

# The Hopi Tribe

## COVID-19 TRIBAL PROJECT CRF APPLICATION

This Application is provided to Tribal departments or other Tribal entities seeking federal financial assistance through the Hopi Tribe Coronavirus Relief Fund (“CRF”) Tribal Project Program. The assistance is being offered to entities that are tasked to undertake infrastructure development or other projects 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](mailto:GPovatah@hopi.nsn.us). Applications will be accepted beginning **August 11<sup>th</sup>, 2020** and will continue to be accepted and reviewed on a rolling basis to address ongoing or evolving needs.

Departments and Tribally-owned businesses 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. Basic Information

Name of Tribal Department/Entity: \_\_\_\_\_

EIN#: \_\_\_\_\_

Street Address: \_\_\_\_\_

DUNS#: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

2. Entity Leadership (if applicable)

<u>Position</u>	<u>Name</u>	<u>Contact Phone</u>	<u>Contact Email</u>
Board Chair			
Board Vice Chair			
Board Treasurer			
Board Secretary			
Executive Director/CEO			
Business Manager/CFO			

3. Project Information:

- A. Narrative Project Description(s): How does the project address COVID-19 Response?
- B. Implementation Plan: Persons Responsible > Beginning Date > Completion %'s as of June 30, 2020 and September 30, 2020 > Completion Date
- C. Key Partnerships & Collaborators
- D. Other Funding Sources (with a comparative budget including a column of other sources for each awarding entity)
- E. Detailed Budget & Budget Narrative: identify program spending category for each item
- F. Cost Reimbursement: If cost reimbursement is requested concurrent with this application, attach any receipts with justifications for COVID-19-related expenditures incurred to date.
- G. Type(s) of Assistance Requested:
  - Cost Reimbursement
  - Direct Payments by Tribe
  - Funds Transfer for Entity to Administer

ANY FUNDS RECEIVED UNDER THE HOPI TRIBE CRF TRIBAL PROJECT 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 CRF SMALL BUSINESS PROGRAM AND OTHER FEDERAL FUNDING.

4. Additional Required Information:

- Attach the Articles of Organization or similar formation document(s) to the application (if applicable).

I \_\_\_\_\_ hereby certify that the above information is true and correct and, if requested by the Hopi Tribe, can provide documentation in support of this information.

\_\_\_\_\_  
Name and Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

<i>For Committee Use Only</i>	
Date Received: ___/___/___	Date Processed: ___/___/___
Processed By: _____	