



Washoe Tribe of Nevada and California
COVID-19 FAMILY STRENGTHENING
ACTIVITIES PROGRAM REIMBURSEMENT FORM



Due to the potential COVID-19 exposure, the Washoe Tribe of Nevada and California is encouraging tribal members, staff, and the community as a whole to stay-at-home when possible. Social distancing keeps a safe space between individuals who are not from the same household. The Tribe believes it is important to provide activities that both encourage social distancing and take into consideration the Tribe’s culture and core values of family first. Therefore, the Washoe Tribe of Nevada and California has created the COVID-19 Family Strengthening Activities Program. This program is a reimbursement-based program that provides each household up to \$300 in expenditures for activities that fall within the allowable expenditures.

To receive a reimbursement, expenditures must have occurred between the dates of September 1, 2020 – October 31, 2020. The reimbursement form must have all original receipts included at the time of submittal. Incomplete forms or missing receipts will not be reimbursed. Expenditures reimbursed shall not be re-sold for any reason as the intention of this program is to provide family strengthening activities during the COVID-19 pandemic.

This reimbursement form and the original receipts must be submitted by November 6, 2020 to the Washoe Tribe Emergency Operation Center: 919 US Hwy 395 North, Gardnerville NV 89410.

Questions? Contact the Washoe Tribe EOC at (775)265-8600 ▪ TribalEOC@washoetribe.us

Participant Contact Information	
Complete all sections of the reimbursement form in its entirety.	
Full Name:	Enrollment #:
Physical Address:	Mailing Address:
Email Address:	Telephone:

Household Information		
Please list household member(s) who will be utilizing the program.		
Name(s)	Relationship to you	Age

Family Strengthening Activities Program Reimbursement Form

Allowable Expenditures	
<p>The following expenditures are allowable within the COVID-19 Family Strengthening Activities Program, but are not limited to.</p> <p><i>If there is an activity that is not listed, Tribal Members are asked to contact the Washoe Tribe Emergency Operation Center at (775) 265-8600 prior to making the purchase to ensure a reimbursement.</i></p>	
<input type="checkbox"/> Traditional Crafts and Projects <input type="checkbox"/> Beads/Shells <input type="checkbox"/> Thread/needles/scissors <input type="checkbox"/> Sinew <input type="checkbox"/> Fabric/ribbon <input type="checkbox"/> Rawhide (drum kits or rattles) <input type="checkbox"/> Leather <input type="checkbox"/> Sewing Machine <input type="checkbox"/> Other: _____	Requested Reimbursement: \$
<input type="checkbox"/> Health and Wellness Activities <input type="checkbox"/> Online fitness courses <input type="checkbox"/> DIY sanitation supplies <input type="checkbox"/> Other: _____ <input type="checkbox"/> DIY soaps/bath bombs <input type="checkbox"/> DIY Candles	\$
<input type="checkbox"/> Educational Materials and Activities <input type="checkbox"/> Playdough <input type="checkbox"/> Board games/puzzles/cards <input type="checkbox"/> Crayons/Color Pencils <input type="checkbox"/> Paint/Paint brushes <input type="checkbox"/> DIY Slime <input type="checkbox"/> Science Kits <input type="checkbox"/> Educational work books <input type="checkbox"/> Magazines/Books <input type="checkbox"/> Crossword/Word Search/Sudoku <input type="checkbox"/> Other: _____	\$
<input type="checkbox"/> Educational Subscriptions or Magazines <input type="checkbox"/> ABC Mouse <input type="checkbox"/> Rosetta Stone <input type="checkbox"/> KiwiCrates <input type="checkbox"/> Online educational course <input type="checkbox"/> Other: _____	\$
Total Reimbursement Request	
\$	

DISCLAIMER AND SIGNATURE

As a recipient of the Family Strengthening Activities Program, I acknowledge that the items reimbursed to me will not be used for resale or used to make a profit in any way. I agree that I will be fully responsible for paying the funds back to the Program in the event it is found that I have misused the funds in any way.

By signing below, I hereby certify that I have met the requirements for the Washoe Tribe of Nevada and California's Family Strengthening Activities Program guidelines, and that the information submitted on this Request Form is true and correct to the best of my knowledge.

Printed Name:	
Signature:	Date: