

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 for October & November payments

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 dates of October 16, 2020 and November 16, 2020.

2. Application submission

- a) Please submit completed application by **October 9th, 2020**. Failure to turn in the form **WILL** delay payment.
- b) **NO CONTACT SUBMISSION** due to COVID-19 pandemic, so any one of the following options are available for submission

ONLINE SUBMISSION.

- A fillable application is available on the grandronde.org website under the Financial Assistance programs header under Covid-19 Relief Payment Programs and can be submitted from the website.

REMOTE SUBMISSION

- Scan and email to ctgrdistcovid19@grandronde.org with subject title Relief Payment Application *or*,
- Fax to 503-879-2208 *or*,
- Mail to – Confederated Tribes of Grand Ronde, 9615 Grand Ronde Rd., Grand Ronde OR 97347 Attn: Finance Department

3. Award

- a) 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 for October & November 16, 2020 Payments
MUST be returned by October 9, 2020 or payment will be delayed!

Name (Print): _____

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

Phone Number(s): _____

CTGR Enrollment Number: _____

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
 other

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

Homeownership: own rent

Children home from school: yes no

Utilities: electric water gas garbage cable

CERTIFICATION

I hereby certify that my family has been impacted by the COVID-19 pandemic prior to and since passing Resolution #101-20 Declaration of Emergency on March 18, 2020, and have a financial need due to loss of employment and income and increases in costs as a result of the public health emergency. As a result, I'm requesting assistance through the COVID-19 Relief Payment Program. 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