with supporting documents, to Tribal Programs Administrator. Incomplete applications will not be processed.

Name: _____

Address: _____

Phone: _____

Enrollment #: _____

Assistance amount: \$ 500.00

***Assistance Category: Please choose one category to apply the total one-time allocation.**

Category 1	Utility Assistance *If applying for this category you must only choose 1 (one) of the following		
Utility	Vendor Name	Account #	Supporting Document
Water			Yes No
Power			Yes No
Propane			Yes No

Category 2	Rental Assistance		
Vendor Name	Billing Address	Account #	Supporting Document
			Yes No

Category 3	Gas Card *If applying for this category you must only choose 1 (one) of the following		
Renner	Chevron	Shell	Costco

Category 4	Food/Supplies Card *If applying for this category you must only choose 1 (one) of the following		
Costco	Walmart	Target	Grocery Outlet

Signature: _____

Date: _____

FOR REVIEW BY AUTHORIZED STAFF

Requirements Met

- | | | |
|--|---|---|
| 1. COVID Relief Assistance Fund Application Completed? | Y | N |
| 2. Copy of Tribal Membership Card for applicant? | Y | N |
| 3. Invoice or Billing Statement, if applicable? | Y | N |
| 4. Does billing service address for Tribal Member match address on file? | Y | N |

Application Approved: Member ID (MOMS): _____

Application Denied:

Category: _____

Check Number: _____ Payable to: _____

Gift Card Vendor: _____ Card Number: _____

Signature: _____ Date: _____

The Tribe is distributing these funds to respond to the Coronavirus Pandemic and to provide the necessary assistance to Tribal members per the CARES Act Division B, Title VII guidance.

DO NOT SIGN THIS SECTION UNTIL RECEIPT OF DISTRIBUTION

ACKNOWLEDGEMENT OF RECEIPT

I, _____, verify by my signature below that I am in receipt of my one time allocation of COVID Relief Assistance. Further, I understand by receiving this allocation it cannot be used to purchase alcohol, tobacco, or be refunded for cash. I also understand that the Trinidad Rancheria has provided this temporary relief to me due to the COVID-19 Pandemic and I will utilize it to offset the impact of COVID-19.

Signature

Date