

Bois Forte COVID-19 Energy Assistance Program

Program Guidelines

The Bois Forte Reservation Tribal Council by Resolution No. 56-2021 established the Bois Forte COVID-19 Energy Assistance Program to provide one-time emergency Energy Assistance to eligible members in need due to loss of income and/or unforeseen and additional energy costs suffered as a result of the COVID-19 public health emergency. **Energy Assistance provided under this Program is NOT a per capita or stimulus payment available to all Band members.** Rather, eligibility for Energy Assistance is limited to those who certify to specific need for Energy Assistance due to the COVID-19 public health emergency and who are not receiving assistance from the Minnesota Low Income Energy Assistance Program (EAP), the Minnesota COVID-19 Housing Assistance Program, or have already received assistance from the Bois Forte COVID-19 Energy Assistance Program.

1. Eligibility. All enrolled Band members who are **residents of Minnesota** are eligible to apply for emergency Energy Assistance under the Program. Adult Band members may apply for themselves. Non-enrolled parents/guardians of enrolled minor Band members under the age of 18 may apply on behalf of their minor enrolled Band member. **No more than one Band member per household may receive Energy Assistance.** Band members are not eligible for Energy Assistance if a member of their household, including themselves, are receiving or expect to receive assistance from the Minnesota Low Income Energy Assistance Program (EAP) or the Minnesota COVID-19 Housing Assistance Program (CHAP), or have already received assistance from the Bois Forte COVID-19 Energy Assistance Program.

2. Application Requirements. All eligible applicants must submit one completed application for Energy Assistance. The applicant must:

- a. provides information demonstrating the applicant's residential address, age, and enrollment with the Band (or the residential address, age, and enrollment information for the minor on whose behalf they are applying);
- b. certify to an existing need for Energy Assistance due to the COVID-19 public health emergency based on either a loss of income or increased or unforeseen emergency energy costs incurred since March 1, 2020;
- c. provide documentation of the need for Energy Assistance by attaching to the application unpaid current or past due electric, propane, or natural gas bills for your household that reflect unpaid energy costs from one energy company (and only one) incurred on or after **March 1, 2020 and before March 1, 2021;**
- d. certify that no individual in the applicant's household, including the applicant, is receiving or expects to receive assistance from the Minnesota Low Income Energy Assistance Program (EAP) or the Minnesota COVID-19 Housing Assistance Program (CHAP), and that the total amount of the Energy Assistance needs reflected in the documentation has not been covered in some other way, such as through other income or federal, state, or tribal financial or energy assistance; and
- e. agree to comply with all Program requirements, including these Program Guidelines.

3. Energy Assistance Provided. Applicants who meet Program requirements are eligible to receive up to \$350 in energy assistance under the Program. The amount of Energy Assistance provided will depend on the amount of documented need provided by the applicant.

4. Application Process.

A. **Submission.** Applications must be received by 4:30 p.m. on March 1, 2021. Completed applications can be emailed to travis.vake@boisforte-nsn.gov, faxed to 218-757-3312, or mailed to the following address: Bois Forte Energy Assistance, c/o COVID-19 Energy Assistance Program, 5344 Lake Shore Drive, Nett Lake, MN 55772. Distribution of Energy Assistance under the Program is subject to availability of funds.

B. **Review.** Program staff will review the application for completeness and required documentation, and will follow up with applicants if additional information is needed to process the application. Program staff reserves the right to contact the applicant's energy company to confirm that bills submitted as documentation of need are unpaid.

C. **Payment to Energy Company.** **If the application is approved, the Band will issue payment directly to the applicant's energy company.**

5. Timeline for Processing Assistance. Applications will be processed in the order they are received. While the Band cannot guarantee that assistance will be provided in a particular timeframe, the Band will strive to issue Energy Assistance payments within two weeks of receipt of a completed application. If applications are submitted and incomplete, there may be further delay in processing the application.

