FY-2024 Guidelines Sells Community

Follow the checklist(s) below and submit your application to Sells Community before 5:00 PM (MST) by the last business day of the month.

Applications will be reviewed to ensure the application is **complete** and all required documents are attached according to the budget justifications. Applications may be submitted by email, fax, mail, or hand delivered to the Sells District Office. Please note, signed original Application for Assistance and General Welfare Law Application will be required.

1. The applicant must:
   - Provide a copy of Tribal ID card.
   - ☐ Be a Sells Community member over the age of 18.
     - ⇒ **If applicant does not have an "S" enrollment number**, the applicant will first be referred to their enrolled district.
     - ■ Applicant may resubmit a Sells Community Application for Assistance after applying to their enrolled district and receiving a letter of denial.
   - ☐ Complete, sign, and submit an Application for Assistance.
   - ☐ Complete, sign, and submit a General Welfare Law Application.
     - ■ General Welfare Law Application, **Question 4**. - Clearly explain how the assistance will **BENEFIT** their person, members of household, or house (be specific). Statements of financial status such as inability to pay will not suffice.

2. Requestors with **COMPLETE** applications will be contacted with the date/time of the Sells Community meeting.
   - ☐ Applicants are required to attend an in-person community meeting and present their Application for Assistance.
   - ☐ **Exempt** from required attendance are elderly (over the age of 55+ years), handicap/vulnerable adults, and out-of-state members (out-of-state members must submit a letter explaining their non-attendance).

3. Monetary Donations requested by individuals (groups, etc.) will be required to do:
   - ☐ A travel expense report.
   - ☐ Failure to report will be denied future monetary donation. Any type of monetary assistance requires you to turn in receipts & Travel Training Request Form. For individuals requesting airfare, per diem & lodging an Application for Assistance & General Welfare Application must be submitted.

4. **EXTERMINATION** – Requests for exterminator treatment of bedbugs, roaches, or termites will require the homeowner to submit a Project Request Form to Sells District.
   - ■ **Sells Community agrees to assist the homeowner with a one-time payment** to a professional exterminator for treatment of bedbugs, roaches, or termites.
   - ■ **The homeowner agrees to pay for all subsequent treatment fees** including, but not limited to, fees for annual, renewal, maintenance, and preventative treatments.

5. **#6500 TRAINING FEES & REGISTRATION** – Not-to-exceed $500. If you do not attend, you will be required to repay the entire amount. *Complete the following*:
   - ☐ Trainings, workshops, seminars, etc. will require a travel report.
   - ☐ Submit a breakdown of the amount requested (Travel Training Request Form).

   All receipts must be submitted upon return; failure to submit receipts will result in non-consideration on any future monetary requests. Any unspent funds will be repaid by money order to the Sells District.

6. **#6510 LODGING** – Only when overnight stay is required for conducting business or representing as an ambassador; and, for emergency assistance for unforeseen circumstances. Based on General Services Administration (GSA) established daily rates by location. *Complete the following:*
   - ☐ Must submit a Travel Training Request Form.
   - ☐ Submit quote(s) for lodging.

7. **#6520 PER DIEM** – Meals and incidentals related to travel and based on General Services Administration (GSA) established rates for the location. *Complete the following:*
   - ☐ Must submit a Travel Training Request Form.

   All receipts must be submitted upon return. Any unspent funds will be repaid by money order to the Sells District.

8. **#6530 TRANSPORTATION** – Airfare, bus fare, rideshare services, public transportation fee, cab fare, baggage fees related to approved travel expenses.
   - ☐ Must submit a Travel Training Request Form.

9. **#7035 BUILDING MATERIALS** – Building materials for community home renovations, fencing materials.
   - One-time security door(s) purchase. **Not-to-exceed $100 per basic security door**. Limit two doors per household.
   - One-time window security bars purchase. **Not-to-exceed $50 per window**.
   - Fencing Material is limited to 150ft x 150ft – i.e. barbed wire, chain link, horse fencing, tee posts for a one-time assistance per fiscal year. **Not-to-exceed $700**.

