



CONFIDENTIAL – FOR TRIBAL MEMBERS ONLY
**UTE INDIAN TRIBE COVID-19 AMERICAN RESCUE
PLAN ACT DISASTER RELIEF FUND**

CONTACT INFORMATION

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The Business Committee established the American Rescue Plan Act Disaster Relief Program (“Program”) to provide emergency assistance grants to Tribal members to meet reasonable and necessary expenses that have been incurred due to the COVID-19 pandemic. The Business Committee has determined that as a result of the COVID-19 Delta variant, the global pandemic has and will continue to strain the resources of Tribal membership, necessitating the need for additional Program distributions to Tribal members. Promoting the health and safety of the Tribe and its members are the utmost priority of the Business Committee.

This Notice contains information regarding additional Program distributions and how to access its benefits.

ELIGIBILITY: Every enrolled member of the Tribe who has suffered negative economic impacts caused by the COVID-19 global pandemic is eligible to receive an assistance grant.

AMOUNT: Tribal members who are 18 years of age or older are eligible to receive \$2,000 under this round of funding broken into two equal installments of \$1,000. Tribal members who are 17 years of age or younger are eligible to receive \$1,000 under this round of funding broken into two equal installments of \$500.

ASSISTANCE GRANTS:

- Members 17 and younger: Assistance grants for Tribal members age seventeen (17) and younger shall be paid to the Tribal member heads of household similar to how per capita payments are disbursed.
- Members 18 and over: Tribal members who are age 18 and older who have not already submitted a Verification Form for a previous round of funding may initiate a request for an assistance grant by:
 1. Completing and submitting an ARPA Disaster Relief Program Verification Form to the Tribe’s Accounting Department in person, by mail, email, or fax; or
 2. Providing the required information to the Tribe’s Accounting Department via telephone. Contact information is listed above.
- **NOTE:** Tribal members who have previously submitted a Verification Form are not required to submit a new Verification Form for this round of funding. However, Tribal members should update their existing Verification Forms as necessary if any of their contact

information or circumstances have changed.

RECEIVING ASSISTANCE GRANTS: To maintain best practices to avoid the spread of COVID-19, assistance grants shall be delivered through direct deposit whenever possible. For those Tribal members who do not have direct deposit, grants shall be issued through a check to be delivered by U.S. mail as soon as reasonably possible after a request has been made. The Tribe will verify all data and payments may be delayed if the Tribe is unable to verify data.

ELIGIBLE EXPENSES: Assistance grants made under the Program are to be exclusively used to address the negative economic impacts which are incurred as a result of the COVID-19 global pandemic.

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Assistance Grant Request Application****PERSONAL AND GENERAL BACKGROUND INFORMATION**

NAME: _____

ADDRESS: _____

FB NO.: _____ PHONE: _____ DOB: _____

1. Are you a Ute Tribal Member requesting assistance for yourself? YES _____ NO _____
2. Are you a Ute Tribal Member and have at least greater than 50% physical custody of a Tribal Member minor age seventeen or younger? YES _____ NO _____

a. If yes, please list the following for each Tribal minor being claimed:

Name	FB NO.	DOB	SSN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Non-Tribal Member head of households are not eligible to receive a distribution for Tribal Member minors. Minor payments will be processed the same way tribal dividends are processed (direct deposit or check) unless you indicate otherwise here: _____

3. Do you have direct deposit set up with the Tribal Accounting Department for the payment of dividend distributions and if so, do you authorize the assistance grant to be issued via direct deposit?
YES _____ NO _____
4. If you answered no, do you authorize the assistance grant to be mailed via check mailed to the address provided above? YES _____ NO _____
5. Have you suffered a negative economic impact as a result of the COVID-19 public health emergency?
YES _____ NO _____
6. Do you acknowledge and agree that assistance grants made under the ARPA Disaster Relief Fund are to be exclusively used to meet reasonable or necessary expenses to respond to the negative economic impacts of COVID-19, including but not limited to medical, housing, health related property, food, transportation for medical services or appointments and funeral expenses and that use of assistance grants for ineligible expenses may result in tax and/or legal consequences?
YES _____ NO _____

By signing below, I submit that all the information that I have given is true and I authorize the Ute Indian Tribe or its appointed representative to verify any information. I acknowledge the Tribe will verify all data and payments may be delayed if the Tribe is unable to verify data.

Applicant's Signature: _____ Date: _____