

# Port Gamble S'Klallam Tribe

## COVID-19 Employee Communications Assistance – DUE NOV. 30, 2020

This application is for employees of the Port Gamble S'Klallam Tribe. This application is to benefit employees of the Port Gamble S'Klallam Tribe by providing communication assistance associated with Covid 19. **Employees must have a supervisor approved Mobile Work Agreement under the Council Emergency Declaration Order.** Final assistance is approved by Executive staff & PGST Accounting. **This assistance is for 9 months, beginning March through November, with a maximum total assistance of \$1,000.00.** This program provides reimbursable financial assistance deemed to maintain essential communications at the employees' remote workplace and their applicable Mobile Work Agreement. Council recognizes that employees' households experienced increased communication costs during the Emergency Orders and declared economic support availability in connection with the public health emergency via Motion on 10/13/20.

**Employees NOT Eligible:**

- 1) Employees who have already received COVID-19 General Welfare Assistance that included internet services and/or cell phone reimbursements are not eligible for reimbursement for the same services.
- 2) When one or more employees reside in the same household and receive the same internet services, only one employee will be eligible for reimbursement of internet services under this Employee Assistance.
- 3) Employees who receive cell phone reimbursement through the Tribal Administrative Program or have been issued a PGST cell phone that is covered in the department annual budget are not eligible for reimbursement.

**Payment will be issued directly to Employee via USPS mail delivery. NO IN PERSON PICK UP!**

Employee Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

E-Mail \_\_\_\_\_

Telephone Number \_\_\_\_\_

Is this a new address?

YES

NO

### Only apply for the active months of your Mobile Work Agreement

Select active months of Mobile Work Agreement:  March  April  May  June  July  August

September  October  November

Select each type of support you are requesting and amount:

Cellphone - Company: Cost per month: \$ \_\_\_\_\_ X # of months: \_\_\_\_\_ = Total cellphone reimbursement \$ \_\_\_\_\_ Max \$47.00 per month

Internet - Company: Cost per month: \$ \_\_\_\_\_ X # of months: \_\_\_\_\_ = Total internet reimbursement \$ \_\_\_\_\_ Max \$60.00 per month per household

Other Utilities - Cost per month: \$ \_\_\_\_\_ X # of months: \_\_\_\_\_ = Total utility reimbursement \$ \_\_\_\_\_

Description of Other Utility: \_\_\_\_\_

Utility Company: \_\_\_\_\_

**You must provide a current bill for each requested reimbursement AND a Mobile Work Agreement approved by your supervisor.**

*Signature of Acceptance*

*By Signing Below, I certify I am an Employee of the Port Gamble S'Klallam Tribe, and agree to the above terms.*

*Signature of Employee*

*Date*

*Signature of Employee's Supervisor*

*Date*

**RETURN TO : Tory Jacobs assistance@pgst.nsn.us (360) 297- 6247 Fax: (360) 297- 7097**

Accounting Use Only:

Is Applicant A Vendor?

YES

NO

Vendor Name

\_\_\_\_\_ - \_\_\_\_\_