   Complete the following:
   - ☐ Submit one (1) quote.
   - ☐ If amount exceeds the not-to-exceed limit(s), payment of the difference (by money order to the Sells District) is required before purchase.
   - Building Materials is limited to items for home renovations.

   Submit the following:
   - ☐ Submit Project Request for review of quote by Sells District Liaison.
   - ☐ Submit itemized quote from vendor.

10. **#7615 DONATIONS & CONTRIBUTIONS** – Provides restricted monetary assistance for appliances: **not-to exceed $800 per appliance**. Provides restricted monetary assistance for laptops/tablets, prescription eyeglasses, safety glasses, dentures, walkers, wheelchairs, and other medical needs: **not-to-exceed $700**. *All applications require the following*:
    - Submit one (1) current quote.
    - If the amount exceeds the maximum limit ($800 or $700) you will be required to pay the difference (by money order to Sells District) before the item will be purchased.

    AND

    - Computer/laptop/tablet applications also require:
      - ☐ Letter, on official letterhead, from the institution or college in attendance supporting the request.
      - ☐ A letter from applicant explaining why the item is needed and how it will benefit the student.
    - Appliance applications shall not exceed two appliance purchases per fiscal year and also require:
      - ☐ Submit Project Request for the requested item(s).
      - ☐ Submit one (1) current quote.

11. **#7625 GENERAL ASSISTANCE** – Request for utility, rent, mortgage assistance must be in the applicant's name. **Not-to-exceed $700**. *One or more of the following are required*:
    - ☐ Submit official Lease/Rental/Mortgage agreement with letterhead.
    - ☐ Submit current bill/invoice for utility. No past due amounts will be paid and only the current charges.
    - ☐ Submit a W-9 from the property owner/mortgage lender.

    Receipts are required upon payment.

12. **#7675 EDUCATION ASSISTANCE** – A one-time assistance of $2,000 per year (fall, spring, summer). No past due balances exceeding one year. *Required documents*:
    - ☐ All students are required to submit an acceptance letter from the educational institution.
    - ☐ All students are required to submit a college/institution bill.
    - ☐ Continuing students must submit class schedule, grades, attendance.

    Check will be made out to the university, college, or respective educational institution.

13. NO ASSISTANCE WILL BE ALLOWED FOR THE FOLLOWING:
    - Vehicle purchases
    - Vehicle repairs
    - Solid Waste payments
    - Requests for furniture
    - Reimbursements
    - Court Fines

14. EMERGENCY REQUEST - Will be approved at the discretion of the Sells Community Officers and Sells District Administration.
    - During summer months include only evaporative coolers, a/c units and refrigerators.
    - During winter months include only refrigerators, water heaters, and space heaters.
    - Be required to attend a Sells Community Meeting.

NOTIFICATIONS

1. All INCOMPLETE applications will NOT be processed.
2. All Applicants will be notified.

Signature of Applicant: _____ **Date:** _____

Email Applications to: SellsCommunity@sellsdistrict.com
Mail applications to: Sells Community, P.O. Box 910, Sells, Arizona 85634

FY-2024 SELLS COMMUNITY APPLICATION FOR ASSISTANCE

October 1, 2023 – September 30, 2024

Email to SellsCommunity@sellsdistrict.com, Deliver to Sells District Office or Mail to Attention: Sells Community, P.O. Box 910, Sells, Arizona 85634.

PLEASE PRINT CLEARLY

Name: _____ Tribal Enrollment No._____-S-_____

Address:_____
(Street/P.O. Box) *(City)* *(State)* *(Zip code)*

Telephone No: (Primary) _____ (Secondary)_____

Email: _____ Date of Birth _____

A detailed description of assistance: _____

_____

Comments/Delivery Instructions:

_____

_____

All requests must have one (1) quote with the application. Applicants must attend the in-person community meeting. Applications are due before 5:00 PM (MST) by the last business day of the month.

