



SHOALWATER BAY TRIBE
INSTRUCTIONS for
COVID-19 Emergency Assistance Application Form
December 7, 2020

The Shoalwater Bay Tribe (the “Tribe”) has developed the Tribal Member COVID-19 Emergency Assistance Program in accordance with the Tribe’s Title No. 29 General Welfare Ordinance, to provide emergency financial assistance to enrolled Tribal members and as applicable, to non-enrolled custodial parent or legal guardian of enrolled Tribal Youth members, aged 17 and under, for their families directly impacted by the loss of income or other economic financial hardship caused by the COVID-19 public health emergency. This program utilizes CARES Act funding from the federal government, and also meets the tax-exempt Tribal General Welfare Exclusion Act and IRS Disaster Relief Payments requirements. Combined, these federal regulations and funding require an assessment of COVID19 economic need of individual members. Each enrolled member or non-enrolled custodial parent or legal guardian of Tribal Youth wishing to obtain this assistance benefit from the Shoalwater Bay COVID-19 Emergency Assistance Program must complete and submit the COVID-19 Assistance Program Application Form to document their need in order to help us comply with the federal requirements relating to the use of CARES Act funding. The Assistance is for the amount of \$4,000 per eligible adult Tribal Member (18 years and older) and \$2,000 per eligible Tribal Youth (17 years and under) that meets the eligibility requirements of need and the signed certification statement on the Application Form.

General instructions for completing your application:

1. Fill out an individual application for the Household that includes each enrolled Shoalwater Bay Tribal Member, who were alive as of November 1, 2020. As allowed by with the Tribe’s COVID-19 Emergency Assistance Program requirements, the Tribe will make the payment to the enrolled member head of household for each adult Tribal Member, 18 years or older, or to the non-enrolled custodial parent or legal guardian. Head of household definition is consistent with IRS income tax regulations.
2. If there is a non-spouse Adult enrolled tribal member in the Household, they may submit their own application and not be included in the application for the Household.
3. If you have legal custody or guardianship of an enrolled adult or youth Shoalwater Bay Tribal Member, fill out the Applicant information in Part 1, and leave blank the Tribal Enrollment Number if you are not a Tribal Member, and fill out the information for the enrolled Tribal Member at the bottom of Part 1. Please attach proof of your legal custody or guardianship.



4. In Part 2, please check *all* boxes that describe the financial hardships you are experiencing as the result of COVID-19, and if you have a financial hardship not listed, please include a brief description under “Other unanticipated costs due to COVID-19.”
5. In Part 3, your signature certification is critical to approve your eligibility and tax-exemption, therefore ensure you are able to verify your circumstances and data as checked in Part 2.
6. The Application is a fillable PDF form; you may download the application from the Shoalwater Bay Tribe’s website at <https://www.shoalwaterbay-nsn.gov/>.
7. You must sign the application, either in writing or with a digital signature. Completed applications can be sent by email to: cares@shoalwaterbay-nsn.gov, or sent by U.S. Mail, addressed to Shoalwater Bay Tribe, ATTN: Enrollment Office, PO Box 130, Tokeland, WA 98590. Applications may also be dropped off at Tribal Office, 2373 Tokeland Road, Tokeland, WA 98590.
8. The Tribe will review the application to verify each Tribal Member’s enrollment. The Tribe’s Social Services Department will verify that the financial impact information has been adequately identified in Part 2, and that the Application has been properly certified with a signature in Part 3.
9. These funds must be used for your costs between March 1, 2020 and December 30, 2020 to cover financial impacts caused by the COVID-19 public health emergency during this time period. If by December 30, 2020 you have not sustained financial impacts in the amount of the distribution you received, any portion or all of the funds not used for these purposes must be returned to the Tribe by December 30, 2020 by mailing a check or money order to: Shoalwater Bay Tribe, Insert address here, noting Return of COVID19 Member Assistance. Returned funds *must* be received by December 30, 2020.
10. SUBMISSION DEADLINE BY: on December 16, 2020 at 1:00 pm PT (Pacific Time) for check distribution starting on or about the week of December 22, 2020.
11. Questions about Enrollment may be directed to: Leatta Anderson, landerson@shoalwaterbay-nsn.gov or (360) 267-8174.
12. Questions about the Application Form or the general requirements of the COVID-19 Emergency Assistance Program may be emailed to: cares@shoalwaterbay-nsn.gov and please include your email address and contact phone number. You can call (360) 267-6766, explain your question and you will be directed to the appropriate person.