



**Washoe Tribe of Nevada and California
General Welfare Exclusion Program
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 a General Welfare Exclusion (GWE) program and for use in this matter by the U.S. Department of Treasury and the Washoe Tribal Council. This emergency assistance GWE program has been adopted by the tribal council on July 28, 2020 through resolution number 2020-07-WTC-044. Payments to support these expenses are not taxable to the tribal member per the General Welfare Exclusion Act of 2014 (Internal Revenue Code Section 139E).

The COVID-19 Emergency Assistance Program is available to all enrolled Washoe Tribal members who have been directly affected by the Coronavirus Pandemic (COVID-19) and therefore are in need of food, basic needs, and/or rent/mortgage/utility assistance; and who have completed a COVID-19 Emergency Assistance Program Request Form. **Application must be fully completed to be accepted.** A Request Form must be completed for EACH enrolled Washoe Tribal member. Once approved, the enrolled Washoe Tribal member may receive a minimum of \$800 in COVID-19 Emergency Assistance.

COVID-19 Emergency Assistance Program Request Forms must be received by the Emergency Operations Center on or before Wednesday, December 23, 2020. Emergency Assistance may take 7-10 business days to process. Checks will be mailed ONLY.

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

SCAN/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

Applicant Personal and Contact Information

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

Applicant Full Name:	Maiden Name:
Physical Address:	Date of Birth:
	Enrollment #:
Mailing Address:	Social Security #:
	Telephone:
Email Address:	

GWE COVID-19 Emergency Assistance

Please select all assistance that is needed (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"/> Shopping Assistance
<input type="checkbox"/> Adult/Elder Care	<input type="checkbox"/> Internet	<input type="checkbox"/> Personal Hygiene Products
<input type="checkbox"/> Burial	<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Vehicle Fuel
<input type="checkbox"/> Auto Insurance	<input type="checkbox"/> Electricity	<input type="checkbox"/> Vehicle Registration
<input type="checkbox"/> Other Need(s):		

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 tribal, state, and local public health orders to mitigate the spread of the virus. The use of COVID-19 Emergency Assistance Funds shall be for the purchase of the following, including but not limited to:

- ❖ Personal protective equipment (PPE)
 - ❖ Rental or mortgage payments
 - ❖ Groceries and other needed household supplies
 - ❖ Fuel
 - ❖ Emergency supplies
 - ❖ Medical equipment and medical costs of purchasing prescriptions and over-the-counter medicines
 - ❖ Assisting students to obtain the resources, technology, and supplies needed to do class and schoolwork from home
- ❖ 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
 - ❖ Childcare/Eldercare

Unallowable Expenses: Unallowable expenses include alcohol, tobacco, and luxurious and extravagant items.

CERTIFICATION

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 hardship, 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 General Welfare Exclusion – 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 the 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.

I agree that I may be called upon to prove that I did not use this Emergency Assistance Funding for unallowable expenses and to complete a tribal community survey if asked to by the tribal government in order to collect additional data on the overall community impacts of COVID-19.

Printed Name:	
Signature:	Date:

For Official Use Only	
Date received by the Emergency Operations 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: