



Shinnecock Indian Nation COVID-19 Fiscal Recovery Fund Direct Financial Assistance

Adult Tribal Member Emergency Payment Guidelines

The Adult Tribal Member Emergency Payment Guidelines follow the implementation of the Shinnecock Indian Nation (the Nation) Council of Trustees Resolution #2021-014 “COVID-19 Fiscal Recovery Funds Direct Financial Assistance” and Resolution #2021-024 “Allocation of American Rescue Plan Act Funds from the U.S. Department of the Treasury”. These Resolutions establish an initiative to provide \$2000.00 as an emergency payment to eligible enrolled adult tribal members who have suffered a negative economic impact due to the COVID-19 public health emergency. The Nation provides this assistance through the American Rescue Plan Act that established the Coronavirus State and Local Fiscal Recovery Funds (SLFRF) program. **This emergency payment is provided one time only to eligible adult tribal members.**

- 1. Eligibility.** Tribal members are eligible if they (a) are an enrolled Shinnecock member as of April 20th, 2021; (b) are 18 years of age or older; (c) certify to at least one negative economic impact resulting from the COVID-19 pandemic; and (d) complete and submit an application. Based on IRS eligibility for Economic Impact Payments, applicants who certify that they have low- to moderate-income will self-certify that their income is less than: \$75,000 for individuals; \$112,500 if head of household; or \$150,000 if married.
- 2. Application Submission & Deadline.** All adult tribal members requesting this assistance must timely submit an application by September 30, 2024, at 4:30 p.m. EST. The Adult Tribal Member Emergency Payment assistance initiative is administered by the Nation’s Family Assistance Program. Elders, those with disabilities, and incarcerated individuals may call or expect a call from Linee Matthews with the Family Assistance Program at 716-770-5375 who will guide them through filling out and submitting the application or offer other help as needed. Completed applications can be emailed to familyassistance@shinnecock.org or submitted via an online form. Printed applications can be delivered to the Family Assistance Program office or sent by mail to Shinnecock Indian Nation Family Assistance Program, PO Box 5006, Southampton NY 11969.
- 3. Amount of Emergency Financial Assistance.** Applicants who meet requirements will receive \$2,000 in direct emergency assistance. These payments are subject to availability of funds.
- 4. Timeline for Processing Assistance.** Applications will be processed in the order they are received. Payments will be distributed by check or other means as soon as possible after receipt of a completed application.
- 5. Federal Income Tax.** The Nation has structured this initiative with the intent that the assistance that a tribal member receives is not subject to federal income tax. Specifically, the Nation intends for the Adult Tribal Member Emergency Payment assistance to be “Indian general welfare benefits” under Section 139E of the Internal Revenue Code that are not subject to federal income tax. In general, a benefit is an “Indian general welfare benefit” if it is provided under a program that is (1) administered under specified guidelines that do not discriminate in favor of members of the governing body of the Nation, and (2) the benefit provided is available to any tribal member who meets the required guidelines, is for the promotion of the general welfare, is not lavish or extravagant, and is not compensation for services.
- 6. Effect on Other Assistance.** A tribal member’s receipt of this Adult Tribal Member Emergency Payment assistance may affect that member’s eligibility for other need-based assistance. It is the sole responsibility of the applicant to determine the effects, if any, of this assistance on other assistance benefits or tax liability.
- 7. Questions.** If you have any questions about these Guidelines or the application, please contact the Family Assistance Program at 716-770-5375 or familyassistance@shinnecock.org.



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Eligibility Requirements:

1. Must be an enrolled Shinnecock tribal member as of April 20th, 2021;
2. Must be at least 18 years of age or older at the time of submitting this application;
3. Must certify to at least one negative economic impact resulting from the COVID-19 pandemic; and
4. Must complete and submit this Application no later than September 30, 2024, at 4:30 P.M. EST.

Please fill out the following information:

Enter the applicant's full name as it appears in the Shinnecock Enrollment Records	
1. First Name	Last Name
2. Tribal Enrollment Number	3. Date of Birth
4. Physical Address	
5. Mailing Address (please check to ensure this is your full and correct mailing address)	
6. Telephone Number	7. Email Address
8. Do you reside on the Shinnecock Territory? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Certification of Negative Economic Impact

Applicants should check all that apply, but only need to check ONE box to be eligible for assistance.

- I have low- to moderate- income (less than: \$75,000 for individuals; \$112,500 if head of household or; \$150,000 if married)
- I have suffered negative economic impacts due to the COVID-19 pandemic because of loss of my income or the income of a family member upon which I rely, or have increased or unforeseen emergency financial costs in the amount of at least \$2000.
- I or someone in my household has experienced unemployment during the COVID-19 pandemic.
- I have suffered other negative economic impacts as a result of the COVID-19 pandemic in the amount of at least \$2000 (please explain, examples may include housing and food instability or other impacts):



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METHOD OF DELIVERY OF ASSISTANCE

Please check off ONE of the following:

- I want my check mailed to me at the listed mailing address on this application
- If available, I want Direct Deposit (ACH Transfer) and will complete an additional form with my bank information and provide a voided check
- I will personally pick up a physical check
- I will have a family member pick up my physical check. The family member I authorize to pick up my check is:

• Full Name of Family Member: _____

• Phone Number of Family Member: _____

Eligible Shinnecock tribal members may receive \$2,000.00 in emergency financial assistance.

By signing and submitting this Application, I:

- Certify that I have reviewed the Adult Tribal Member Emergency Payment Application Guidelines and agree to comply with such Guidelines;
- Certify that all information provided in this Application is accurate;
- Acknowledge that any payments made based on my inaccurate assertions are subject to recoupment;
- Agree to assist the Nation in verifying the accuracy of the information I have submitted upon request;
- Agree that the information I have provided on this Application will be collected by the Nation's Family Assistance Program staff and may be used for the Nation to seek other assistance for tribal members as well to update my contact information with the Nation's Enrollment Office; and
- Agree that nothing in this application shall create any obligation legally enforceable against the Nation or waive the sovereign immunity of the Nation or any of its agents or employees
- Acknowledge and agree that although the Nation intends the most favorable tax treatment available under the general welfare exclusion set out in Internal Revenue Code Section 139E, the Nation has not provided any specific tax advice to me and will NOT be responsible for any tax liability or other costs incurred by me in connection with my receipt of emergency financial assistance under this initiative for Adult Tribal Member Emergency Payment.

Signature: _____

Date: _____

Printed Name: _____