

APPENDIX A

SWO AMERICAN RESCUE PLAN ACT ("ARPA") EDUCATION GRANT PROGRAM
APPLICATION

All tribal members who are currently enrolled in pre-school, elementary school, or high school are eligible to receive a one-time \$500 grant to address education disparities and education readiness by, among other things, allowing them to purchase tutoring services and remedial materials to combat lost instructional time, purchase information technology ("IT") equipment and services (including internet access or digital literacy services) to support distance learning and to help bridge the educational digital divide that has been exacerbated by remote learning during the COVID-19 pandemic, and purchase other essential school supplies and school clothes.

- 1. **Student's Full Name:** _____
- 2. **Student's Physical Address:** _____
- 3. **Student's Date of Birth:** _____
- 4. **Student's Tribal ID number:** _____

- 5. Who is Preparing and Submitting This Application? Please attach current court order for verification.
Student Parent Guardian Someone Else: specify _____
There is no court order, I am sole provider for the children

- 6. Name of Applicant (if not Student): _____
- 7. Relationship of Applicant to Student: _____
- 8. Phone Number of Applicant: _____
- 9. Physical Address of Applicant: _____
- 10. Email Address of Applicant: _____

- 11. Does the Student or members of the Student's household receive services from the Sisseton-Wahpeton Oyate or another Tribal government?

Services include, but are not limited to: COVID-19 pandemic relief programs, services, and benefits; health services; school or educational services; police, fire and other public safety services; environmental protection; use of Tribal roads and other Tribal infrastructure; public assistance benefits; and any other government service or benefit.

Yes No

- 12. Does the Student or any other person in their household currently receive assistance from any of the following programs? *Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), Free and Reduced-Price School Lunch and/ or Breakfast Programs, Medicare Part D Low-income Subsidies, Supplemental Security Income (SSI), Head Start, Early Head Start, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Section 8 Vouchers, Low-Income Home Energy Assistance Program (LIHEAP), or Pell Grants?*

Yes No

- 13. Has the Student or the Student's household experienced **negative economic impacts** from the COVID-19 public health emergency that are **equal to or greater** than the \$500 you seek through this program and that have not been addressed by any other federal, state, or tribal grant or program?

Yes No

14. Does the Student require assistance from this program in order to address the impacts of **lost instructional time** for students in kindergarten through twelfth grade or to address **educational disparities**?

You may answer “Yes” if you will use grant funds to address the impacts of lost instructional time, for example to purchase tutoring services and remedial materials or to purchase information technology (“IT”) equipment and services (including internet access or digital literacy services) to support distance learning and improve the Student’s engagement in distance learning or to help bridge the educational digital divide that has been exacerbated by remote learning during the COVID-19 pandemic.

Yes

No

15. Please attach proof of the Student’s enrollment in school. Have you attached proof?

Yes

No

16. If you are unable to pick up your check either due to COVID or another reason, who do you give permission to pick up on your behalf?

By signing below, I hereby certify that the information submitted in this application form is true and correct to the best of my knowledge. I agree that false statements in this application and misuse of funds may result in legal action against me in Tribal Court and the requirement to repay the grant funds back to the Tribe.

Signature: _____

Date: _____

For Internal SWO Government Use Only:	
<input type="checkbox"/>	Disproportionately Impacted Household. Check here if the applicant answered “yes” to question 11 or question 12, in which case the applicant is presumed to be disproportionately impacted by the COVID-19 public health emergency and its negative economic impacts.
<input type="checkbox"/>	Household Assistance. Check here if the applicant answered “yes” to questions 13 or 14, in which case the grant may be coded under the Public Health and Negative Economic Impacts eligible use category.
<input type="checkbox"/>	Revenue Loss. Check here if the applicant answered “no” to questions 13 and 14, in which case the grant may be coded under the Revenue Loss eligible use category.