



Billy Friend
Chief

64700 E. Hwy 60
Wyandotte, OK 74370

Norman Hildebrand, Jr.
2nd Chief

Phone: 918-678-2297
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June 25, 2020

Dear Wyandotte Nation Citizen,

The Wyandotte Nation recognizes COVID-19 is rapidly spreading and has resulted in human suffering and hardship, health risks, and severe economic distress, which our tribal citizens have experienced firsthand. We understand based on the feedback you provided to us via your questionnaires that a vast majority of you have been impacted by the COVID-19 public health emergency, including through increased expenditures and/or decreased income causing severe economic hardship.

Congress enacted the Coronavirus Aid, Relief, and Economic Security (CARES) Act, which established a Coronavirus Relief Fund from which the Wyandotte Nation received monies as a tribal government. The United States Department of the Treasury has clarified through guidance that tribes may utilize Coronavirus Relief Fund monies to provide emergency financial assistance to individuals and families directly impacted by a loss of income due to the COVID-19 public health emergency if the tribe determines such assistance to be a necessary expenditure. Treasury has also acknowledged that tribes may provide economic support to those suffering from employment interruptions due to business closures and may provide individuals monetary aid for other needs. The Wyandotte Nation has determined that provision of economic support and assistance to our tribal citizens through direct emergency financial assistance disbursements from the Wyandotte Nation's Coronavirus Relief Fund monies is a necessary expenditure and an administrative necessity.

The Wyandotte Nation on June 22, 2020, created the COVID-19 Public Health Emergency Relief Program as part of the Wyandotte Nation's General Welfare Program. The purpose of the COVID-19 Public Health Emergency Relief Program is to provide direct emergency financial assistance from the Wyandotte Nation's Coronavirus Relief Fund monies to our citizens to alleviate the hardships our citizens are facing as a result of the COVID-19 public health emergency. Eligible tribal citizens may apply for a disbursement of \$1,500.00

Eligible tribal citizens are those who will be age 18 or over as of October 1, 2020, and who submit the COVID-19 Public Health Emergency Relief Program Application certifying they have suffered economic impacts due to the COVID-19 public health emergency and that economic assistance is necessary. Applications will be sent out to those who answered questionnaires on Monday, June 29th and will also be posted on our website and Wyandotte Nation Citizens Facebook page. Applications will be accepted through August 31, 2020.

Please direct any questions you may have to Family Services by phone at 918-678-6319 or email at wnfs@wyandotte-nation.org.

A handwritten signature in black ink, appearing to read "Billy Friend".

Chief Billy Friend

ATTESTATION AND AUTHORIZATION

By signing my name below, I attest that I have suffered economic impacts through increased expenditures and/or decreased income due to the COVID-19 public health emergency. I further attest that I am in need of emergency financial assistance and that such economic assistance is necessary due to the COVID-19 public health emergency.

By signing my name below, I further attest that any disbursement I receive from the COVID-19 Public Health Emergency Relief Program will be expended on emergency needs incurred due to the COVID-19 public health emergency, including but not limited to expenditures associated with rent or mortgage, utility fees, food and food delivery, employment and training programs, distance learning, teleworking, healthcare, funerals, or other emergency individual needs. I agree to maintain all receipts documenting my expenditures, which I will provide to the Wyandotte Nation upon request. I acknowledge that any funds I use improperly are subject to recoupment.

I authorize the Wyandotte Nation to deposit funds to my account in the financial institution listed on the Credit Authorization form or otherwise provide my disbursement via check to the mailing address listed above.

Print Name

Signature

Date

Mail the completed application to:

c/o Family Services
Wyandotte Nation
64700 East Hwy 60
Wyandotte OK 74370-2098

- or -

Scan and email the completed application to:

wnfs@wyandotte-nation.org
Subject: COVID-19 Questionnaire

- or -

FAX the completed application to:

918-678-2944
Attention: Family Services



CREDIT AUTHORIZATION
(To Single Account)

I (We) hereby authorize the Wyandotte Nation herein after called "Company," to initiate credit entries to my (our) account indicated below and the financial institution named below, hereinafter called "Financial Institution," to credit the same to such account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution/Branch Name) (Name on Bank Account)

(Address) (City/State) (Zip)

(Routing Number) (Account Number) Type of Acct: ___Checking ___Savings

This authorization is to remain in full force and effect until the Company has received written notification from me (or any authorized account signer) of its termination in such time and manner as to afford the Company and Financial Institution a reasonable opportunity to act on the request.

(Print Individual Name) (Roll Number) (E-mail Address)

In addition to myself, I (We) authorize the Company to initiate credit entries to this account for the following individuals:

(Print Individual Name) (Roll Number)

I certify by my signature below that the information herein provided is true and accurate and that I am the guardian of minor children or individuals listed.

(Signature) (Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM
ELECTRONIC COPIES ALLOWABLE