



**CONFEDERATED TRIBES
of the
GOSHUTE RESERVATION
HC 61, Box 6104
Ibapah, Utah 84034
435-234-1138 (office)
435-234-1162 (fax)**

**TO: CTGR Tribal Member
FROM: CTGR Tribal Chairman
SUBJECT: The American Rescue Plan (ARP) – CTGR Economic Assistance Program (EAP)
DATE: October 12, 2021**

Ensuring the health and safety of our members continues to be our highest priority.

As communicated in earlier announcements, our Tribe received an American Rescue Plan (ARP) - Coronavirus State and Local Fiscal Recovery Funds (“SLFRF”) award in the amount of \$4,601,083. We had substantial discretion to use the ARP funds to best suit the needs of our community, as long as such use fit into one of four statutory categories including response efforts to address the Coronavirus public health emergency, or its negative economic impacts.

The CTGR ARP Economic Relief Program funds can be used as described below, and as described on the attached form:

1. To respond to the Coronavirus public health emergency or its negative economic impacts
2. To respond to workers performing essential work during the Coronavirus public health emergency by providing premium pay to such eligible workers of CTGR
3. For the provision of government services; with certain stipulations
4. To make necessary investments in water, sewer, or broadband infrastructure.

In July 2021, we took action to provide immediate economic relief to our membership in the amount of \$864,000, based on applications we received by the July 31, 2021 deadline and in a manner that complies with federal guidelines.

In August 2021, we offered a second round of economic assistance to all adult CTGR members aged 18 and older totaling \$426,000.00.

We know that many of our members continue to experience negative economic impacts due to the ongoing Coronavirus public health emergency. As a result, we are offering a third round of immediate economic relief reimbursements in the amount of \$500.00 for enrolled adults aged 18 years and older; and \$250.00 for children who are enrolled with CTGR.

To follow federal audit requirements and other regulations, we must produce a needs form signed and certifying your need for help. Specifically, the form helps us identify those of you

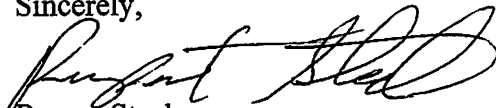
who have experienced negative economic impact due to Coronavirus related expenses from September 1 through November 12, 2021. The maximum total amount of this third request **cannot exceed \$500.00** for eligible adults aged 18 and older, **and \$250** for eligible children living on or off of the Reservation.

The CTGR Economic Assistance Program (EAP) application reimbursement form is included with this letter for your convenience. You may also go to the "Goshute Community" Facebook page to obtain a copy of the updated reimbursement request form.

Please complete the attached form and return to the CTGR Coronavirus Community Outreach Coordinator, Jo Oppenheim by U. S. mail, or email at Jo.Oppenheim@ctgr.us no later than **November 12, 2021**. The funds will be distributed weekly until the due date. Failure to return the completed, signed form will result in you not being eligible to receive CTGR ARP Economic Relief Program assistance. If you need help to fill out the form please contact Edna Steele, CTGR Finance Director at (435) 234-1138.

Thank you for continuing to take the necessary precautions to ensure your health and safety, and that of your families, and our community.

Sincerely,

A handwritten signature in black ink, appearing to read "Rupert Steele", written over a white background.

Rupert Steele
Tribal Chairman

**THE CONFEDERATED TRIBES OF THE GOSHUTE RESERVATION (CTGR)
 COVID-19 AMERICAN RESCUE PLAN (APR) ECONOMIC RELIEF PROGRAM (3)**

HC 61, Box 6104, Ibabah, Utah, 84034; Phone: (435) 234-1138

Every adult CTGR tribal member and non-tribal custodial parent of a tribally-enrolled child(ren) is eligible for this assistance. Eligibility is not based on household size. This request form covers estimated expenditures for the three-month period: **September, October, and November 2021.** The Maximum total amount of this request cannot exceed \$500.00 for eligible applicants living on and off of the Reservation. All CTGR tribally-enrolled children are eligible to receive \$250.00 total. The Deadline to submit this request is: **November 12, 2021.**

