



STANDING ROCK SIOUX TRIBE ECONOMIC HARDSHIP ASSISTANCE PROGRAM

Program Description:

The Standing Rock Sioux Tribal Council developed the Economic Hardship Assistance Program as a general welfare program to respond directly to the COVID-19 public health emergency by providing assistance to tribal enrolled members who have been deemed to have been disproportionately impacted economically from the COVID19 pandemic.

The American Rescue Plan Act of 2021, P.L. 117-2 (ARP Act), which was enacted in response to COVID-19 pandemic, provides funding to tribal governments to mitigate the fiscal effects from COVID-19.

The emergency assistance is in compliance with the Indian general welfare assistance benefits in accordance with Tribal General Welfare Exclusion Act, Public Law 113-168, Internal Revenue Code Section 139E ("GWE"). The Standing Rock Tribal Council has determined that the economic hardship payment is reasonable and necessary and is considered a general welfare payment. This economic hardship assistance is a one-time, non-recurring payment.

For information and updates relative to COVID-19 please visit the CDC website: <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>.

Approved:

The Standing Rock Tribal Council has adopted Resolution #002-22 on January 6, 2022 that authorizes this Economic Hardship Program and Application.

Eligibility:

Every Standing Rock Tribal enrolled member, **18 years of age and over** will be eligible to receive a one-time hardship assistance of \$4,000.00 upon submission of an approved application demonstrating the negative impact on the COVID-19 on the applicant.

Process:

The application is attached to this document and is available at the Tribal Administration Office or on the Tribe's website at www.standingrock.org.

Completed applications can be submitted:

- Via email: SRSTARPA@standingrock.org
- Mail: PO Box D Fort Yates, ND 58538
- Fax: 701-854-3013 or delivered to the ARPA Office.

When delivering your application to the Standing Rock Administration building, please indicate that you are dropping off your application. Keep a copy of your application for your records.



Payments for the hardship program will be processed through the tribe's regular accounts payable process.

Application Deadlines: You must SUBMIT this application by September 30, 2022. This is a one-time only emergency assistance.

Standing Rock Sioux Tribe

P.O. Box D, Bldg 1, N. Standing Rock Ave
 Ft. Yates, N.D. 58538
 Phone: 701-854-8680, Fax: 701-854-3013
 SRSTARPA@standingrock.org



Application for Economic Hardship Assistance

PLEASE PRINT CLEARLY AND LEGIBLY OR TYPE:

APPLICANT NAME:	
MAILING ADDRESS (include City/State/Zip)	
EMAIL:	SRST ENROLLMENT #:
PHONE:	DOB:
Report any changes to your contact information immediately	

Did you have any hardship due to COVID-19?	Yes	No
Did you experience loss of income?	Yes	No
Did you have any additional expense for essential items due to COVID-19	Yes	No

I have experienced the following (check any or all that apply) economic impacts due to the COVID-19 Pandemic:

1. LOSS OF INCOME DUE TO COVID-19:

- | | |
|--|---|
| <input type="checkbox"/> Loss of employment | <input type="checkbox"/> Reduced employment |
| <input type="checkbox"/> Loss of self-employed/business income | <input type="checkbox"/> Not Applicable |

2. INCREASED EXPENSES DUE TO COVID-19:

- | | |
|--|--|
| <input type="checkbox"/> Increased utility costs (amounts paid do not include LIHEAP utility assistance) | <input type="checkbox"/> Increased food costs (does not include food donation boxes) |
| <input type="checkbox"/> Increased costs for telework | <input type="checkbox"/> Increased costs for looking for work |
| <input type="checkbox"/> Increased household cleaning costs | <input type="checkbox"/> Increased costs for children's/school distance learning |
| <input type="checkbox"/> Increased personal care costs for protective masks and other related measures | <input type="checkbox"/> Transportation costs for medical for testing and procedures |
| <input type="checkbox"/> Increase in Housing, foreclosure, rent or possible eviction | <input type="checkbox"/> Loss of funding for school tuition or related costs |
| <input type="checkbox"/> Health care costs, unreimbursed health, prescription, supplements, counseling | <input type="checkbox"/> Other unanticipated costs for COVID-19 – List: _____ |
| <input type="checkbox"/> Increased costs for isolation or quarantine due to positive test or COVID-19 exposure | _____ |
| <input type="checkbox"/> Increased costs to care for children or students at home | _____ |
| | _____ |

I, _____ (name), acknowledge that on _____ (date), I received a copy of Standing Rock Sioux Tribe's Economic Hardship Program guidelines and that I have read it, understood it, and agree to comply with it.

I also understand that the Standing Rock Sioux Tribe has the maximum discretion permitted by law to interpret, administer, change, modify, or delete these guidelines at any time with or without notice. Changes can only be made if approved by the Tribal Council.

The applicant acknowledges and understands that if any of the material information contained herein is false, is a misrepresentation, is intentionally incomplete, or inaccurate may result in denial of your application and or criminal prosecution per Standing Rock Sioux Tribe Code of Justice Section 1-107, Ordinance No. 103.21; Title II Civil Procedure, Ordinance No. 319.15.

Print Name

Date

Signature

Application deadline: September 30, 2022.

FOR OFFICIAL USE ONLY	
Date Received:	Received by:
Enrollment Verified:	Age Verified: