NATIVE VILLAGE OF BARROW

IÑUPIAT TRADITIONAL GOVERNMENT

2025 ARPA Short Term Program

Bereavement Assistance Application

Native Village of Barrow tribal members may qualify for bereavement assistance under the ARPA program in accordance with the policy. To qualify, the applicant must be experiencing loss of parent, spouse, sibling, or child. Please attach a copy of your government-issued I.D. to your application. Application is considered incomplete and cannot be processed without the proper documents listed.

Applicant Information

Applicant Name: _____ Today's Date: _____

D.O.B: _____ Tribal Enrollment #: _____ SSN: _____

Phone Number: _____ Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Relationship to deceased: _____

Name of the deceased: _____

Financial Hardship Declaration

Have you experienced financial hardships associated with the COVID-19 pandemic?

Yes [ ] No [ ]

Briefly describe your situation below: ***Do not release sensitive or confidential information details.***

_____

_____

_____

_____

Bereavement support [ARPA – SLFRF category 2.3 Household assistance – cash transfer]

a) **Eligibility and preferences –** all NVB tribal members without age limit.

b) **Application process –** Applicants must be an enrolled tribal member under the Native Village of Barrow. The member must fill out an application and provide the required information to be eligible for bereavement assistance. Qualifying members must have the following relation to the deceased: Spouse, child, sibling, or parent.

c) **Typical award and individual award limits –** $500 per individual, per incident with no year cap or maximum allowance.

d) **Limited Funding:** The program has a set amount of funding available.

e) **First Come, First Serve:** Applications will be processed in the order they are received.

f) **Program Closure:** Once funding runs out, no further applications will be accepted, and the program will cease until further funding is obtained.

g) **Application Approval:** Applying does not guarantee approval; if funding is exhausted, applications will be denied.

h) **Policy may be subjected to change in accordance with this grant's federal policies.**

Acknowledgements & Attestation

By signing below, the applicant allows the Native Village of Barrow to verify the information provided to participate in the ARPA Short-Term Program for bereavement. I understand that the Native Village of Barrow has the right to deny applications per the policy and guidelines.

I hereby certify that all information and documentation provided in this application are true and accurate. I confirm that I have read and agree to the policy stated above.

_____ _____

Applicant Signature **Date**

_____

Applicant Printed Name

NATIVE VILLAGE OF BARROW
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NATIVE VILLAGE OF BARROW OFFICIAL USE ONLY

_____ _____

Receiving Staff Signature **Date**

_____

Receiving Staff Printed Name

Approved: ☐ Yes ☐ No **Denial Communicated**: ☐ Yes ☐ No

Reason: _____

_____

ARPA Manager

_____

Finance Director

_____

Executive Director