



EMERGENCY FINANCIAL ASSISTANCE COVID-19 RELIEF PROGRAM

Program Description

Fall Grant Deadline is November 9, 2020

Program Summary

The Little Shell Tribal Council has established an emergency financial assistance program to provide necessary financial relief to Little Shell tribal members directly or indirectly impacted by the COVID-19 pandemic. Eligible Little Shell tribal members will receive a single grant payment of \$1,000.00. Eligible Little Shell tribal members are required to complete, certify, and submit the Emergency Financial Assistance COVID-19 Relief Program Application.

Emergency Financial Assistance COVID-19 Relief Program Information

On March 21, 2020, the Little Shell Tribe (“LST” or “Tribe”) declared a state of emergency due to the COVID-19 pandemic. Since the Tribe’s federal recognition was restored only a few months before the pandemic hit, the Tribe has had limited time and funding to build essential health clinics and to develop necessary tribal programming to aid its tribal members. Thus, the Tribe has created this program to provide essential assistance in a manner that is administratively feasible given the current lack of internal governmental programs and employees. The Emergency Financial Assistance COVID-19 Relief Program (“Program”) will provide critical financial relief to eligible LST tribal members that have suffered directly or indirectly from the COVID-19 pandemic.

Applicant Eligibility

The Tribe has established strict parameters on eligibility to ensure the Program complies with all applicable legal and federal requirements. An eligible applicant must be a currently enrolled LST tribal members and be eighteen (18) years of age or older. Eligible applicants may reside outside of the Tribe’s service area and the State of Montana (there are no residency restrictions). The applicant must provide and certify how the individual has suffered directly or indirectly from the COVID-19 pandemic.

Certification of Application

Each applicant must certify that the information submitted on the application is accurate. An applicant that provides false information will face penalties including the complete denial of the submitted application, potential exclusion from other LST programs, and/or reimbursing the Little Shell Tribe for receiving federal funds through deception. The Tribal Administrator shall provide the Tribal Council with any information regarding alleged falsification of application statements. The Tribal Council will review and issue a decision on the penalty. All decisions shall be final.

Materials Required for Submission

All applicants are required to submit the following: (1) the Emergency Financial Assistance COVID-19 Relief Program application; (2) LST enrollment number; and (3) a photocopy of applicant’s government issued photo ID (LST enrollment card, driver’s license, passport, etc.).



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Review of Application and Disbursement of Grant Payments

All grant payments disbursed under the Emergency Financial Assistance COVID-19 Relief Program must be used to alleviate the impacts suffered directly or indirectly by the COVID-19 pandemic. Grant payments must be used to cover eligible expenses such as to pay residential rent, mortgage payments, or utility bills; purchase groceries, cleaning, medical and protective supplies; support work from home capabilities; to prepare for tele-education or other related educational expenses; childcare to return to work; or pay for delivery services of food and necessary supplies.

The LST Tribal Administrator will manage the collection of all applications. The Tribal Administrator shall conduct a review of each applicant and only approve completed and certified applications for the Chairman's, or his designees, final review and approval. Upon receiving approval, the Tribal Administrator shall oversee the disbursement of grant payments to the approved applicant. If an application is denied, there will be an opportunity to submit an appeal to the full Tribal Council.

Application Deadline and Submission

All applications must be received by November 9, 2020. It is the responsibility of the applicant to meet this deadline and verify receipt of their submission.

Submission by On-line Portal (the preferred and fastest way to have your application reviewed):

- Visit the Tribe's Submittable on-line portal at <https://littleshell.submittable.com/submit> or find the link on our website at <http://montanalittleshelltribe.org/covid-19.html>.
- Select the Submittable Sign Up tab and enter your email, password, and first and last name and press the Sign Up button. All information is secured and confidential.
- Applicants will be able to submit their application quick and easy.
- Applicants can keep track of their submissions throughout the review process.

Submission by E-Mail to Care20@lstribe.org.

Submission by Fax to (406) 315-2401.

Submission by Mail or Hand Delivered to:

LST Tribal Government Building
615 Central Avenue
West Great Falls, MT 59404

Questions

For all questions, please email Care20@lstribe.org or call (406) 315-2400.



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Checklist of Required Documents for Submission

- Complete LST Emergency Financial Assistance COVID-19 Relief Program Application that includes:
 - Page 1 and Page 2 (you can use PDF fillable form functions to fill out, mark, and digitally sign your application).
 - Applicant's complete mailing address.
 - Applicant must sign and date the application.
- A photocopy of the applicant's government issued photo ID (LST enrollment card, driver's license, passport, etc.)

Identification of COVID-19 Impacts

Applicants must have experienced a COVID-19-related impact to be eligible for this program. The list of eligible COVID-19 impacts are found below. All responses are confidential.

I, _____ (Print Name), have been directly or indirectly impacted by the COVID-19 pandemic by one or more of the following:

- I incurred medical expenses due to the testing for the COVID-19 virus or related expenses to a COVID-19 positive diagnosis.
- I have been self-quarantined due to positive testing, potential symptoms, or contact with a positive or potential carrier.
- I or a member of my household is in a high-risk group for severe illnesses and contracting the COVID-19 virus.
- I reside in an area that is/was subject to a government-imposed shelter-in-place order.
- I have become unemployed, partially unemployed, or have had my salary or hours decreased.
- I have been unable to work due to self-quarantine mandates.
- I have experienced a loss of income.
- I have been unable to pay or am having difficulties paying rent or mortgage payments.
- I have been unable to pay or am having difficulties paying household utility bills including water, electricity, gas, and communications services such as phone, internet, and cable.
- I have hardships relating to childcare due to the closure of schools and childcare programs.
- I need assistance in the delivery of groceries or medication.
- I need assistance in purchasing personal protective equipment and disinfectant supplies.
- I need assistance or incurred expenses in obtaining internet, technology, and/or supplies in order to work from home and/or prepare my child to conduct schoolwork from home.
- Other needs or impacts suffered – Please Specify:



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The applicant is responsible for providing their correct mailing address on the application form. Applicants must be enrolled Little Shell tribal members and be eighteen (18) years of age or older.

Full Name (First, Middle, Last Name)	Tribal Enrollment Number
Former or Maiden Name (if applicable)	Date of Birth
Mailing Address (Street, City, State, Zip Code)	Phone Number
	E-Mail Address

Certification of Information

I, _____ (**Print Name**), certify that I have been directly and/or indirectly impacted by the COVID-19 pandemic. I confirm that I will use the grant payment for qualified expenditures related to the COVID-19 pandemic. Further, I certify all the above information is accurate and complete. I acknowledge that giving false information is grounds for penalties including the denial of my application and the reimbursement of any funds obtained through deception.

Signature of Applicant

Date

FOR LST TRIBAL ADMINISTRATOR ONLY

APPROVED? _____ YES _____ NO

APPROVED BY: _____