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

*If applicant is a minor, name of parent/legal guardian:*

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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</thead>
<tbody>
<tr>
<td>Applicant Full Name</td>
<td></td>
</tr>
<tr>
<td>Maiden Name</td>
<td></td>
</tr>
<tr>
<td>Physical Address</td>
<td></td>
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<tr>
<td>Date of Birth</td>
<td></td>
</tr>
<tr>
<td>Enrollment #</td>
<td></td>
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<tr>
<td>Social Security #</td>
<td></td>
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<tr>
<td>Mailing Address</td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td></td>
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<tr>
<td>Email Address</td>
<td></td>
</tr>
</tbody>
</table>

### Requested Assistance

*Please select requested assistance (check all that apply).*

- ☐ Food
- ☐ School Aged (K-12) Distance Learning Equipment and Supplies
- ☐ Propane
- ☐ Cleaning Supplies
- ☐ School Aged (K-12) Educational Materials, Software, or Subscription
- ☐ Natural Gas
- ☐ Home Sanitizing (COVID-19 victim only)
- ☐ College Student Distance Learning Equipment and Supplies
- ☐ Wood Pellets
- ☐ Water
- ☐ College Students – Unexpected COVID-19 related expenses
- ☐ Firewood
- ☐ Medication
- ☐ Elder Access to technology, internet and equipment
- ☐ Rent/Mortgage
- ☐ Child Care
- ☐ Online Training and Retraining Courses (enhanced employment opportunities)
- ☐ Burial
- ☐ Adult/Elder Care
- ☐ Internet
- ☐ Auto Insurance
- ☐ Shopping Assistance
- ☐ Cell Phone
- ☐ Vehicle Fuel
- ☐ Personal Hygiene Products
- ☐ Electricity
- ☐ Vehicle Registration
- ☐ 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)
- Purchase of Wi-Fi, broadband and internet
- Rent
- Equipment to check-in and monitor Tribal elders or those who continue to “shelter in place” and social distance
- Mortgage payments
- Transportation costs to pick up and deliver medication/food to family who are ordered to “shelter in place”
- Food
- Emergency supplies
- Medical equipment
- Distance learning equipment
- Other basic needs the household requires as a direct result of the COVID-19 Pandemic
- Fuel

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?  □ Yes  □ No  Date Verified:

Application approved?  □ Yes  □ No

If not approved, reasoning:

Check #:  Date check mailed: