The Hopi Tribe

COVID-19 SCHOOL CRF APPLICATION

This Application is provided by the Hopi Tribe ("Tribe") to Schools seeking federal financial assistance through the Hopi Tribe Coronavirus Relief Fund ("CRF") School Program. The program is being offered to assist Schools that have encountered additional needs to assist students, parents, teachers and other staff due to COVID-19 and its effects on the community. Complete the Application and submit to the CARES Act Committee at GPovatah@hopi.nsn.us. Applications will be accepted beginning August 11th, 2020 and will continue to be accepted and reviewed on a rolling basis to address ongoing or evolving needs.

Schools can only be awarded funds for expenditures that meet the following criteria:

- 1. Necessary expenditures incurred due to the public health emergency with respect to the Coronavirus disease 2019 (COVID-19);
- 2. Were not accounted for in the budget most recently approved as of March 27, 2020 (the date of enactment of the CARES Act);
- 3. Were incurred during the period that begins on March 1, 2020 and ends on December 30, 2020.

1. Dasic information		
Name of School:	EIN#:	
Street or Mailing Address:	DUNS#:	
City/State/Zip Code:		
2 2 1 1 2		

2. School Organization

Dagia Information

<u>Position</u>	Name	Contact Phone	Contact Email
School Board			
Chair			
CSA/Principal			
Business			
Manager			

The Committee will review applications that addition broad categories. Check the categories for which	,
Family Direct Response Needs	\$
Health & Medical Services Response Needs	\$
Community Infrastructure Capacity Building	\$
Home Safety & Energy Efficiency	\$
Food Security & Food Access	\$
Business Operations & Economic Recovery	\$
Education & Child Care Services	\$
 A. Narrative Project Description(s): How does the B. Implementation Plan: Persons Responsible > June 30, 2020 and September 30, 2020 > Con 	ne project address COVID-19 Response? Beginning Date > Completion %'s as of
C. Key Partnerships & Collaborators	inprovion Bate
D. Other Funding Sources (with a comparative but for each awarding entity)	udget including a column of other sources
E. <u>Detailed Budget & Budget Narrative:</u> ident item	ify program spending category for each
F. <u>Cost Reimbursement</u> : If cost reimbursem application, attach any receipts with justificat incurred to date.	nent is requested concurrent with this ions for COVID-19-related expenditures
G. Type(s) of Assistance Requested:	
Cost Reimbursement	
Direct Payments by Tribe	
Funds Transfer for School to Administ	er

0	Provide the total amount requested in this application: \$
0	Describe any other information that may assist the CARES Act Committee in awarding assistance:
	ANY FUNDS RECEIVED UNDER THE HOPI TRIBE CRF SCHOOL PROGRAM MAY NOT BE USED CONTEMPORANEOUSLY WITH FUNDS RECEIVED UNDER THE CARES ACT THROUGH THE PAYCHECK PROTECTION PROGRAM, NOR MAY THE SAME COSTS BE CLAIMED FROM BOTH THE BUREAU OF INDIAN EDUCATION/DEPARMENT OF EDUCATION SCHOOL GRANT PROGRAM AND OTHER FEDERAL FUNDING.
3.	Additional Required Information:
0	Attach the Tribally Controlled School Act Grants, Articles of Organization or similar formation document(s) to the application.
0	Attach documentation regarding the officials who are authorized to act on behalf of the School.
0	Attach quote estimates of capital expenditures or other significant services for which you are applying.
	, hereby certify that the above information is true rrect and, if requested by the Hopi Tribe, can provide additional documentation in support information.
Name	and Signature Date
Title	
For C	ommittee Use Only
Date	Received:/ Date Processed://
Proce	essed By: