



American Rescue Plan Distribution Application

*In May 2021, upon receipt of the American Rescue Plan funding from the U.S. Treasury, the Sac and Fox Nation Business Committee (BC) approved the American Rescue Plan Distribution, based on the BC's assessment that all tribal members have faced unforeseen financial hardships due to the COVID-19 pandemic. Under the program, all members of the Sac and Fox Nation enrolled as of June 02, 2021 will receive a one-time payment of \$2,000.00. Economic support payments must be based on an assessment of individual need. **To receive the economic support payment, you must complete and submit this application.** Check distribution will begin on June 30, 2021. No checks will be sent without a completed application and W-9 on file. Please note, a W-9 must be submitted for each minor child.*

TRIBAL MEMBER INFORMATION

Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Enrollment Number: _____ Date of Birth: _____

Sac and Fox Minors. Please list all Sac and Fox Minors that you are the legal guardian of (attach a separate sheet if more space is needed):

Name of Minor	Date of Birth	Enrollment Number

COVID-RELATED HARDSHIPS AND EXPENSES. Please check ALL emergency hardships and financial impacts you have experienced due to the COVID-19 public health emergency:

- | | |
|---|---|
| <input type="checkbox"/> Loss of income | <input type="checkbox"/> Increased childcare expenses |
| <input type="checkbox"/> Increased grocery expenses | <input type="checkbox"/> Quarantine expenses |
| <input type="checkbox"/> Transportation expenses | <input type="checkbox"/> Housing expenses |
| <input type="checkbox"/> Cleaning and sanitation expenses | <input type="checkbox"/> Utility expenses |
| <input type="checkbox"/> PPE expenses | <input type="checkbox"/> Telework expenses |
| <input type="checkbox"/> Medical/health expenses | <input type="checkbox"/> Distance learning expenses |

(Options Continue on Next Page)

- Other-** please list all other expenses and hardships resulting from the COVID-19 public health emergency (attach a separate sheet if more space is needed):

CERTIFICATIONS AND AUTHORIZATIONS

By signing below, you make the following representations, authorizations, and certifications:

- I certify that I have been negatively impacted by the COVID-19 public health emergency.
- I certify that I have incurred expenses related to the disruption of daily life due to the COVID-19 public health emergency.
- I certify that the funds will be used for COVID-19 related eligible expenses that have not been reimbursed by another federal, state, or tribal assistance program.
- I understand that I am subject to prosecution to the fullest extent of the laws of the Sac and Fox Nation if I knowingly, willfully and fraudulently provide false information for the purpose of obtaining benefits which I am otherwise ineligible to receive.

For Minors:

- I certify that I am the legal guardian of the minors listed in this application.

Signature of Applicant

Date

PLEASE SUBMIT COMPLETED APPLICATION BY June 30th, 2021.

FOR OFFICIAL USE ONLY.

Date Received:

Approved by:

Date:

Please submit applications to the ARPA DEPARTMENT

By Mail:

920963 S. Hwy 99

Stroud, OK 74079

By Email:

arparelief@sacandfoxnation-nsn.gov

Please call for Fax Number:

918-968-3526 Ext 1819

You may return the completed application to the Administration Building in Stroud or to the Multipurpose Center in Shawnee during regular business hours.

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>	
	<p>2 Business name/disregarded entity name, if different from above</p>	
	<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____ </p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p>	<p>Requester's name and address (optional)</p>
	<p>6 City, state, and ZIP code</p>	
	<p>7 List account number(s) here (optional)</p>	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; border: 1px solid black; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; border: 1px solid black; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
or					
Employer identification number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; border: 1px solid black; text-align: center;">-</td> <td style="width: 85%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
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Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.