



FALLON PAIUTE-SHOSHONE TRIBE

CARES Act Program

Tribal Prevention Assistance Application

Eligible adult tribal members may receive financial assistance for the purchase of provisions and items associated with public safety measures and quarantine supplies due to the COVID-19 pandemic. Assistance has been identified for the following categories:

- a. \$700.00 for food supplies;
- b. \$500.00 for cleaning/disinfecting supplies;
- c. \$400.00 for personal protective equipment (PPE);
- d. \$400.00 for paper products and medical supplies.

See "Quarantine Supply List" attached to this application.

Program Eligibility Criteria (Members must meet all of the following requirements)

1. Must be an enrolled member of the Fallon Paiute-Shoshone Tribe and 18 years of age by June 30, 2020;
2. Must certify that the applicant has been directly financially impacted due to the COVID-19 public health emergency that has caused the applicant to incur unforeseen expenses and/or other individual emergency needs and provide a detailed statement addressing the costs incurred; and
3. Must be for expenses incurred between the months of March 1, 2020 to December 30, 2020;

Required Documentation

1. Completed Application (signed and dated)
2. Proof of tribal enrollment with the Fallon Paiute-Shoshone Tribe (i.e. copy of tribal enrollment card or CIB from the membership office)
3. Completed applications MUST be received by **August 1, 2020**, no late applications will be accepted after the deadline.

Checks received for adult members must be cashed within 90 days of issuance. Any checks not cashed after September 30, 2020 will not be re-issued, no exceptions.

****APPLICATIONS MAY BE SUBMITTED VIA MAIL ONLY!**

Applications that are hand-delivered will not be accepted.

Please mail application to: Fallon Paiute-Shoshone Tribe
Attn: FPST Cares Office
565 Rio Vista Dr.
Fallon, NV 89406

If you have questions, please contact Rosalinda Berreman at 775-423-6075, Monday-Thursday, 9:00 am – 3:00 pm.

**FALLON PAIUTE-SHOSHONE TRIBE
CARES ACT PROGRAM
TRIBAL PREVENTION ASSISTANCE APPLICATION**

Applicant Information:

Please print. Black or Blue ink only.

FPST Enrollment Number: _____

Date of Birth: _____

Name: _____
First Middle Last Suffix

Contact Number: _____ Alternate Contact Number: _____

Physical Address: _____
Address City State

Mailing Address: _____
Address State Zip

Where would you like your assistance check mailed? _____ Physical Address _____ Mailing Address

VERIFICATION STATEMENT

Please explain in detail below how the COVID-19 public health emergency directly impacted you financially, including costs you have incurred due to unforeseen expenses and/or emergency needs related to the emergency (use an additional page if necessary):

CERTIFICATION AND ACKNOWLEDGEMENT

I, _____, hereby certify I am 18 years of age by June 30, 2020 and the information I provided to the Fallon Paiute-Shoshone Tribe to obtain this one-time assistance from the Tribe's CARES Fund is accurate and correct to the best of my knowledge. I further certify that I have been directly financially impacted due to the COVID-19 public health emergency that has caused me to incur unforeseen expenses and/or other individual emergency needs. I acknowledge the intent of the Fallon Paiute-Shoshone Tribe is to provide this one-time assistance for public safety measures and quarantine supplies purchased for my household and/or to further prevent the spread of the COVID-19 virus as there is an anticipated rise in cases between the months of August 2020-October 2020. I understand that providing false or fraudulent information may be construed as a crime and subject me to Tribal and/or Federal prosecution.

Signature: _____ Date: _____

For Official Use Only

Date Application Received: _____

Eligible: Yes No

Date Submitted to Finance: _____

Reviewed by (Initials): _____

Received by (Finance Initials): _____