

Confederated Tribes of the Grand Ronde Community of Oregon

*9615 Grand Ronde Road
Grand Ronde, OR 97347
Telephone: (503)879-5211 Fax: (503) 879-2208*

COVID-19 Relief Payment Program Application

On April 23, 2020, Tribal Council approved the COVID-19 Relief Payment Program (“Program”) to ensure all eligible Tribal members **18 years of age** and older will receive stipends for the unexpected costs or loss of income because the COVID-19 pandemic and public health emergency. The Program provides financial assistance to eligible tribal members to help alleviate the hardships endured.

Following the Tribe’s adoption and implementation of the COVID-19 Relief Payment Program, the U.S. Department of Treasury issued new guidance related to the Program. The new guidance requires that **each** Tribal member must complete an application for the Program.

Please print and fill out the “**COVID-19 Relief Payment Program Application**” found on the Tribes’ website at <http://www.grandronde.org/>, and follow one of the submission options identified below.

1. Complete the Application
 - a) Completely fill out the application.
 - b) One application per eligible member **18 years of age** and older as of next payment date of August 14, 2020.
2. Application submission
 - a) Please submit completed application by **August 7th, 2020**. Failure to turn in the form could delay payment
 - b)
 - c) **NO CONTACT SUBMISSION** due to COVID-19 pandemic, so any one of the following options are available for submission.
 - a. Scan and email to ctgrdistcovid19@grandronde.org with subject title Relief Payment Application *or*,
 - b. Fax to 503-879-2208 *or*,
 - c. Mail to – Confederated Tribes of Grand Ronde, 9615 Grand Ronde Rd., Grand Ronde OR 97347 Attn: Finance Department
3. Award
 - ci) All financial support will be sent to the recipient per their Per Capita payment election either direct deposit or mailing address

****If you have any questions please contact Liz Leno by email at liz.leno@grandronde.org.***

**Confederated Tribes of Grand Ronde
2020 COVID-19 Relief Payment Program
Application**

Name (Print): _____

Mailing Address (Street, City, State, Zip): _____

Phone Number(s): _____

CTGR Enrollment Number and/or Birthdate: _____

Total Living in Household: _____

Number of Children (17 years old and younger) Living in Household: _____

Number of Elders Living in Household, 55 years of age and older: _____

Check the following that apply to you:

Head of Household Employment Status: employed reduced hours unemployed furloughed

Spouse/partner Employment Status if any: employed reduced hours unemployed furloughed

Homeownership: own rent

Children home from school: yes no

Utilities: electric water gas garbage cable

CERTIFICATION

I hereby certify that I have been impacted by the COVID-19 pandemic and am eligible under the Relief Payment Program for financial need. I also certify that the information submitted on this application is true and correct to the best of my knowledge.

PRINT NAME

DATE

SIGNATURE

DATE