



**Native Village of Eklutna**  
Tribal Government

**MOTION 03/11/22-04: To authorize \$1,500 COVID payments for funeral costs of an Eklutna Tribal Member**, whether caused by Covid-19 or due to the economic impact of Covid-19 on our community, **retroactive to January 1, 2021**; Payment may also cover customary and traditional ceremonies or gatherings, which have been delayed in response to COVID; Documentation of death or burial, expenses, and family representative would be required, until the funds have been exhausted; made by Dustin Lorah, seconded by Shirley Craig. Question was called by Maria Coleman and by a voice vote the **motion carried** unanimously.

# Tribal Member Bereavement Assistance Application

NVE will be able to provide Tribal Member Bereavement Assistance for up to \$1500 per deceased Tribal Member to help defray the cost of funeral expenses and traditional post-funeral gatherings for the healing process, until the special COVID funds for this benefit are exhausted. This assistance is **retro-active to January 1, 2021**. Documentation of death, burial expenses, and family representative is required. At times more than one person has contributed to the cost of services and gatherings, however the limit is still \$1,500 per deceased person.

Name of Deceased		Applicant name ( <i>Immediate family or Primary Support TM</i> )	
Deceased Date of Birth	Date of Death	Applicant Relationship	Day Phone #
Is the Deceased a Tribal Member? <input type="checkbox"/> Yes <input type="checkbox"/> No		Cell phone #	Fax #
Verified by: _____, Date: _____ <input type="checkbox"/> Enrolled <input type="checkbox"/> Base Enrollee <input type="checkbox"/> Full Member <input type="checkbox"/> Adoptive Member			
Applicant must include <b>one</b> of the following which includes <b>name and date of death</b> : <input type="checkbox"/> Death Certificate <input type="checkbox"/> Obituary <input type="checkbox"/> Letter from Funeral Home <input type="checkbox"/> Letter from Hospital or Doctor <i>We can use BIA funds if the death was caused by or complicated by COVID and would need documentation.</i>			
Please attach proof of expenditures before this application may be processed. ( <i>List proof on back of page.</i> ) The check may be payable to the applicant, other immediate family member, funeral home, or other business that is providing a service related to the funeral. Make check payable to: _____ Mailing address: _____ Day phone #: _____			
I, the applicant, certify that I am an immediate family member and I understand that the Tribal Member Bereavement Assistance fund is provided to help defray funeral costs and post traditional gathering. _____ Applicant's Signature      Date			

**For office use only:** (*NVE Staff and Authorizers to Initial Each Item*)

Incomplete \_\_\_\_\_       Approved \_\_\_\_\_       Denied \_\_\_\_\_       Check Request \_\_\_\_\_       Mailed \_\_\_\_\_  
Date: \_\_\_\_\_      Date: \_\_\_\_\_      Date: \_\_\_\_\_      Date: \_\_\_\_\_      Date: \_\_\_\_\_