Name _____ Date of Birth _____

Please check all that apply (including but not limited to): CTGR Tribal Member / Roll # _____

Non-Tribal Custodial Parent of Tribally-Enrolled Child(ren) Disabled Retired Employed

Temporarily unemployed due to COVID-19 Laid off due to COVID-19

Phone _____ Alternate Phone _____ SS# (last four digits) _____

Mailing Address _____

City _____ State _____ Zip _____

CTGR TRIBALLY-ENROLLED CHILD LIVING IN THE HOME

FULL NAME OF CHILD (as it appears on the Tribal Roll)	AGE	Must provide DOB if tribal roll # is not known		VERIFICATION OF ENROLLMENT (OFFICE USE ONLY)
		DOB	TRIBAL ENROLLMENT #	
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

In order to receive your payment and for audit purposes, we need additional information about how you spend the money. Please place an 'x' next to those items that you paid to prepare for, prevent, or respond to the COVID-19 pandemic.

Utilities	
Phone	
Water/Sewer	
Electricity	
Housing	
Rent	
Mortgage	
PPE, Medical Supplies	
Child Care	
Car Payment	
Food	
Education	
Cleaning supplies	
Medication	

Please list the sum total for the September, October, and November 2021 dollar amount that you are requesting from the **COVID-19 CARES ACT FINANCIAL RELIEF PROGRAM**: \$ _____

(Please note that copies of receipts may be requested for audit purposes)

By my signature below, I attest that the information provided above is true and correct and that the children listed are enrolled in the Confederated Tribes of the Goshute Reservation. I understand that if I purposely falsify this document in order to receive funds, I will jeopardize future services with the CTGR Tribe and/or the Relief Program. I certify that all relief funds received are used for the purpose of preventing, preparing for, or responding to the Coronavirus (COVID-19).

Signature: _____ Date _____

FOR OFFICE USE ONLY - PLEASE DO NOT WRITE IN THIS SPACE			TOTAL APPROVED HOUSEHOLD PAYMENT AMOUNT
Date Application Received _____	#Adults Approved _____	Amount _____	
Caseworker Initials _____	#Children Approved _____	Amount _____	



CONFEDERATED TRIBES
of the
GOSHUTE RESERVATION
HC 61, Box 6104
Ibapah, Utah 84034
(833) 228-6502 or (435) 234-1138 (office)

2021 TRIBAL ELECTION AND ANNUAL DISTRIBUTION

Dear Tribal Member,

Please be advised of the following items:

- The 2021 Tribal Election will be held on **Saturday, November 27, 2021** at the Tribal Headquarters in Ibapah, Utah. Polls will open at 8am (MST) and will close at 5pm (MST). Votes will be publicly counted immediately after the poll closes and election results will be announced. Please contact the Election Board for additional information regarding Rules & Regulations or if you have questions about absentee ballot or electronic voting. Please note the primary contacts are Christine Steele (435) 830-9166, Juanita Tom, Marjle Pete.
- The 2021 Annual Tribal Membership Meeting will be postponed until 2022. A new date will be announced by the Business Council in 2022. All Tribal 2021 Holiday celebrations will be cancelled due to COVID-19 health and safety precautions.
- The Annual Tribal Distribution will be dispersed on **Friday, November 19, 2021**. If you have direct deposit on file already with the CTGR Finance Office, your disbursement will be sent to your bank. Paper checks will be mailed via United States Postal Service to those who do not have direct deposit.

The CTGR Tribal Distribution amount will be \$550 for enrolled adults 18 years and older and \$250 for each enrolled 18 years and younger (minor) listed on the tribal enrollment as of July 31, 2021. Any questions, please contact Edna Steele at (435) 234-1138 or (435) 255-5093.

