



Nez Perce Tribe Financial Assistance FY24

Social Services Department
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**FY
24**



Instructions: Please complete application and attach documentation of everyone in the household age 18 years and older:

- Tribal Enrollment (if not on file) Documentation of need (utility bill, rent statement, etc.)
- Verification of Income unless 62 or older

Federal Poverty guidelines at 133% shall be applied. ALL verifications are required with each application. **INCOMPLETE APPLICATIONS WILL BE DENIED.** Nez Perce tribal members are allowed one grant per fiscal year beginning **10/1/23 and ending 9/30/24.**
Checks and Purchase orders will be processed within 10 working days.

Date: _____

Applicant Name: _____ Phone: _____ Enrollment #: _____ Birthdate: _____

Mailing Address: _____

City/State/Zip: _____

Household Members	Age	Tribe	Enrollment Number	Income Source	Total Monthly Income *Please attach
SELF		NEZ PERCE			

Are you Homeless? YES NO

I wish to apply for \$ _____ Reason for request: _____

Name of Vendor: _____

CERTIFICATION: I fully understand that Title 18, Section 1001 of the United States Code, states that a person is guilty of felony by knowingly and willingly making false or fraudulent statements to any department or agency of the United States. I, therefore, certify the foregoing information is true and complete to the best of my knowledge. I authorize inquires to be made to verify this statement is true. Funds or purchase orders received fraudulently or not used for approved purpose will result in applicant's ineligibility to receive Nez Perce Tribal Financial Assistance for 2 years from the date of last application. Applicant may be required to reimburse the Nez Perce Tribe for the amount of the Financial Assistance grant.

SIGNATURE: _____ **DATE:** _____

REQUISITION FINANCE/OFFICE USE ONLY			DEPARTMENT: SOCIAL SERVICES		
RECOMMEND: APPROVED <input type="checkbox"/>	DENY <input type="checkbox"/>	INITIALS: _____	DATE: _____	PURCHASE ORDER <input type="checkbox"/>	CHECK <input type="checkbox"/>
FINANCIAL <input type="checkbox"/>	ELDER <input type="checkbox"/>	BURIAL <input type="checkbox"/>		VENDOR # _____	
1010.01.7045	1010.27.7700	1010.01.7040		VENDOR: _____	
Originating Employee: _____	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <small>IF NEEDED ONLY</small> ACCOUNT # TO REFERENCE ON CHECK _____ </div>		AMOUNT: \$ _____		
Immediate Supervisor: _____			Accountant Initials: _____		

133% FEDERAL POVERTY GUIDELINES

Household Family Size	\$ Annual
1	\$19,391
2	\$26,228
3	\$33,064
4	\$39,900
5	\$46,736
6	\$53,572
7	60,409
8	\$67,245
9	\$74,081
10	\$80,917
11	\$87,753
12	\$94,590
13	\$101,426
14	\$108,262

Self-Declaration of Income

I, _____ declare that my Household's monthly income is \$_____.

I certify that information contained above is complete and accurate to the best of my knowledge. I understand that I am signing this statement under penalty of prosecution if I knowingly give false information, which results in assistance received for which I am not eligible.

Signature: _____ Date: _____

Fair Hearing Process:

All applicants who are denied based on the established criteria shall receive notification of denial of their application and reason for denial within 20 days after the date of receipt of their application. If denied, the applicant may appeal in writing within 15 days to the Social Services Manager to review the decision. The social services manager will uphold or reverse denial within 10 days.

If the applicant is not satisfied with the decision, the applicant may submit in writing their appeal to the social services manager to present at the next Human Resource Subcommittee. Any denial based on closure of line item/lack of funds may not be appealed.

Please turn in receipts for Purchase Orders