Signature of Applicant: _____ **Date:** _____

I hereby acknowledge that I have read the guidelines (initial) _____

SC-165-2023

Tohono O'odham Nation - General Welfare Law

APPLICATION FOR ASSISTANCE

1. Type of Assistance Requested **Application Date:**_____

_____

2. Person applying for assistance:

_____

Last name First Name Middle Initial

_____

Address City State Zip Code Telephone #

_____

Mailing Address City State Zip Code

3. Tribal Enrollment Number: _____

4. Explanation of Need:
Please explain the purpose for requesting assistance. (For example, emergency home repairs due to storm damage, medical emergencies, death, divorce, casualty).

_____

_____

_____

5. Have you previously applied for assistance within the past 12 months? (Nation, district, community, state, federal) Yes____ No_____

If yes, please explain type, amount, and purpose of assistance received (or why it was denied):

_____

_____

6. A. I verify under penalty of perjury that the information provided in this application is true and correct to the best of my knowledge. I authorize verification of all information I provided, and for other agencies, departments, programs, or other individuals, as applicable, to release information needed to verify my application.

B. I promise to provide receipts for any assistance consistent with this request and to use all funds solely for the designated program purpose.

C. I agree to repay any assistance that is not used for the approved program purpose, or for which I do not provide required receipts. I understand that I may be denied future benefits until I repay such amounts, and that I will be subject to all other remedies provided under the GWL.

_____ _____

7. Applicant Signature **Date**

8. Official Use Only:

For Office Use Only:

Program Name (to address requested need): _____

[ ] Satisfied program guidelines [ ] Does not satisfy program guidelines

[ ] Safe Harbor program [ ] Non-Safe Harbor program

Comments:_____

_____

Authorized Signature: _____ Date:_____

SELLS COMMUNITY

P.O. BOX 910, SELLS, ARIZONA 85634

Phone 520-383-2281

Fax 520 383-3096

GENERAL WELFARE LAW (GWL) #4 Benefit explanation:

Please explain how you and your family benefit from the assistance you are applying for:

_____

_____

_____

_____

Community Member Signature: _____

Date: _____

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR ASSISTANCE

1. Type of Assistance Requested: Provide the name of the type of assistance that the applicant is requesting (for example: housing assistance, funeral assistance).

2. Person Applying for Assistance: Provide the name, address, and telephone number of the person who will be signing the form. If the applicant does not have a telephone, write "none" in this space. If the Application is for burial assistance, the applicant is the deceased person. Write the words "For the benefit of" above the person's name.

3. Applicant's Tribal Enrollment Number.

4. Explanation of Need:
   Please explain the reason for your request. For example: "My roof is leaking and I have exhausted other program resources." Attach additional sheets of paper if necessary. Also attach any estimates or documents you may have received that justify the expense or need.

5. Has the applicant applied for assistance with other agencies such as the Nation, the state, the federal government, their district, or their community? Check Yes or No. If the applicant checks yes, please include the type and amount of assistance received, as well reasons that additional assistance is needed. If assistance was denied please state why.

6. In section 6.A., the applicant provides his or her permission for the program agency (a department of the Nation or the district) to verify information received on the application form by contacting another agency, department or program that holds that information. In section 6.B., the applicant verifies that all information in the application form is true and correct. In section 6.C., the applicant agrees to provide receipts for any purchases under the assistance distribution. If any funds are improperly spent, or not properly supported with receipts, the applicant must repay any assistance provided.

7. Applicant "Signature" and "Date". Applicant signs and dates the application. By signing the document the applicant authorizes the release of records by another agency, verifies that all information provided is true and correct, promises to provide receipts for any purchases under the assistance distribution, and agrees to repay assistance if any portion of the assistance is not used for a proper program purpose of if receipts are not provided. If the application is for burial assistance, the personal representative of the deceased should provide the signature on behalf of the deceased.

8. For Office Use Only: A staff person of the Nation or a district will determine whether the applicant meets or does not meet the General Welfare Law and applicable program guidelines.

   Note: The information provided on this Application is confidential, personal information. Program staff should protect this document from unnecessary disclosure, and should limit access to it within the program office.

Assistance that complies with the GWL is intended to qualify for tax free treatment under Internal Revenue Code Section 139E. However, neither the Nation nor a District, as applicable, can provide tax advice or guarantee tax treatment of any specific assistance payment.