- Sacred Circle Health Care supplemental health stipend is to be used only for healthcare purposes but is not limited to healthy foods, exercise equipment, exercise clothing, personal trainings, fitness classes and any other item that will improve the health of you and your family. This is why every adult CTGR tribal member is being provided \$300 for wellness stipend and every CTGR tribal member minor will be provided \$150 wellness stipend to help all of us work toward achieving our own optimum health.

The Custody and Address Verification for Minor Tribal Member form is attached and the form is to be mailed or emailed to:

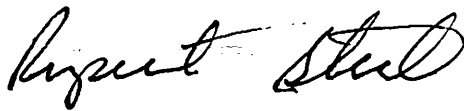
Confederated Tribes of the Goshute Reservation
Attn: CTGR Finance
HC 61 Box 6104
Ibapah, UT 84034

edna.steele@ctgr.us

Please allow five (5) business days for mail to reach the CTGR Finance Office.

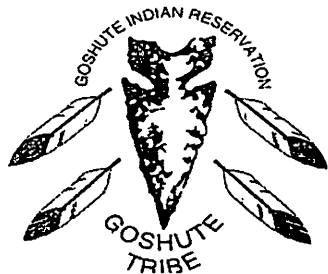
If you have any questions, please call CTGR tribal headquarters at (435) 234-1138.

Sincerely,

A handwritten signature in black ink, appearing to read "Rupert Steele". The signature is written in a cursive, flowing style.

Rupert Steele, CTGR Tribal Chairman
Confederated Tribes of the Goshute Reservation (CTGR)

Attachment - Custody and Address Verification for Minor Tribal Member form



CONFEDERATED TRIBES
of the GOSHUTE RESERVATION

195 Tribal Center Road
HC 61, Box 6104
Ibapah, Utah 84034
435-234-1138 (office)

CUSTODY AND ADDRESS VERIFICATION FORM FOR MINOR TRIBAL MEMBER

Use of this form is for the release of monies entitled to the minor from the Tribe's annual funds distribution. Only the primary provider with legal authority can complete this form for the minor child. **All legal custodians and/or legal guardians must submit proper paperwork proving legal custody over the below named minor.** If you have more than one child, please complete one form in its entirety for each child.

Child's Full Name _____ Birthdate _____ Enrollment No. _____ Social Security No. _____ Your Relationship to Minor _____

Male Female Home Phone No. _____ Mobile/Other Phone No. _____

Father's Name: _____ Mother's Name: _____

CURRENT ADDRESS FOR CHILD AND PARENT OR GUARDIAN – THIS WILL BE REFLECTED ON THE CHECK		
Full Name of Parent or Legal Guardian:		
Mailing Address:		
City:	State:	Zip Code:

INDIVIDUALS APPLYING FOR MINOR'S FUNDS ARE REQUIRED TO READ AND SIGN THE FOLLOWING STATEMENT:

1. I am the legal custodial parent or legal guardian of the above named minor.
2. All information contained herein is true and accurate.
3. I understand that this money is for the benefit of the minor will be used accordingly.
4. I agree to be subject to the laws of the Confederated Tribes of the Goshute Reservation and/or applicable federal law if there are any legal claims or causes of action against me as a result of accepting money for the above-named minor.
5. If I misuse this money, or if I am not the legal custodial parent or guardian, I will be subject to civil and/or criminal prosecution by the proper law enforcement agency.
6. The documents that I am providing as proof of my legal custody or legal guardianship of the above named minor are: current and binding; and true and accurate copies.
7. I am signing the statement voluntarily and swearing to the truth and veracity of all statements herein.

Date: _____ Signature: _____ Relationship to Minor: _____

On this _____ day of _____, 2021,
I certify that the signer of the foregoing
instrument, personally appeared before me,
produced satisfactory identification and while
under oath or affirmation, voluntarily signed
this document and acknowledged to me that
he/she executed the same.

(Notary Seal)

Notary Signature

Printed Name

State: _____ Expiration: _____