

**QUARTZ VALLEY INDIAN RESERVATION (QVIR)
COVID-19 TRIBAL ASSISTANCE PROJECT APPLICATION**

QVIR Tribal members and the leadership/staff members who serve them have all been impacted and will continue to be impacted for the unforeseeable future by the COVID-19 pandemic. Through the federal CARES Act, QVIR has been awarded funding that will assist Tribal members and staff. The funding will be used to address the many varied economic and other essential needs of ALL Tribal member households (on and off the reservation, within and outside the Tribe's service area) caused by this ongoing public health emergency. Please complete the section/s of this application that address your household's specific needs. State as briefly as possible the justification for your request, and include any verification that you have (for example, household members who have been laid off or had their hours reduced as a result of the pandemic, an unmet household bill that is due, etc.). Where possible, rent, mortgage, utility, etc. payments will be paid directly to the entity that bills the service, so be sure to include the name, address, and when possible the invoice of/from the biller.

If you complete more than one of the sections below, please rank the priority of your need. (For example, if you request both housing assistance and assistance with transportation, let us know which need is more important to you.)

Electronic applications should be sent by email to Finance@qvir-nsn.gov; printed applications should be mailed to: Quartz Valley Indian Reservation, Attention: CARES Act Application, 13601 Quartz Valley Road, Fort Jones, CA 96032.

Tribal Member Name and Enrollment Number _____
Tribal Member Home Address _____
Mailing Address if different from Home Address _____
Tribal Member Phone Number/Email _____
Number in Household _____
Total Amount Requested _____

Housing (rent/mortgage/utility payments, repairs, insurance, small business, or other missed or jeopardized payments):

Food, water, sanitary supplies and other dry goods, and medical purchases/deliveries

Child/elderly/disabled/at-risk medical and other care

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Emergency protective measures, including assistance in isolating individuals who test positive for the virus and protection of health care workers/services providers

Remote communication equipment (so that families and friends can keep in touch in this time of social distancing/sheltering in place)

Medical supplies and equipment (such as COVID-19 testing and treatment supplies; PPE)

Transportation (including public transportation access as well as vehicle upkeep and repair)

Unanticipated services not otherwise mentioned

Attestation:

As head of household, I understand that I am requesting this assistance under penalty of perjury, and that I am not requesting duplicate assistance for a benefit I have received from a different source. Deductions from the ongoing quarterly per-capita (non-gaming distribution) payments will be made for any requests that are deemed to be fraudulent. The signature below affirms that I, the signer, understand and agree to the conditions of this document.

Signature of Head of Household _____

Printed Name of Head of Household _____

Date _____