



## The Grand Traverse Band of Ottawa and Chippewa Indians

2605 N. West Bay Shore Drive • Peshawbestown, MI 49682-9275 • (231) 534-7211

### To Our GTB Tribal Members:

#### The Tribe is now accepting Stimulus payments applications from Tribal Members for Supplemental COVID-19 related assistance.

On August 10, 2020, the Tribal Council approved a **Supplemental Stimulus payment** in the amount of \$1,000 to affected Tribal Members. This funding is intended to help GTB Members who continue to bear unanticipated expenses related to COVID-19 or who have lost employment income or suffered business interruption due to COVID-19-related events. Unanticipated expenses or losses cover a wide range of items such as: sanitizing supplies; personal protection equipment; increased food, utility and health-care expenses; and support related to severe economic dislocations brought about by the coronavirus pandemic.

The program is intended to be flexible and responsive to the needs of tribal members no matter where they reside. Requests for assistance can be submitted by mail, fax, or email through November 30<sup>th</sup> (**though only one distribution is allowable per each Tribal Member**). This stimulus payment survey form will also be mailed to every Tribal Member and will be available at all satellite offices. Stimulus payments process is scheduled so that all surveys received Monday – Friday, will be processed on Wednesday of the following week.

The Stimulus payment survey form can be found on our Tribal website at **GTBIndians.org**, in the **Public Information section**, it is called “2020 Supplemental Stimulus Grant”. If you are receiving this message by mail this form is enclosed for your use. You may email the completed stimulus payment survey form to **gtb.stimuluscheck@gtbindians.com**. You may also submit your stimulus payment survey form by facsimile to (231) 534-7715.

If you have any questions, you may contact the Membership Office at 231-534-7570 and staff will assist you with the Stimulus payment process.

( Phone Number changed to 231-534-7670 8/18/20 D.W.)

Please take care and stay safe,

David Arroyo, Tribal Chairman

Theresa Pelcher, Tribal Secretary



**GRAND TRAVERSE BAND OF OTTAWA AND CHIPPEWA INDIANS**  
**COVID-19 ASSISTANCE PROGRAM**

**SUPPLEMENTAL STIMULUS GRANT**  
**INFORMATION AND APPLICATION**

**SUPPLEMENTAL STIMULUS GRANT INFORMATION**

Pursuant to Tribal Council Resolution 20-38.3264 funds provided under the Grand Traverse Band's COVID-19 Assistance Program are available to enrolled Tribal Members who have been directly impacted by the COVID-19 pandemic. The GTB COVID-19 Assistance Program includes various sub-programs; the Supplemental Stimulus Grant is one of these sub-programs.

Following below are the Requirements and Application for Supplemental Stimulus Grant.

**Purpose of Supplemental Stimulus Grant**

Because many tribal members continue to suffer economic impacts caused by COVID-19, the GTB COVID-19 the Supplemental Stimulus Grant has been established to assist members who continue to be impacted by the coronavirus (COVID-19) pandemic. All Tribal Members are eligible to apply for this Supplemental Stimulus Grant.

This program is designed to help protect our members during the COVID-19 pandemic to ensure that they are able to maintain living conditions that allow for social distancing, to access food and health care to address or prevent underlying conditions that exacerbate the impact of COVID-19, and to obtain sanitation and personal protective equipment to guard against the spread of COVID-19.

**Program Requirements**

The Supplemental Stimulus Grant may be used to cover expenses incurred between March 1, 2020 and December 30, 2020 related to housing, utilities, food, sanitation, medical (including transportation to medical visits), and personal protective equipment such as face masks, or to supplement loss of income due to COVID-19 related circumstances. However, these funds may not be used to cover expenses that already have been covered by other grant or assistance programs (including earlier CARES Act distributions to tribal members).

Individuals who are the parent or guardian of a Member may apply on behalf of the minor or dependent Member.

Applicants will receive \$1000.

**COVID-19 SUPPLEMENTAL STIMULUS GRANT APPLICATION**

Name of Applicant: \_\_\_\_\_

Tribal ID: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, MI Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Birthdate/Age: \_\_\_\_\_ Age: \_\_\_\_\_

**For minor or dependent applicants: (Must be Guardian)**

Check Box that you are the Guardian of the minor GTB Children below  \_\_\_\_\_ **Initial**

Name of Parent(s)/guardian(s) \_\_\_\_\_

Name	DOB	Tribal ID#	Relationship
_____			
_____			
_____			
_____			

COVID-19 Assistance Certification

By initialing this box and signing below, I certify that any funds I receive on my behalf or on behalf of my minor or dependent child as the result of my application to this program will be used for the kind of expenses described in this Application for which I cannot otherwise pay, and/or to supplement income lost due to COVID-19 related circumstances. I understand that any funds I have received under this program which are not used for these purposes must be returned to the Tribe by December 30, 2020. I also certify that I will not use these funds to cover expenses or lost income already covered by unemployment benefits or other tribal, federal, or other general welfare assistance funding.

Printed Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**For minor child or dependent Applicants:**

Printed Name of Applicant parent or guardian: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE:

Intake Date: \_\_\_\_\_ Intake Staff Signature: \_\_\_\_\_