



BURNS PAIUTE TRIBAL FISHERIES

CARES Emergency Assistance Application for Covid-19 Disaster Relief

JUNE 28, 2021

On May 7, 2020 the Secretary of Commerce announced the allocation of \$300 million in fisheries assistance funding provided by Sec. 12005 of the Coronavirus Aid, Relief, and Economic Security Act, also called the CARES Act, to states, tribes, and territories with marine and anadromous fishery participants who have been negatively affected by COVID-19. These funds will help provide relief for some of the pandemic's impacts this and last year and support continued participation in fisheries which are vital to the health of the Tribe. We encourage all eligible participants to apply.

The following requirements AND criteria MUST be met to submit an application:

- I am an enrolled Member of the Burns Paiute Tribe.
- I am eighteen (18) years of age or older.
- I have NOT previously received an award pursuant to this Program.
- I have experienced loss of fish for subsistence or access to fishing or cultural fishing-related activities due to Covid-19.
- I participated in a ceremonial or subsistence fishery in 2020 or 2021. This includes fishing as well as other important cultural activities that are related to fishing.

APPLICANT RESIDENCE INFORMATION

Name _____ Tribe/Enrollment # _____

Mailing Address _____

Physical Address _____

Phone _____ Message phone _____

CERTIFICATION: I hereby certify and attest the information completed by me on this application is true and correct to the best of my knowledge and that any relief assistance received by me will be used to offset covid-19 related expenses or losses I have incurred since March 2020.

Applicant Signature

Date

Application must be received by **5pm, July 30, 2021**, to be considered for distribution.

MAIL: BPT Administration 100 PASIGO STREET BURNS, OR 97720

FAX: 541-573-2323 ATTN: Beverly Beers

EMAIL: beverly.beers@burnspaiute-nsns.gov

Any questions please call Natural Resources: 541-573-8087, or 541-573-8021

FOR OFFICIAL USE ONLY-PLEASE DO NOT WRITE IN THIS SPACE

Date/Time Application Received: _____ Processing Employee Initials: _____

PAYMENT AMOUNT: _____ (Attach proof of payment to completed application)