



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: September 12, 2022

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

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.

In July 2021, we took action to provide immediate economic relief to our membership in the amount of \$864,000.00 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.

In November 2021, we offered a third round of economic assistance to all adult CTGR members and enrolled children totaling \$275,000.00.

In March 2022, we offered a fourth round of economic assistance to all adult CTGR members and enrolled children totaling \$968,750.00.

Since the onset of the Coronavirus global pandemic, we have provided \$2,533,750.00 in financial relief reimbursements to eligible CTGR members.

We know that many continue to struggle with the negative economic impacts of COVID-19. As a result, we are offering a fifth round of economic relief reimbursements.

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

you who have experienced negative economic impact due to Coronavirus related expenses from April 1 through September 30, 2022. The maximum total amount of this fifth request cannot exceed \$3,000.00 for eligible adults aged 18 and older, and \$250.00 for eligible minors enrolled in CTGR as of July 31, 2022.

Please complete the attached form and return to the CTGR Coronavirus Community Coordinator, Jo Oppenheim by email at jo.oppenheim@ctgr.us no later than **September 23, 2022**.

The funds will be distributed on **September 30, 2022**.

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 the health, safety, and well-being of our community members.

Sincerely,

A handwritten signature in black ink, appearing to read "Rupert Steele". The signature is fluid and cursive, written over a light blue horizontal line.

Rupert Steele, Chairman
Tribal Business Council

Cc: CTGR COVID-19 Budget Planning Committee
CTGR Tribal Business Council

**THE CONFEDERATED TRIBES OF THE GOSHUTE RESERVATION (CTGR)
 COVID-19 AMERICAN RESCUE PLAN (ARP) ECONOMIC RELIEF PROGRAM (4)**

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

Every adult CTGR enrolled tribal member and tribally-enrolled child(ren) is *eligible* for this assistance. Eligibility is not based on household size. This request form covers estimated expenditures for the six-month period: **April, May, June, July, August, and September 2022**. The Maximum total amount of this request cannot exceed \$3,000.00 for eligible adult members living on and off of the Reservation. All CTGR tribally-enrolled children, enrolled as of July 31, 2022, are eligible to receive \$250. The Deadline to submit this request is: **September 23, 2022.**

Name _____ Date of Birth _____

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

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	
Internet	

Please list the total for the April, May, June, July, August, and September 2022 dollar amount that you are requesting from the **COVID-19 ARP ECONOMIC RELIEF REIMBURSEMENT PROGRAM #5**:

\$ _____.

(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 I and/or 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 _____	