



NATIVE VILLAGE OF BARROW
IÑUPIAT TRADITIONAL GOVERNMENT

2026 ARPA Short Term Program
Bereavement Assistance Application

ARPA Application Checkout List

The following items **MUST** be completed and verified prior to submitting your application:

1. **Physical Address:**

I have provided my physical address.

2. **Mailing Address:**

I have provided a PO Box or mailing address.

3. **W9 Form:**

I have completed the W9 form with the mailing address where the check will be sent.

4. **Check Preference:**

I would like my check:

Mailed to my provided address

Picked up in person

5. **Document Verification:**

I have verified that all required documents are included.

I have marked the list on the application to confirm my documentation is correct.

6. **Current Phone Number:**

I have provided a current contact phone number.



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Submission Information:

Please submit the application in person at the ****Native Village of Barrow main office**** or email it to

[ARPA.application@nvb-nsn.gov**](mailto:ARPA.application@nvb-nsn.gov)**.

Important Reminder:

All boxes must be checked on the document checklist of the application and the ARPA checklist to avoid automatic rejection; applications will be automatically rejected if all documents are not submitted with your application. Please note that it may take up to 15 business days to process the application from beginning to end, ARPA will contact you once the check is ready. By signing you are certifying that the application is completed with all documents and correct information.

Member Signature: _____

Date: _____



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2026 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.*



NATIVE VILLAGE OF BARROW

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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 IÑUPIAT TRADITIONAL GOVERNMENT

NATIVE VILLAGE OF BARROW OFFICIAL USE ONLY

Receiving Staff Signature

Date

Receiving Staff Printed Name

Approved: Yes No

Denial Communicated: Yes No

ARPA Manager

Reason: _____

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2	Business name/disregarded entity name, if different from above.	
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>
	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/>	
	5	Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	6	City, state, and ZIP code	
	7	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									
				-					
or									
Employer identification number									

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they