6. Federal Income Tax. The Band has structured this Program with the intent that the emergency Energy Assistance that a Band member receives is not subject to federal income tax. Specifically, the Band intends for the emergency Energy Assistance provided under this Program to be an "Indian general welfare benefit" under Section 139E of the Internal Revenue Code that is not subject to federal income tax. In general, a benefit is an "Indian general welfare benefit" if it is provided under a Program that is (1) administered under specified guidelines that do not discriminate in favor of members of the governing body of the Band, and (2) the benefit provided is available to any tribal member who meets the required guidelines, is for the promotion of the general welfare, is not lavish or extravagant, and is not compensation for services.

7. Effect on Other Assistance. A member's receipt of Energy Assistance under the Program may affect that member's eligibility for other need-based assistance. While the Band has structured the Program to minimize members' individual tax burden and any effects on the receipt of other assistance, it is the sole responsibility of the applicant to determine the effects, if any, of Energy Assistance on other assistance benefits.

8. Questions. If you have any questions about the information in this Summary or any other Program details or requirements, please contact the Bois Forte Energy Department at 218-757-3261 or at travis.vake@boisforte-nsn.gov.

Household Assistance Application – Revised January 8, 2021

Applicant Name: _____

Residential Address (No P.O. Boxes): _____

City: _____ **State:** _____ **Zip:** _____

Mailing Address (if different than residential address): _____

Phone Number: _____

Email Address: _____

Tribal Enrollment Number: _____ **Date of Birth:** _____

Household Members (other than you):

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

I am applying (check one):

as an enrolled adult Band member for myself.

as a non-enrolled parent/guardian on behalf of my enrolled Band member child under 18 years of age.

• Child Name: _____

• Child Date of Birth: _____

A. Certification of Need (check all that apply). Due to the COVID-19 public health emergency, I currently have a need for emergency financial assistance to cover energy costs for my home. I have this need because I have:

(1) suffered loss of my income or the income of a family member upon which I rely due to:

_____ layoffs or furloughs, reduced hours, or salary reductions

_____ the need to care for dependents as a result of school or daycare closures

_____ the need to quarantine/isolate or take other measures in compliance with COVID-19 related public health measures

_____ other reasons related to the COVID-19 public health emergency (please explain) _____

_____.

(2) experienced increased or unforeseen energy costs due to:

_____ the need for me or my family members to quarantine/isolate at home

_____ the need for my children or dependents to engage in distance learning at home

_____ other reasons related to the COVID-19 public health emergency (please explain) _____

B. Participation in EAP or CHAP (check one). Is any member of your household, including yourself, currently receiving or expected to receive assistance through the Minnesota Low Income Energy Assistance Program (EAP), the Minnesota COVID-19 Housing Assistance Program (CHAP), or already received the one-time help with Energy Assistance? _____ Yes _____ No

C. Documentation of Need. To demonstrate your need, please attach to this application (1) current or past due electric, propane, or natural gas bills for your household issued by one (and only one) energy company that are unpaid. The bills must be for unpaid residential energy costs incurred on or after March 1, 2020 and before March 1, 2021. The bills submitted must be in the name of the applicant or another adult member residing within the applicant's household.

The bills I submitted are in the name of: _____

Relationship to Applicant: _____

D. Signature.

By signing and submitting this Application, I:

- Certify that I have reviewed the Program Guidelines and agree to all terms and conditions of the Program;
- Certify that all information provided in this Application is accurate;
- Acknowledge that any assistance provided based on my inaccurate assertions or submissions will be subject to recoupment;
- Agree to assist the Band in verifying the accuracy of the information I have submitted upon reasonable request;
- Certify that the amount of need I have identified in this Application has not been covered through other income or federal, state, or tribal financial or energy assistance;
- Acknowledge and agree that the information I have provided on this Application will be used to update my contact information with the Band's Enrollment Office; and
- Acknowledge and agree that this Program provides one-time Energy Assistance benefits that are not recurring.
- Provide consent for Program staff to contact my energy provider to confirm that energy bills submitted as documentation in support of this application have not been paid.

Further, I acknowledge and agree that although the Band intends the most favorable tax treatment available under the general welfare exclusion set out in Internal Revenue Code Section 139E, **the Band has not provided any specific tax advice to members and will NOT be responsible for any tax liability or other costs incurred by members in connection with their receipt of emergency Energy Assistance under the Program.**

Signature: _____ Date: _____