

Grand Traverse Band- Youth Intervention
Tribal Youth Enrichment Program (TYEP) Request Form
FY 2020

The Tribal Youth Enrichment Program (TYEP) is to offer a unique approach to meet the youth needs to access funds to assist with the cost of their choice. Funding can be used for a variety of purposes that may include but are not limited to cultural, education, sport and summer camp fees, music and dance lessons, class trips, or other appropriate need. The desired outcome is to give the youth the opportunity to participate in activities that will enhance and support self-development. In addition, encouraging healthy involvement of acceptable healthy activities. The funds are available until September 30th, 2020.

Distribution amounts, up to: 0-4 years old = \$125
5-12 years old = \$175
13-17 years old = \$200

Program Requirements & Procedures

Please initial on each line stating you read and understand each requirement:

_____ Youth must be a GTB Tribal Member and residing within six-county service area.

_____ Youth must be between the ages of 0 through 17 years old at time of the request.

_____ Parent/Guardian/Foster Parent must complete a Tribal Youth Enrichment Program form (This form is available with LLL Youth Intervention program staff).

_____ Must provide a copy of the youth's tribal identification card.

_____ W-9 Required for Non-GTB Parent/Guardian/Foster Parent.

_____ Must attach documentation to support request (Receipts, Flyer, Budget, etc).

_____ The funds may be split between one or more requests.

_____ Once request is received with appropriate documentation, **please allow 2 weeks for processing. Missing documentation could delay processing.**

_____ Funds will be determined if payment can be made to the vendor, a Parent/Guardian/Foster Parent or reimbursement with receipt.

_____ Reimbursement- Receipts must be legible with date and within current fiscal year, proof of payment is required.

_____ If it is determined that funds can be distributed to a parent/guardian/foster parent, it is **required** that receipts must be turned into the program within **two weeks** from the first start date of the activity.

_____ I understand failure to provide receipts renders the Parent/Guardian/Foster Parent ineligible to obtain any financial requests from this program for the entirety of the current fiscal year.

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Youth Name: _____ Tribal ID: _____

Youth Address: _____ County: _____

Date of Birth: _____ Age: _____

Parent/Guardian/Foster Name: _____

Address: _____

Telephone # _____ Cell Phone #: _____

Relationship to Youth: Parent Legal Guardian Foster Parent

Does the youth live with you? Yes No

Please provide a description and supporting documents for request:

Vendor: _____ Requested Amount: _____

Vendor _____ Requested Amount: _____

I hereby certify that all information given is true and correct. I understand that the information provided is to receive funds intended for the use of the youth mentioned above, and failure to comply with program procedure may render the Parent/Guardian/Foster Parent ineligible to obtain any financial requests from this program for the entirety of the current fiscal year.

Parent/Guardian/Foster
Parent Signature: _____ Date: _____

Office Use: Received by: _____ Date: _____
Purchase Order # _____ Date receipts returned: _____