



PUBLIC SERVICE ANNOUNCEMENT: ECONOMIC STABILITY ASSISTANCE NOW AVAILABLE

Public Service Announcement: **contact: eoc@chilkat-nsn.gov**

Start Date: November 6, 2020

End Date: November 20, 2020

On April 14, 2020, the Tribal Council requested CARES ACT funding from the U.S. Treasury due to crippling effects of the novel coronavirus on Klukwan's economic stability. The Tribal Emergency Operations Center has been working diligently on a budget for CARES ACT funding to assist the tribal members or residents of Klukwan.

We understand that one economic relief distribution did not alleviate all strains associated with the ongoing pandemic. This second distribution will use a household scale to determine the amount of funding available to each household. The base funding amount of **\$2,000.00** is available for the head of the household, with an *additional \$100.00* available per dependent, and a maximum of **\$2,500.00** allowed. Please budget according to your household size.

Eligibility:

- Enrolled member of Chilkat Indian Village *OR* a year-round resident of Klukwan
- Resides within the CIV service area (within 70-miles of Klukwan)
- One application per household can be submitted with no overlapping persons between households.

How to apply:

- Request the application from our office (pick-up, email, mail, or fax) or from the CIV website.
- Fill out the new COVID-19 Tribal Relief Program application and use the table to determine distribution amount.
- Submit application by emailing eoc@chilkat-nsn.gov, fax to (907) 767-5518, mail to HC60 Box 2207, or via black drop box at CIV office.
- Complete applications must include account numbers and contact information.

**** Please attach contact information and mailing address for landlords or individual vendors to avoid processing delays. If applicable, please call wood vendors prior to ordering. ****

For more information, please contact us at eoc@chilkat-nsn.gov, call us at (907) 767-5505 ext. 228, or visit our website at chilkat-nsn.gov. Please allow one month for processing, we will contact you if there are any processing delays associated with your application.

Gunalchéesh,

President Kimberley Strong

TRIBAL EMERGENCY OPERATIONS CENTER

| eoc@chilkat-nsn.gov | P: (907) 767-5505 ext. 228 | F: (907) 767-5518 |

COVID-19 TRIBAL RELIEF PROGRAM APPLICATION:

Head of Household Name: _____ DOB: _____

Mailing Address: _____ Physical Address: _____

City/State/Zip: _____ Enrollment #: _____

Contact Number: _____ Email Address: _____

Other individuals in the household, date of birth, and relationship to head of household:

Name: _____ **DOB:** _____ **Relationship:** _____

1. _____
2. _____
3. _____
4. _____
5. _____

CERTIFICATION OF COVID-19 ECONOMIC STABILITY ASSISTANCE:

I, _____, certify that I am an enrolled member of the Chilkat Indian Village (CIV) that lives within the CIV service area (70-miles) OR am a resident of Klukwan AND not receiving CARES ACT assistance from another tribe. Please fill out the worksheet below to budget the one-time distribution for your household. The amount budgeted for assistance is determined by household size:

Person(s):	1	2	3	4	5+
Amount:	\$2,000	\$2,100	\$2,200	\$2,300	\$2,400

Provide the amount needed for each vendor, list your account number, or provide contact information for rent and wood. After approval, CIV will pay these vendors directly. You will receive gift cards for any food assistance. By completing the worksheet below, I hereby request assistance for:

Relief Type:	Account Number OR *Vendor Name & Address:	Amount Requested:
IPEC		\$
AP&T (Electric)		\$
CIV W&S		\$
HNS W&S		\$
AP&T (Internet)		\$
Delta Western		\$
Haines Propane		\$
Rent*		\$
Wood*		\$
Mercantile		\$
Olreuds		\$
IGA		\$
Mtn. Market		\$
TOAL AMOUNT REQUESTED:		\$

I will use the assistance to supplement my basic expenses such as rent/mortgage payments, utilities, or essential food. With my signature below, I declare that all the above statements are true and accurate.

Signature: _____ **Date:** _____

Approved by: _____ **Date:** _____ **Program Code:** _____

****Disclaimer:** This form will be used for the Chilkat Indian Village (Klukwan) internal use only. The information obtained on this form will not be distributed and will be kept confidential.**

CHILKAT INDIAN VILLAGE

