



<b>FOR STAFF ONLY</b>
Date Received: _____
Initials: _____
Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Fee Paid: _____

2960 Tongass Avenue | Ketchikan, AK 99901 | 907-228-9228

## Tribal Member Activity/Service Fee Application

Ketchikan Indian Community will provide payment, directly to vendors, for KIC enrolled members to participate in healthy activities that live in the service area.

### 1) Eligible KIC Tribal Members Activity/Service Fee Checklist:

- Application completed by KIC Tribal Member(or parent/guardian) for an authorized activity/service
- Proof of Tribal Membership
- Invoice or brochure/flyer that details fee amount for an approved vendor (must be on KIC's approved vendor list or will have to provide information to be placed on the list to include a current W-9 and Business EIN) detailing the type of authorized activity/services and fee

### 2) Activities or Services to be funded \$250 per adult or child attending K-12 or \$800 per family per calendar year (Jan. 1 to Dec. 31):

*(Activities may not be funded by any other KIC Tribal Programs or eligible BIA or other government-funded entity).*

- School Activities Fee(s) listed on the Ketchikan High School (KHS) or Schoenbar Middle School(SMS) activity directory
- OR assistance with travel for one(1) school activity listed on either school's activity directory.
- Parks & Recreation Activity Fee(s) listed on the Ketchikan Gateway Borough Parks & Recreation Brochure, including those organizations listed on the Community Reference Guide.
- Ketchikan Area Arts & Humanities (KAAH) Events Fee(s) listed on the KAAH website.
- OTHER: Other activities not covered by 1-3 above, will be considered on a case by case basis.

Name of Person Completing the Application: \_\_\_\_\_

*(If you are filling out this application for your child (ren) please list your name here and list children below.)*

Street Address: \_\_\_\_\_ Ketchikan, Alaska 99901

Mailing Address: \_\_\_\_\_ Ketchikan, Alaska 99901

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Household Members Name	Relationship	DOB	Tribal Enrollment Number
	SELF		

- I have attached an invoice for the activity or service that I want to be funded that includes the amount requested. If there is no invoice available, I have attached a brochure or flyer or printout from the organization/vendor that details the amount of the fee required for myself or my child or family to participate.
- I understand that the organization/vendor must have a current W-9 on file and be on the approved Vendor list for KIC and if not that I must provide all information for the organization/vendor to be placed on the approved Vendor List.

**Requested Assistance:**

Please tell us what you are requesting this assistance for & fee amount: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Read Before Signing:**

- I understand that funds will be paid directly to the vendors and not individuals.
- I certify I meet the requirements and to the best of my knowledge that the information and documentation contained in this application is accurate and true. I also understand that additional information may be requested to verify what has been submitted.
- I am enrolled in KIC.
- Or I am a parent/guardian to an enrolled KIC member (*limited services available*).
- I reside in the KIC Service area on Revillagigedo Island.
- I understand I may call within 10 business days of submitting this application to verify it was received and its status.
- I give my consent and authorization for any federal, state or local agency to release to Ketchikan Indian Community any information needed to complete and verify my application for assistance.
- I have not received other funding for these expenses whether it is the City, Borough or any other tribal or government programs for these activities/services.
- I understand that my application is subject to verification, and that falsification of information shall be grounds for immediate termination from the program and will subject me to Federal prosecution under 18 U.S.C. §1001, which carries a fine of not more than \$10,000 or federal imprisonment for not more than 5 years, or both. I (we) also understand that if I (we) receive services as a result of falsified information, I (we) will have to repay the Tribe for those services.

\_\_\_\_\_  
Applicant (or parent/guardian) Signature

\_\_\_\_\_  
Date

**Office Use Only**

Activity Approved      Amount Approved: \$ \_\_\_\_\_

Activity Denied      Reason Denied: \_\_\_\_\_

\_\_\_\_\_  
Deputy TA (or Designee) Approval Signature

\_\_\_\_\_  
Date

*Tribal Member Activity Fee/Service Fees Program Policy authorized by:  
KIC AO-TCO-07 Tribal Council approved 8/21/2023  
Fund codes: Students 500-000-9120-62 Adults 500-000-9120*

***Please return completed form to:***  
Dawna Reeves  
dreeves@kictribe.org