

(PLEASE USE BLACK OR BLUE INK ONLY)

**Puyallup Tribe of Indians
ADULT ACTIVITIES SUPPORT SERVICES
APPLICATION FORM**

3009 EAST PORTLAND AVENUE – TACOMA, WA 98404

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PURPOSE

The intent of the Adult Activities Support Services Program is to aid Tribal member adults with Monetary assistance for 1) Participation in an organized adult sports team. **ALL SPORTS TEAMS MUST HAVE 5 OR MORE PLAYERS TO BE ELIGIBLE FOR PAYMENT FOR TOURNAMENT FEE'S.** 2) Entry into an adult sports tournament 3) Other Activities: martial arts, health club membership, Native American arts registration fees AND kits from the Instructor. **Applicant must provide receipts 15 calendar days to the Program Coordinator for supplies or a list of vendors from the day of classes that will be selling supplies. The program does not REIMBURSE for fees. THIS IS FOR FY OCT 2020-2021 ONLY.**

NAME: _____

FIRST MI LAST (MAIDEN)

ADDRESS: _____ **CITY:** _____ **ST:** _____ **ZIP:** _____

PHONE NUMBER: _____ **DOB:** _____ **ENROLLMENT #** _____

NAME OF ORGANIZATION, CONTACT PERSON, ADDRESS OF ACTIVITY: Organized Adult Sports, Tournament, and other Activity: Marital Arts, Health Club Membership. **It is the Applicants' responsibility to get an invoice.**

Name of Organization/Vendor: _____

Address of Organization/Vendor: _____ **City:** _____ **ST:** _____

Zip Code: _____ **Phone # of Organization/Vendor** _____

FEE AMOUNT: (Indicate where appropriate).

Sports Tournament Entry Fee amount: _____

Health Club Membership Fee: _____

Native American arts and crafts Fee: _____

Golf Tournament Entry Fee: _____

Other Activities Fees: _____

Any amount over the \$1000 will be the responsibility of the applicant/parent

Please note: If the entry fee is over \$1,000, the team will be responsible for the difference. **When entering a team that includes non-Puyallup Tribal members, the entry fee will be divided by the total of individuals on the team. Non-Tribal members will be responsible for their share of the entry fee.** The program does not pay for online training.

CHECK PROCESS: You must:

- ☛ Provide 1-week notice to process checks:
- ☛ Provide with AASS, entry flyer or tournament form that states the amount and date of the event.
- ☛ **Program Coordinator will MAIL the check to the Organization/Vendors**

REIMBURSEMENT OF FUNDS

If an adult relinquishes participation in any program and payment has been made to vendor, the Tribal member will either; 1) seek reimbursement from vendor or 2) reimburse the Tribe the amount of assistance issued to vendor. If applicant does not seek reimbursement or payback the Tribe for non-participation after funds has been disbursed to vender, the applicant will not receive a credit on their Adult Activities Support Service Account.

FRAUD, MISREPRESENTATION, INCOMPLETE APPLICATIONS

If assistance is received and required receipts are not turned in within 15 calendar days, applicant will then be out of compliance with Children's Activities policy and will need to reimburse the Puyallup Tribe for funds that are unaccounted for. The applicant will not be eligible for further assistance until all funds are repaid to the Tribe. Withholding information, providing false information on application, actions that show intent to commit fraud against the Children's Activities Program or submitting altered documents will result in immediate denial. If the Program Coordinator determines based on reasonable grounds that the applicant has entered any false or intentionally misleading information or statements on any application submitted to Children's Activities Program or to any other Puyallup Tribal assistance program, the Program Coordinator, or a delegate, may suspend the applicant from receiving Children's Activities Program funding for a period of one year. If it is determined the applicant has received assistance illegally or in violation of this policy, the applicant will not be eligible for further assistance until all funds are repaid to Tribe. The applicant must provide all necessary documents to complete a request. Incomplete applications will not be processed.

OTHER INFORMATION

The Children's Activity Program is funded by the Puyallup Tribe of Indians, therefore, at any time the amount of funding can either decrease or increase based on Funding Allocations. "I understand that if I knowingly submit fraudulent information or do not use the funds for their intended purpose, I will not be eligible to receive funds under this program and may be subjected to prosecution in Tribal Court."

APPLICANT PRINT SIGNATURE

DATE SIGNED

APPLICATION SIGNATURE

DATE SIGNED

AUTHORIZED SIGNATURE APPROVING APPLICATION

DATE SIGNED

TRIBAL SERVICES USE ONLY

Please Note the History of Requests by tribal Member. (Maximum \$1000)

Date of Assistance	Activity	Amount	Balance
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____