

**UTE MOUNTAIN UTE TRIBE  
AMERICAN RESCUE ACT  
DIRECT MEMBER ASSISTANCE PROGRAM  
APPLICATION - FY2021**

By submitting this Application for benefits under the Ute Mountain Ute Tribe American Rescue Act Direct Member Assistance Program (the “Program”), I hereby certify that I meet and will comply with the following requirements under the American Recue Plan Act (“ARPA”):

(1) **Negative Impacts of COVID-19:** I attest that I have experienced (or expect to experience) one or more of the following negative economic impacts due to the COVID-19 pandemic:

- increased costs needed to maintain family and household due to COVID-19, including one or more of the following:
  - increased costs for cleaning supplies or personal protective equipment for COVID-19
  - increased costs for adequate and affordable food due to COVID-19
  - increased costs for utilities or maintenance of other essential household services due to COVID-19
  - increased health/ medical expenses due to COVID-19
  - increased costs to seek or maintain employment during COVID-19
  - increased education expenses / distance learning expenses due to COVID-19
  - increased childcare expenses due to COVID-19
- Loss of income (including reduced or canceled program assistance) that I previously relied upon to maintain essential services, food, or supplies needed during the COVID-19 public health emergency.
- costs due to getting COVID-19 and having to quarantine
- costs incurred by me to care for a family member who got sick or died from COVID-19
- \*Other similar necessary and reasonable expenses incurred due to COVID-19 (subject to approval by the Tribe):

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\*See UMUT American Rescue Plan Direct Member Assistance Program “Eligible Expense Guideline” for additional guidance.

**NOTE: You must use up any benefits available separately through the Tribe’s Emergency Rental Assistance Program and Mortgage Assistance Program, if seeking rent, mortgage or utility assistance.**

(2) **Amount of Available Benefits:** The following benefit amounts have been approved:

**FY2021:** Up to \$1,500 per enrolled adult in cash disaster relief assistance (to be used for costs due to the negative economic impacts of COVID not otherwise covered by other Program assistance). Only paid if application is fully signed. Funds must be used for eligible ARPA purposes. Excess must be returned.

Up to \$1,500 per enrolled minor to be held and used upon application for qualifying COVID-related expenses through 12/31/24. Funds not paid until separately applied for. Restricted to eligible ARPA purposes only.

**FY2022:** Assistance approved for FY2022 includes Food Assistance Cards, up to \$100 per enrolled adult per month for 12-months; Utilities Assistance (upon application) up to \$1,000 per enrolled adult for full year; Hay Assistance (upon application / need) until funds are exhausted (total annual budget, \$75,000); and Wood/Propane Assistance (upon application / need) until funds are exhausted (total annual budget, \$300,000).

- (3) **Non Duplication:** I promise benefits will not be used for expenses paid for through other assistance programs or insurance.
- (4) **Duty to Return Excess:** I promise to return any excess benefits not spent to pay the costs caused by COVID-19.
- (5) **Form of Payment:** Upon Application only.
- (6) **Duty to Maintain Records:** I understand that it is my responsibility to maintain receipts or other proof that benefits are used only for eligible expenses.

**Submission Information:**

Fax: (970) 565-8309, E-mail: [covidapp@utemountain.org](mailto:covidapp@utemountain.org),  
 or mail to: FINANCE DEPARTMENT P.O. BOX 189 TOWAOC, CO 81334

I hereby certify under penalty of perjury that the foregoing Application is true and correct to the best of my knowledge and belief. I understand that it is my responsibility to maintain receipts or other proof that benefits I receive under this Program are used only for eligible expenses. I understand that the Tribe may require receipts or other proof as a condition of payment or to verify Program compliance through audit. I agree to return any funds that are not properly used or documented.

**Member Signature:** \_\_\_\_\_

**Member Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Enrollment No.:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

State of \_\_\_\_\_ ) ss

County of \_\_\_\_\_ )

The above Application was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ [month, year], by \_\_\_\_\_.

Witness my hand and official seal.

My commission expires: \_\_\_\_\_.

\_\_\_\_\_  
 Notary Public