



Washoe Tribe of Nevada and California
General Welfare Exclusion
COVID-19 EMERGENCY ASSISTANCE PROGRAM
REQUEST FORM



The Washoe Tribe of Nevada and California received funds from the “Coronavirus Aid, Relief and Economic Security Act” (“CARES Act”) that are being used for the Washoe Tribe’s COVID-19 Emergency Assistance Program. The funds for the COVID-19 Emergency Assistance Program are authorized as General Welfare Exclusion (GWE) and for use in this matter by the U.S. Department of Treasury and the Washoe Tribal Council. GWE has been adopted by the Washoe Tribal Council on July 28, 2020 via Resolution No. 2020-07-WTC-044. Payments to support these expenses are not taxable to the tribal member per the Tribal General Welfare Exclusion Act of 2014 (Internal Revenue Code Section 139E).

COVID-19 Emergency Assistance is available to all enrolled Washoe Tribal members who have been directly affected by the Coronavirus Pandemic (COVID-19) and therefore have a documented need via this Request Form; and who have completed a COVID-19 Emergency Assistance Request Form. A Request Form must be completed for EACH enrolled Washoe Tribal member. Once approved, the enrolled Washoe Tribal member may receive \$2,500 in COVID-19 Emergency Assistance.

COVID-19 Emergency Assistance Program Request Forms must be submitted to the Emergency Operation Center and may take 7-10 business days to process. Checks will be mailed ONLY.

Request Forms must be submitted on or before **Wednesday, September 30, 2020; there will be no extensions.** COVID-19 Emergency Assistance will run from August 3, 2020 thru December 1, 2020.

Failure to complete the COVID-19 Emergency Assistance Program Request Form in its entirety will delay processing and approval of the request.

Send in your completed form by any one of the following methods:

MAIL

Washoe Tribe of Nevada & California
Emergency Operations Center
919 US Hwy 395 North
Gardnerville, NV 89410

FAX

775-552-3897

EMAIL

covid.assistance@washoetribe.us

Pictures of your completed form will not be accepted.

Please refer questions regarding your assistance request or this form to the Washoe Tribe’s Emergency Operations Center (775) 265-8600

*General Welfare Exclusion
 COVID-19 EMERGENCY ASSISTANCE PROGRAM REQUEST FORM*

Applicant Personal and Contact Information	
<i>If applicant is a minor, name of parent/legal guardian:</i>	
Applicant Full Name:	Maiden Name:
Physical Address:	Date of Birth:
	Enrollment #:
	Social Security #:
Mailing Address:	Telephone:
	Email Address:

Requested Assistance		
Please select requested assistance (check all that apply).		
<input type="checkbox"/> Food	<input type="checkbox"/> School Aged (K-12) Distance Learning Equipment and Supplies	<input type="checkbox"/> Propane
<input type="checkbox"/> Cleaning Supplies	<input type="checkbox"/> School Aged (K-12) Educational Materials, Software, or Subscription	<input type="checkbox"/> Natural Gas
<input type="checkbox"/> Home Sanitizing (COVID-19 victim only)	<input type="checkbox"/> College Student Distance Learning Equipment and Supplies	<input type="checkbox"/> Wood Pellets
<input type="checkbox"/> Water	<input type="checkbox"/> College Students - Unexpected COVID-19 related expenses	<input type="checkbox"/> Firewood
<input type="checkbox"/> Medication	<input type="checkbox"/> Elder Access to technology, internet and equipment	<input type="checkbox"/> Rent/Mortgage
<input type="checkbox"/> Child Care	<input type="checkbox"/> Online Training and Retraining Courses (enhanced employment opportunities)	<input type="checkbox"/> Burial
<input type="checkbox"/> Adult/Elder Care	<input type="checkbox"/> Internet	<input type="checkbox"/> Auto Insurance
<input type="checkbox"/> Shopping Assistance	<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Vehicle Fuel
<input type="checkbox"/> Personal Hygiene Products	<input type="checkbox"/> Electricity	<input type="checkbox"/> Vehicle Registration
<input type="checkbox"/> Other:		

AUTHORIZED USE OF FUNDS

Use of funds must be consistent with expenditures related directly in response to the current COVID-19 pandemic, prevention of COVID-19 spread, and compliance with public health orders to “shelter in place” to mitigate the spread of the virus, the use of COVID-19 Emergency Assistance shall be for the purchase of the following, including but not limited to:

- Personal protective equipment (PPE)
- Rent
- Mortgage payments
- Food
- Fuel
- Emergency supplies
- Medical equipment
- Distance learning equipment
- Purchase of Wi-Fi, broadband and internet
- Equipment to check-in and monitor Tribal elders or those who continue to “shelter in place” and social distance
- Transportation costs to pick up and deliver medication/food to family who are ordered to “shelter in place”
- Other basic needs the household requires as a direct result of the COVID-19 Pandemic

Signature below verifies that this one-time, non-recurring emergency support will **only be used for the above-named essential needs** in direct response to the COVID-19 Pandemic and State of Emergency.

DISCLAIMER AND SIGNATURE

By signing below, I hereby certify that I have met the requirements for the Washoe Tribe of Nevada and California’s General Welfare Exclusion – COVID-19 Emergency Assistance Program for financial need, and that the information submitted on this Request Form is true and correct to the best of my knowledge. I am also giving authorization to the Washoe Tribe’s Secretary-Treasurer to: (1) update my, or the minor in my custody-and-care’s, Washoe Tribal enrollment file using the information submitted in the “Personal and Contact Information” section of this Request Form; and (2) verify my, or the minor in my custody-and-care’s, Washoe Tribal enrollment. Upon receipt of funds, I acknowledge that the EOC will not provide any additional general welfare assistance in the event that I or a family member test positive or are otherwise in financial need due to the COVID-19 pandemic.

If application is on behalf of a minor: I certify that I am the person designated to receive the GWE – COVID-19 Emergency Assistance payment on behalf of the minor child. By signing this document, I agree that I am responsible for collecting the payment and funds will go towards the minor for the benefit of preparing, preventing, and recovering from COVID-19. I agree that I will be responsible for paying the funds back in the event it is found that the minor did not receive the COVID-19 Emergency Assistance.

Printed Name:	
Signature:	Date:

For Official Use Only	
Date received by the Emergency Operation Center:	
Washoe Tribal enrollment verified? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Verified:
Application approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If not approved, reasoning:	
Check #:	Date check mailed: