



Chilkoot Indian Association

Federally Recognized Tribe

P.O. Box 490 Haines, Alaska 99827 907.766.2323



APPLICATION FOR COVID-19 RELIEF GRANT FOR MEMBERS LIVING OUTSIDE HAINES

Applicant Full Name: _____

SSN Last 4 digits: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Date of Birth: _____

I am a current Chilkoot Indian Association Tribal Member: Yes No

1. Are the expenses for which assistance is sought with this application incurred, or to be incurred, during the period March 1, 2020 through the date of this application or 01 September 2021 whichever is the latest. Yes No

2. I am experiencing or have experienced financial hardship from March 1, 2020 through December 31, 2021 as a result of the COVID-19 public health emergency as follows (Please check all that apply):

- I have suffered loss of income due to the COVID-19;
- I have been laid off, furloughed, given reduced hours, or a reduced salary due to COVID-19;
- I need housing assistance to avoid foreclosure or eviction due to financial difficulties resulting from COVID19
- I have incurred additional utility costs and/or household expenses because of the need to stay at home, isolate and/or adhere to public health mandates and recommendations issued in response to COVID-19, including electricity, gas, propane, firewood, water, sewer, waste disposal, internet, and phone;
- I have incurred increased expenses related groceries, food, meals, and nutrition assistance costs necessary to sustain health and well-being while complying with public health mandates and recommendations;
- I have incurred increased expenses to address food security issues caused by supply-chain issues related to COVID-19 by purchasing subsistence material including: fishing gear (fishing poles, permits, hooks, line, nets), bullets, buckets, canning supplies, and other subsistence items as needed;
- I have incurred increased expenses to care for dependents as a result of COVID-19, including additional childcare costs because of school or daycare closure due to COVID-19;
- I have incurred expenses related to online learning and expenses to maintain and support the education needs of school-age children, including post-secondary school, as a result of changes made by schools in response to COVID-19;
- I have incurred expenses to quarantine/isolate or take other measures in compliance with COVID-19;
- I have incurred medical costs or prescriptions drugs related to COVID-19 or suspected exposure to COVID19, including for COVID-19 tests;
- I have incurred additional expenses for food, transportation, child or adult care because of COVID-19;



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- I have incurred expenses for additional PPE, masks, mask making equipment and supplies, cleaning/disinfectants, and/or other products due to COVID-19;
- I have incurred expenses to comply with social distancing mandated or recommended by federal, state or tribal guidelines; or
- For any other financial hardships not covered in the above options, please explain: -

3. Applicants are reminded that under the CARE ACT, applicants cannot receive a grant for expenses or financial hardship that was already fully accounted for or fully reimbursed by any other CARES Act program administrated by another Alaska Native Corporation, tribal government, or local, state, or federal government, (such as the Paycheck Protection Program or CARES Act grants from tribes or local governments). If yes, please provide details and amount, including what expenses the assistance was either fully or partially reimbursed:

4. CERTIFICATION: I hereby certify that all of the information provided in this application is true and accurate. I understand that any misrepresentation or inaccurate information may result in a repayment of grant funds. I certify that no expense or financial hardship for which this grant is sought has been accounted for or fully reimbursed by any other Alaska Native Corporation, tribal government, local government, or other CARES Act program (such as the Paycheck Protection Program or CARES Act grants from tribes or local governments). I agree to retain reasonable documentation of the expenses that any grants funds are used on and to Chilkoot Indian Association with any further information necessary for verification of submitted information upon reasonable request.

In order to receive benefits from the Chilkoot Indian Association, you must not be a member of any other community/Village Tribe.

I do solemnly swear and confirm that I am not a member of another village Tribe:

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

You must turn in a new vender form before your application can be processed

Only one application per Tribal Member living outside of Haines, Alaska

You must be 18 years or older to qualify for this assistance