NARRAGANSETT INDIAN TRIBE
Tribal Body Meeting
April 30, 2022

10:00 a.m.
Zoom Virtual Meeting

AGENDA

• ARPA COVID-19 Fiscal Household Recovery Fund Assistance program
• Old Business
• New Business
• Update from the Tribal Election Committee

All Assembly meeting minutes can be found on our tribal website at Narragansettindiansnation.org

The Tribal Government is working towards gaining greater proficiency in hosting zoom meetings. This method for conducting business will remain in use for the immediate future. The purpose of this and other forthcoming communications is to share information and resolve foreseeable challenges associated with zoom assembly.
Objectives to meet:
  Enable tribe to conduct business
  Comply with law
  Remain diligent about indoor social distancing

To meet these objectives, there is need for enrolled members to create a Zoom account in order to log in to the Zoom meetings. To participate in the Zoom meeting, please register at:
https://us02web.zoom.us/webinar/register/WN_p008c0W2Rv6_OK5fS0wAdA

Registration must be completed on or before April 30, 2022. Once tribal enrollment has been verified, you will be sent the Zoom meeting link.

***Reminder***

Please make sure that the Tribal Secretary has your current mailing address. We welcome voluntary requests for members who want to be removed from the mailing list and opt to only receive email notifications. Please send your email address to N1ltr _11, J11J11fJ1, 11 if you would like to be included in email notifications.
Dear Tribal Members,

Please be advised that during the months of June, July, and August, our Monthly Assembly Meetings will be taking place on our Tribal Grounds to provide for our Swearing in Ceremony for all Interim Members.

Please contact Lorraine Keyes, Records Director to schedule which date (June 25, 2022, July 30, 2022 or August 27, 2022) you are able to come before the Tribal Assembly to be officially sworn in as a member of the Narragansett Indian Tribe.

All Non-Tribal members are welcome to witness the “Swearing-In Ceremony” but once the ceremony has ended, they must leave the meeting. We encourage New Members to stay and learn what is going on within the Tribe, ask questions, give input, or just stay and become part of the Tribal family.

Please pass on this information to any Interim Member that may not be on our Mailing List to ensure they are notified of these dates because these will be the only dates they will be given. All Interim Members not Sworn-In by August 27th will be removed from the Tribal Roll and will have to wait until the Roll is open again.

If you have any questions regarding the information provided above, please feel free to contact the Tribal Records office at (401) 364-1100 ext. 212.

Sincerely,

The Narragansett Indian Tribal Government
Dear Tribal Member:

We are pleased to inform you of the second disbursement of the NIT ARPA COVID-19 Fiscal Household Recovery Fund Assistance program under the American Rescue Plan Act of 2021 is ready to begin processing.

Funding for this program derives from the American Rescue Plan Act, and the Narragansett Indian Tribe is responsible to follow this law based on the guidelines within it to help the financial recovery efforts for members due to the COVID-19 Pandemic. Your signature on this application self-certifies that all the information needed to apply is true and correct.

Please note a new application must be completed only if the following applies:
- Your household number has changed
- Minors during the first distribution are now 18 years old
- To update your address.

YOU DO NOT NEED TO FILL OUT ANOTHER APPLICATION IF THERE ARE NO CHANGES TO THE PREVIOUS ARPA DISBURSEMENT APPLICATION.

Should you need assistance in completing the enclosed application, please call the hotline phone number 401-302-5999, or email NITTRIBALCOUNCIL@gmail.com.

Please MAIL the completed application to:

Narragansett Indian Tribe
ARPA COVID-19 FISCAL RECOVERY FUND HOUSEHOLD ASSISTANCE PROGRAM
PO Box 1657
Charlestown, RI 02813

**PICTURES OF APPLICATIONS WILL NOT BE ACCEPTED! **

Please be advised the deadline for the completed and signed application is July 1, 2022.

Please expect a minimum 6-8-week processing time. Thank you.

Sincerely

The Narragansett Indian Tribal Government
NARRAGANSETT INDIAN TRIBE
ARPA COVID-19 FISCAL RECOVERY FUND
HOUSEHOLD ASSISTANCE PROGRAM
APPLICATION/CERTIFICATION OF NEED
P. O. Box 1657, Charlestown, RI 02813
Hotline: (401) 302-5999 Email: NITTRIBALCOUNCIL@gmail.com

In accordance with the American Rescue Plan Act (ARPA), the Narragansett Indian Tribe has created the “Narragansett Indian Tribe ARPA COVID-19 Fiscal Recovery Fund Household Assistance Program” to assist Tribal members mitigate the negative financial impacts of the COVID-19 Pandemic.

This Household Assistance Program application must be completed and signed by an enrolled Tribal member 18 years old and above who has experienced negative economic impacts by the COVID-19 public health emergency. A Tribal member who has experienced unemployment, increased food and/or housing insecurity, is low-income or moderate-income, or who has experienced specific economic impacts from the public health emergency due to the COVID-19 pandemic, is eligible for cash assistance in the amount of $2,000 for each enrolled member residing in the household. **THE DEADLINE TO SUBMIT A COMPLETED AND SIGNED APPLICATION IS JULY 1, 2022.** A Check will be mailed to each eligible adult enrolled applicant and their enrolled minors residing in the household (see below for divorced couples with minors).

