



Walker River Paiute Tribe

Emergency Prevention & Intervention Assistance (EPIA) Program

GENERAL INFORMATION

Program Eligibility Criteria:

- Eligible Tribal members 18 years and over may receive a **ONE-TIME \$2,500 EPIA ASSISTANCE PAYMENT** for COVID-19 prevention, intervention and mitigation upon submission and approval of application.
- Must be an enrolled Walker River Paiute Tribal member 18 years or older on or before December 21, 2020 who resides on or off Walker River Paiute Indian Reservation.
- Each member must submit an application. All applications must be completed and submitted by the member.
- Applications will be only be accepted during the following period:

DECEMBER 9, 2020 – DECEMBER 21, 2020
Applications must be post marked on or before December 21, 2020
Late applications will not be processed.

To ensure payment is issued in accordance with the December 30, 2020 FEDERAL CARES ACT timeline for checks to be issued and mailed, **INCOMPLETE APPLICATIONS WILL NOT BE RETURNED FOR CORRECTIONS NOR WILL THEY BE PROCESSED.**

- Due to the short timeframe available for processing this assistance **PLEASE SUBMIT YOUR APPLICATION AS SOON AS POSSIBLE BEGINNING DECEMBER 9th.**
- Approved applications will have checks issued and mailed on **December 30, 2020** checks will **not** be available for pick-up.
- Applications will be processed in the order received.
- Applications can be obtained by downloading from the official Walker River Paiute Tribe website at www.wrpt.org and clicking on the red COVID-19 Information and resources button, requesting an application via email by emailing wrptcares@wrpt.org or calling 775.773.2306 ext 2304 to request assistance in completing your application. The Tribe will mail an application to Tribal members.
- Please **do not** submit multiple applications as it will delay the review and approval of all applications.
- Please complete all sections of the application, incomplete applications will delay review and approval.

Required Documentation:

- **Complete Application** - all sections completed, application signed and initialed by the member (digital signature preferred).

Applications may be submitted via US Mail (postmarked by the deadline), email (digital copy) or in drop-box at the East end of the Tribal Hall

Please mail application to:
Walker River Paiute Tribe
ATTN: WRPT Cares
P.O. Box 220
Schurz, NV 89427

Please email to application to:
wrptcares@wrpt.org



Walker River Paiute Tribe
Emergency Prevention Intervention Assistance (EPIA)
Program

APPLICATION

WRPT Tribal Member Name: _____ Roll#: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone #: (_____) _____

Statement of how funds will be used to help prevent the further spread of and assist in mitigation of COVID – 19. Response must be **3 to 5 sentences** and directly relate to your prevention and mitigation efforts.

- _____ INITIAL I understand incomplete applications will not be returned for correction or processed
- _____ INITIAL I understand this is a one-time Emergency Assistance payment
- _____ INITIAL I have been personally impacted by COVID-19
- _____ INITIAL I am submitting this application on my own behalf as an enrolled WRPT Member

RELEASE OF INFORMATION / DISCLAIMER

I hereby authorize the WRPT Administration staff and its agents access to any of my records to verify information I provided in my WRPT Assistance to Tribal Members Emergency Prevention Intervention Assistance Program ("Program"). I also consent to any required investigation by the WRPT to confirm information I provided from any State, Federal or Tribal offices or other agencies so that the WRPT can determine if I am eligible for assistance available through the Program. I understand that the Program is a benefit assistance program and not an entitlement. **I understand such assistance may be considered income for other entitlement programs. I understand it is my responsibility to determine any impact Program grant funds I receive may have on public assistance I currently or in the future may receive.** If I receive assistance as a result of withholding information or by knowingly providing false or fraudulent information, I agree to repay the assistance, and I understand I may be found guilty of fraud and subject to Tribal and/or Federal criminal prosecution. If my application is denied, I understand I may request a review within ten (10) days of the date of denial. I understand that no person may be denied assistance on the basis of race, color, sex, age, religion, national origin or political belief. I agree to all terms of this release and disclaimer, and I am allowing the WRPT Administration access to my personal information to process my application. By signing this application, I understand that if I am approved, I will be notified at a later date.

Signature: _____ Date: _____

Printed Name: _____