

Port Gamble S’Klallam Tribe
General Welfare Program Income Subsidy
COVID-19 Assistance – DUE June 30, 2021

This application is for enrolled members of the Port Gamble S’Klallam Tribe. This application is to assist tribal members with disaster relief assistance **caused by** Covid 19 for: wages lost during the pandemic in 2020 for loss \$5,000 or more. Final assistance calculated & approved by COVID staff and is based off of approved policy for lost wage compensation determination.

Documentation will be required and applications will be denied without proper documentation.

This program provides financial assistance deemed to promote the social welfare, self-determination and is of a cultural and historical significance to the Port Gamble S’Klallam Tribe (PGST). Council recognized tribal members may have experienced a loss of income due to their industry during the Stay at Home Orders and declared economic support availability in connection with the public health emergency.

Payment will be issued directly to Tribal member.

Name: _____

Mailing Address	Physical Address
_____	_____
_____	_____
_____	_____
E-Mail	_____
Telephone Number	_____
Cell Phone Number	_____

For lost wages in 2020 between March 1 - December 31:

Did you lose more than \$5,000? yes no
Did you apply for unemployment? yes no
Did you receive unemployment? yes no (attach proof of benefit received or denial)
Amount of Fisherman's CARES funds received: \$ _____

If applying for lost wages for treaty harvesting, did/do you have a valid commercial permit for 2020 & 2021? yes no

Accounting Only:

Vendor Name

_____ - _____

Vendor Class ID:

Exempt

You must provide verification of lost wages and verification of unemployment compensation status.

Examples of verification that is needed: verification letter from Natural Resources stating fisherman income loss or a letter from your employer stating job loss/termination due to the COVID Pandemic as well as wage stubs from that employment.

Signature of Acceptance

I declare that all the information and facts I have provided the COVID lost wages program is correct and complete to the best of my knowledge and belief. I understand that I can be prosecuted by the Tribe under the Law and Order Code if I provide false or incomplete information. I understand that the penalty for this can include a fine and jail time and that, in addition, I can be ordered to repay any lost wages I have wrongly received. I give my consent to any investigation required to verify or confirm the information I have provided in order to receive services.

Signature of Tribal Member

Date

This form replaces the standard W-9 Form

Signature of Staff

Date