Information contained in this application is confidential and will only be used for official Tribal and Federal regulatory compliance purposes, including possible audit by the U.S. Department of the Treasury and the Internal Revenue Service. The Tribe has determined that approval of financial assistance for qualifying COVID-19 expenses pursuant to the criteria and process set forth herein is an administrative necessity based on available Tribal staffing and operations during the pandemic, as well as the need to promote mitigation measures as recommended by the CDC, including social distancing and to address the urgent financial needs of negatively impacted Tribal members.

**PART 1 – APPLICANT INFORMATION**

**PLEASE COMPLETE APPLICATION IN ITS ENTIRETY, SIGN, DATE, AND MAIL OR EMAIL THE APPLICATION TO:** Narragansett Indian Tribe ARPA Household Assistance Program, P.O. Box 1657 Charlestown, RI 02813; or email the completed application to: NITTRIBALCOUNCIL@gmail.com

<table>
<thead>
<tr>
<th>Applicant Name</th>
<th>Date of Birth</th>
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<tbody>
<tr>
<td>NIT Tribal Enrollment No.</td>
<td>Contact Phone No.</td>
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<tr>
<td>Email</td>
<td>Mailing Address</td>
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<tr>
<td>City</td>
<td>State</td>
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<tr>
<td>Number of Enrolled Members in Household</td>
<td></td>
</tr>
<tr>
<td>Name of Enrolled Tribal Spouse (if applicable)</td>
<td>Date of Birth</td>
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<tr>
<td>Spouse NIT Enrollment No. (if applicable)</td>
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Tribal Enrolled children under age 18 in your care (include stepchildren, foster children, guardianship)*

*Divorced couples must list enrolled minors on the mother’s application only, except where custody of minor children is exclusively with the father or a grandparent/guardian (father or grandparent/guardian must submit child custody order with application).

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## PART 2 – ECONOMIC NEED

**INDICATE YOUR COVID-19 RELATED NEED?** Please check **ALL** relevant boxes that apply.

- Unemployed/Unpaid furlough (not covered by unemployment benefits)
- Reduced income/employment (reduced hours or wages)
- Loss of income due to quarantine (for self or for a family member)
- Loss of self-employment/business income
- Insufficient funds to cover rent/mortgage or facing foreclosure or eviction (past due rent/mortgage)
- Increased utility costs due to sheltering in place/teleworking/remote schooling
- Increased expenses for Personal Protective Equipment (PPE)
- Out-of-pocket costs for medication/testing, unreimbursed prescription costs
- Unreimbursed costs for medical equipment or supplies
- Increased cleaning costs (e.g., supplies and cleaning company/personal services)
- Increased food costs or food insecurity (skipped/reduced meals due to pandemic)
- Unreimbursed costs for counseling/therapy
- Emergency Room / After-hours health clinic costs (not covered by insurance)
- Increased Child Care costs
- Expenses incurred or lost income because you are (or live with) someone in a high-risk group (e.g., elder, comorbidities)
- Job training or job searching costs (clothing, transit, parking, equipment/supplies/tools)
- Increased expenses associated with teleworking
- Increased expenses associated with remote learning (internet, computers, etc.)
- Other added household expenses (e.g., weatherization, replacement of furnace, air conditioner, roof, hosting relatives or friends, transit, or fuel costs for medical testing, to locate food, home goods, etc.)
- Funeral Expenses for a member who died of CCVID-19 (not reimbursed by other programs)
- Other negative impacts not listed above (please be specific)
PART 3 - ADJUSTED GROSS INCOME (AGI) LEVEL

a) If completing the application as an individual, what was your income in 2020? □ Less than $25,000; □ $25,000 - $50,000; □ $50,000 - $75,000; □ $75,000 - $100,000; □ Over $100,000.

b) If completing the application as a married couple, what was your household income in 2020? □ Less than $50,000; □ $50,000 - $75,000; □ $75,000 - $100,000; □ $100,000 - $150,000; □ Over $150,000.

c) If completing the application as a "head of household," what was your income in 2020? □ Less than $50,000; □ $50,000 - $75,000; □ $75,000 - $100,000; □ $100,000 - $112,500; □ Over $112,500.

PART 4 - APPLICANT CERTIFICATION (An unsigned/incomplete application will not be processed)

By my signature below, I declare and certify, under penalty of perjury, that I am an enrolled member of the Narragansett Indian Tribe and that the information provided herein, and any documentation I may include with this application, are true and correct to the best of my knowledge. I certify that I have physical custody and/or legal guardianship for the above-listed minor children. I further certify that I have been negatively impacted by COVID-19 which caused me and the enrolled members of my household to seek assistance through the Tribe’s Household Assistance Program.

I hereby acknowledge that any ARPA Household Assistance payments I receive based on inaccurate statements or submissions, or based on any material omissions, are subject to possible recoupment by the Narragansett Indian Tribe and/or the United States Government. My submission of inaccurate statements or submissions, or a material omission, may be cause for the Tribe to seek other remedies available by law. I further agree to assist the Tribe by providing any further information required for this application upon reasonable request by the Tribe.

I further certify that the Household Assistance monies I receive from the Tribe will be used to offset the economic impacts of the COVID-19 public health emergency that I have experienced.

Enrolled Narragansett Applicant Signature ___________________________ Date _/__/____

Enrolled NIT Tribal Spouse Signature (if filing joint application only) ___________________________ Date _/__/____

FOR OFFICE USE ONLY – PLEASE DO NOT WRITE IN THIS SPACE

Date Application Received __/__/____ Enrollment Verified ______________ Date __/__/____

Certification of Application Verified ______________ Date __/__/____

Amount of ARPA Household Assistance $________ Date of Check __/__/____