



# SAGINAW CHIPPEWA INDIAN TRIBE

7500 Soaring Eagle Blvd, Mt. Pleasant MI 48858 • 989-775-4000

The Saginaw Chippewa Tribal Council, through Council Resolution 20-116, has authorized and established the Saginaw Chippewa COVID-19 Emergency Relief Program (Relief Program) to provide emergency financial assistance to Saginaw Chippewa members who have incurred economic expenses as a result of the COVID-19 public health emergency. You must complete and return this Application for the issuance of COVID title V funds as provided by the CARES Act and U.S Department of Treasury guidance. **By accepting funds provided by the Relief Program you attest that you have incurred COVID-19 related expenditures as provided in this application including the Eligibility Criteria below.**

**Eligibility Criteria:** Must be a Saginaw Chippewa Member or a parent, guardian or person providing primary place of residence for a Tribal Member child (Tribal Member under 18 years of age ); and due to the COVID-19 public health emergency incurred one or both of the following:  
(1) Loss of income, or decreased income; and/or  
(2) Un-anticipated, increased expenditures.

## APPLICATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ M00 \_\_\_\_\_  
Member Number \_\_\_\_\_  
Mailing address \_\_\_\_\_  
Street address or P.O. Box Number \_\_\_\_\_ City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip/postal code \_\_\_\_\_  
Phone \_\_\_\_\_ Email address \_\_\_\_\_

Include information for all Saginaw Chippewa Tribal Members in the household under age 18 (use additional pages if needed). Only one parent, guardian, or person providing primary place of residence for a Tribal Member child is eligible to receive assistance in support of that child from this Relief Program.

<u>Name</u>	<u>Date of birth</u>	<u>Member Number</u>	<u>Relationship</u>
_____	____/____/____	M00 _____	_____
_____	____/____/____	M00 _____	_____
_____	____/____/____	M00 _____	_____
_____	____/____/____	M00 _____	_____

## ATTESTATION AND AUTHORIZATION

By signing my name below and by my acceptance of funds from the Relief Program, I certify that I meet the COVID-19 Public Health Emergency Relief Program requirements for financial need. The information submitted on this application is true and correct to the best of my knowledge. I also authorize the Saginaw Chippewa Enrollment Department to verify my tribal enrollment status.



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I attest that I have suffered economic impacts through increased expenditures and/or decreased income due to the COVID- 19 public health emergency; and/or where applicable that these expenditures and/or decreased income have been incurred on behalf of a Tribal Member child. I further attest that I am in need of emergency financial assistance and that such economic assistance is necessary due to the COVID-19 public health emergency.

By signing my name below, I further attest that any disbursement I receive from the COVID-19 Public Health Emergency Relief Program will be expended on emergency needs incurred to date due to the COVID-19 public health emergency, including but not limited to expenditures associated with rent or mortgage, utility fees, food and food delivery, employment and training programs, distance learning, teleworking, healthcare, personal protective equipment, funerals, costs associated with increased mental health, stress, anxiety, and sleeplessness, and other emergency individual needs. I agree to maintain all receipts documenting my expenditures, which I will provide to the Saginaw Chippewa Tribe upon request. I acknowledge that any funds I use improperly are subject to repayment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

## FOR OFFICE USE ONLY

Application Received: Date \_\_\_\_\_

Received by: \_\_\_\_\_

Accounts Payable Received: \_\_\_\_\_

Completed by: \_\_\_\_\_

Date Payment Made: \_\_\_\_\_

Completed by: \_\_\_\_\_