

Mailed: Kickapoo Tribe of  
Oklahoma  
Attention: ARPA  
PO Box 70  
McCloud, OK 74851

**October 1, 2021 – November 30, 2023**  
**\*\*\* COMPLETE (1) FORM FOR EACH TRIBAL MEMBER \*\*\***

Email: [ARPA@okkt.net](mailto:ARPA@okkt.net)  
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Chasity Longhorn

**KICKAPOO TRIBE OF OKLAHOMA EMERGENCY CORONAVIRUS  
FISCAL RECOVERY FUND APPLICATION FOR DISBURSEMENT**

The Business Committee of the Kickapoo Tribe of Oklahoma has declared that a public health emergency does still exist for the Kickapoo Tribe of Oklahoma due to Coronavirus-19. Relief funding is allowed under the Fiscal Recovery Funds if a member has experienced an economic harm, such as loss of earnings or revenue, that resulted from the COVID-19 public health emergency and whether, and the extent to which, the use of the relief funding would respond or address this harm. The Business Committee recognizes that our community and its members have had a negative economic impact due to the pandemic. The Business Committee recognizes that the recovery funds that Kickapoo Tribe of Oklahoma received will respond to the direct and immediate needs of the pandemic and its negative economic impacts and, in particular, the needs of households that were disproportionately and negatively impacted by the public health emergency. The Business Committee recognizes our tribal community as a low-income community and that as minorities we have faced more severe health and economic outcomes during the pandemic, such as low wage or insecure employment, concentrated neighborhoods with less economic opportunity, and pre-existing health disparities.

In order to qualify for this KTO Negative Economic Impact fiscal recovery fund, you must be an enrolled KTO Tribal Member during the payout period of July 1, 2021 through November, 30, 2023. Additionally, in order to qualify, each member must certify that they have experienced a negative economic impact from the pandemic and must meet one or more of the following conditions as a result of the Coronavirus-19 Pandemic.

**Members are NOT eligible if their Adjusted Gross Income (AGI) in 2020 exceeds:**

- \$200,000 if married and filing a joint return or if filing as a qualifying widow or widower or
- \$150,000 if filing as head of household

- Low wage or unemployment
- Difficulty in making a housing mortgage payment
- Difficulty in making rental housing payment
- Difficulty in making utility payment(s)
- Business closure
- Need of medical supplies and/or equipment
- Covid-19 symptom resulting in quarantining or social distancing
- Survivor's benefits to surviving family members of COVID-19 victims
- Considered at high risk due to medical health or age and in need of protective materials/supplies Termination of employment, or inability to gain employment or furlough from employment
- Daycare, school or any educational institution closure

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

All eligible Tribal members will be eligible for up to \$1,500.00. Eligible minors will be eligible for up to \$1,500, paid to the custodial parent in care of the minor child, out of the Kickapoo Tribe of Oklahoma’s share of the *American Rescue Plan Act (ARPA) Fiscal Recovery* funding, if they meet any of the one or more of the following conditions as a result of the Coronavirus-19 pandemic:

**FALSIFIED APPLICATIONS ARE SUBJECT TO PROSECUTION**

By signing, I do hereby certify that I have agreed to the Kickapoo Tribe of Oklahoma’s Emergency Coronavirus Fiscal Recovery Fund Application for disbursement on October 1, 2021 through November 30, 2023. I acknowledge and have experienced a negative economic impact by the Covid-19 pandemic, including but not limited to the list before and qualify for this cash transfer.

Attached is: **Copy of CDIB**

**MINORS: Copy parent/guardian ID and copy of legal custody/guardianship documentation or Birth Certificates, also included**

Applicant Name: \_\_\_\_\_ Enrollment #: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/ Zip code: \_\_\_\_\_ State: \_\_\_\_\_

Custodial Parent/Guardian: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Signature: \_\_\_\_\_ Email: \_\_\_\_\_

**ALL DISBURSEMENTS WILL BE MAILED TO THE ABOVE ADDRESS**

**DO NOT WRITE BELOW THIS LINE**

CHECK LIST:     Application     Copy of CDIB     Proof of Guardianship (Minors)     Parent/Guardian ID (Minors)

Amount Paid: \_\_\_\_\_ ED Approval: \_\_\_\_\_

Accounting Code: 500438/81100/985/ARP

Enrollment Certification: \_\_\_\_\_ Finance Approval: \_\_\_\_\_

ARPA worker: \_\_\_\_\_