QUILEUTE TRIBAL COUNCIL
PO Box 279 / 90 Main St.
La Push, WA 98350
360-374-6163
executive.assistant@quileutenation.org

Quileute Sports & Wellness Assistance Application

The Quileute Tribe aids enrolled Quileute Tribal members to support their engagement in sports, recreation, fitness, health, and wellness activities as outlined in the Quileute Tribe Sports, Recreation, and Wellness Policy (Sports & Wellness Policy).

Assistance will be awarded according to the Sports & Wellness Policies and is subject to funding availability. The following documents must be submitted before assistance can be processed and awarded. **A complete application must be submitted to the Executive Assistant.**

Submit applications via email to executive.asssitant@quileutenation.org; OR leave at the Tribal Office front desk located at 90 Main St. La Push, WA 98350

This portion below is to be completed by Tribal Office Administrative Staff upon review of application.

Applicant Name: _____ **Date:** _____
CIB/Enrollment: _____

Application Checklist:

☐Page 2: Applicant Information
☐Page 3: Policy Acknowledgement
☐Copy of Tribal ID or Enrollment Verification (CIB) (must be current)
☐Copy event, activity, registration information, etc. (flyers, registration forms, etc.)
☐Copy of payment/ financial information (price quotes, invoices, receipts, W-9s, etc.)

Reviewed by: _____ **on:** _____ **☐Approved | ☐ Not Approved**
Annual Amount Eligible (Before Request): _____
Total Request Amount: _____
Comments: _____

_____

_____

GM Signature: _____ **Date:** _____

Applicant Information

Parent/Guardian/Caregiver (If applying on behalf of child): _____

Applicant (If request is for tribal enrolled youth, include youth name and CIB #):

Full Name	Quileute CIB #	Date of Birth

Residential Address	City	State	Zip

Email	Home Phone	Message #

Assistance Type: ☐ Adult | ☐ Youth | ☐ Driver's Ed. (youth only) | ☐ Fundraiser Match: _____
(Amount Raised)

Reimbursement Requested: ☐ No | ☐ Yes- verify mailing address for check/updated W-9 on file.

Direct Vendor Payment Requested: ☐ No | ☐ Yes- ensure vendor payment information is attached.

Registration Paperwork Required: ☐ No | ☐ Yes- please ensure complete registration is attached.

Assistance Amount Requested: _____

Purpose: _____

_____

_____

_____

_____

Applicant Certification:

I certify that the information provided on this form is true and accurate to the best of my knowledge. I am aware that if I present false information to the Quileute Tribe, I will be ineligible to receive any assistance. In accordance with the Quileute Tribal Ordinances, Codes and Resolutions, I am aware that I could be responsible for the repayment of the value of any benefit received. This includes but is not limited to possible garnishment of per capita payments and that I could face criminal prosecution for such acts.

Applicant Signature	**Date**

Parent/ Guardian Signature (if applicant is under 18 years)	**Date**

Policy Acknowledgement

I understand that the Quileute Sports & Wellness Policy is designed to assist Quileute enrolled tribal members with the costs associated with furthering overall health through participation in sports, recreation, and wellness activities. It is not guaranteed that all expenses associated with the cost of participation will be covered. Initials: _____

I am aware that applications will be reviewed in the order that they are received, and that assistance cannot be made until all required application documents have been submitted. I further acknowledge that application processing and assistance awarded, either through direct payments or reimbursement, may take a ***minimum of 10 business days*** from time of completed submission. Initials: _____

I understand that if I choose to incur expenses for reimbursement and they are deemed unallowable that I will not be reimbursed for those expenses. I further acknowledge that it is my responsibility to confirm with the Executive Assistant if I have questions regarding the eligibility of anticipated expenses. Initials: _____

I understand that annual assistance limits (Oct. 1- Sept. 30) are established for Tribal members within this policy and that it is my responsibility to confirm my remaining eligibility of annual funds with the Executive Assistant. Especially prior to incurring any purchases for reimbursement. Initials: _____

I acknowledge that it is my responsibility to complete any registration/membership forms required for sports camps, gym memberships, clubs, leagues, workshops, etc. I understand that if I choose to have the Tribe make a ***direct payment*** for my participation in such activities that I will provide the completed paperwork/registration forms as part of this application for the Tribe to submit with payment on my behalf. Initials: _____

I acknowledge that it is my responsibility to ensure timely payments are made and that the Tribe shall not be held responsible for any payment deadlines missed and as such I must plan accordingly. Initials: _____

I understand as a parent/guardian/caregiver who is an enrolled Tribal member and eligible for services under this policy, I ***may choose*** to use all, or a portion of, my annual assistance limit for my child(ren) and in so doing will not be eligible for any additional assistance outside the established assistance limit under this policy until a new annual cycle begins. Initials: _____

I understand that assistance under this policy will not be allowed for situations including but not limited to moving expense, household items, personal bills such as car payments, phone services, utilities, or any other situation considered to be of "personal gain" for purposes outside of the approved policy. Initials: _____

I am aware that if I present false information to obtain assistance through the Sports & Wellness Policy, or, if funds provided through this policy are not used for the purpose for which they were intended, I will be disqualified from receiving services under this policy. I further acknowledge that I may be responsible for the repayment of the value of any benefit received and I failure to do so, may result in action taken against me which could include but is not limited to possible garnishment of my per capita. Initials: _____

I acknowledge that I have read the Quileute Tribe Sports, Recreation, and Wellness Policy in their entirety, and I understand that assistance under this policy is contingent upon the identified eligibility requirements and adherence to those policies.

Print Applicant Name: _____

Applicant Signature: _____ Date: _____

Signature of Parent/Guardian/Caregiver: _____ Date: _____
(If applicant is under 18)