



The Native Village of Eyak 477 Department

APPLICATION FOR SERVICES

MINI GRANT

The Native Village of Eyak
710 1st Street
P. O Box 1388
Cordova Alaska 99574-1388
477 Director's Office Phone: (907) 424-2227

Please scan and email applications to:
477@eyak-nsn.gov

The Native Village of Eyak's 477 Program

The Native Village of Eyak's Education & Training, Scholarship, Employment, General Assistance, and Child Care services are components of The Native Village of Eyak 477 Department. These programs are available for eligible Alaska Natives and American Indians living within The Native Village of Eyak's traditional boundaries.

Eligibility Requirements for The Native Village of Eyak services:

Eligibility is based on:

- Be an enrolled member of The Native Village of Eyak living within the Traditional Boundaries of The Native Village of Eyak
- Submit a copy of your BIA Certificate of Degree of Indian Blood or Tribal enrollment card.
- Meet **all** eligibility requirements for the program(s) to which you are applying.

Application Instructions:

1. **Everyone must complete pages 2-6 of this application.**
2. **Complete the application section** for the service(s) you are requesting (see sections and page numbers on front page).
3. Fill in **all** the blanks in the application. If a blank does not apply to you, please write "NA" for not applicable.
4. Gather the following documents to submit with your application. **Your application will be considered incomplete without these documents and will not be processed:**
 - Tribal enrollment card or Certificate of Degree of Indian Blood for everyone in your household.
 - Birth Certificate of children (Child Care Assistance only)
 - Copy of Driver's License or other State or Federal identification.
 - Copy of Social Security card or number.
5. Make sure you've signed and dated your application on the day it is submitted.

Please note: The Native Village of Eyak cannot proceed with processing incomplete applications until we have received all the necessary information and documentation required to finalize the application.

Who do I contact if I have any questions, need more information, and/or need assistance in completing my application?

477 Director Phone: (907) 424-2227

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Native Village of Eyak Application for Services

Mailing Address: P.O. Box 1388, Cordova, Alaska 99574 – Email: 477@eyak-nsn.gov – Phone: (907) 424-2227

Initial Intake & Short Education or Employment Development Plan

Name: _____ Current Age: _____
 (First) (Middle) (Last) (Also Known As – or Maiden Name)

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____ Gender: Male Female

Present Mailing Address: _____
 (Street Address or P.O. Box) (City) (State) (Zip Code)

Home Phone: _____ Work/Cell: _____ Email Address: _____

Veteran? Yes No If yes, Date of Discharge: ____/____/____ **Registered with Selective Service?** Yes No

Educational Status:

High School Diploma-Year Graduated: _____ GED-Year obtained: _____ OR Highest Grade Completed: _____
 College/Vocational Graduate-Type of Degree: Certificate AA/AAS BA/BS MA/MS Other: _____ Year: _____

Most NVE EESS programs and/or jobs are subject to drug testing. **Are you willing to take a drug test?** Yes No

Applicant Ethnicity	Applicant Primary Goal (check one)	Education/Employment Service Needs List
(check all that apply) <input type="checkbox"/> Alaskan Native <input type="checkbox"/> American Indian <input type="checkbox"/> Other (specify) _____ Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single/Separated <input type="checkbox"/> Living with Partner <input type="checkbox"/> Divorced/Widowed	<input type="checkbox"/> Obtain or Improve a Job <input type="checkbox"/> Retain Current Job <input type="checkbox"/> Self-Employment <input type="checkbox"/> Earn a High School Diploma or GED <input type="checkbox"/> Enter Postsecondary Education or Job Training <input type="checkbox"/> Educational Gain <input type="checkbox"/> Obtain Driver's License <input type="checkbox"/> Commercial Driver's License <input type="checkbox"/> Subsistence Activities (carving, beading, sewing, etc.) <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Relocation Assistance for Employment <input type="checkbox"/> Housing Assistance <input type="checkbox"/> Transportation To/From Training or Job <input type="checkbox"/> Enter Postsecondary Education or Job Training/Scholarships <input type="checkbox"/> Child Care <input type="checkbox"/> Training Fees or Tuition <input type="checkbox"/> Work Attire or On the Job Clothing <input type="checkbox"/> Mini Grant <input type="checkbox"/> Educational Housing Scholarship <input type="checkbox"/> Other (specify) _____

Applicant Status and Program Enrollment

Applicant Primary Status	Barriers to Education/Employment	Institutional Programs
(check all that apply) <input type="checkbox"/> Disabled <input type="checkbox"/> Employed <input type="checkbox"/> Worked 90 days or more this calendar year <input type="checkbox"/> Unemployed → <input type="checkbox"/> Collecting Unemployment <input type="checkbox"/> Not in the Labor Force <input type="checkbox"/> On Public Assistance ← (ATAP, TANF, food stamps, tribal welfare assistance)	(Must Complete) Last or Current hourly wage: \$ _____ Unemployed since: ____/____/____ (currently on or received in last six months)	(check all that apply) <input type="checkbox"/> In Correctional Facilities (AMCC, Seaside, etc.) Release date: _____ <input type="checkbox"/> In Other Institutional Settings (A.P.I., Substance Treatment, etc.) <input type="checkbox"/> None of the above

I certify that the information given on this application is true to the best of my knowledge. By signing my name, I agree to allow information from this form to be used for statistical and follow-up purposes. I understand that my name will never be used in any report and that all data will be kept strictly confidential.

Print Name: _____ Signature: _____ Date: _____

Guardian's Signature: _____ Date: _____

FOR OFFICE USE ONLY: Date Received: _____ Date Entered: _____ Initials: _____

NOTE: THIS IS A REQUIRED PAGE FOR ALL SERVICES.

Family Income and Available Funds

Family Income and Available Funds – List ALL sources of income that you have received during the last 30 days and current available funds. *You must provide copies of pay stub(s) for the last 30 days as verification of income.*

Source of Income	Amount Monthly/Yearly	Comments
Applicant's net salary (attach pay stub)	\$	
Spouse's net salary (attach pay stub)	\$	
Tips or gratuities	\$	
ATAP, TANF, ASAP	\$	
General Relief (GR)	\$	
General Assistance (GA)	\$	
Housing assistance (AHFC, NPRHA)	\$	
Child support and alimony	\$	
Foster care payments	\$	
Child Care assistance	\$	
Adult Public Assistance (APA)	\$	
Social Security (SSA)	\$	
Supplemental Security Income (SSI)	\$	
Disability insurance	\$	
Cash-out of retirement or pension plan	\$	
Alaska Longevity Bonus	\$	
Veteran's benefits	\$	
Unemployment insurance benefits	\$	
Worker's Compensation	\$	
Checking account (current balance)	\$	
Savings account (current balance)	\$	
Student loans/grants/scholarships	\$	
Other income (specify)	\$	
Other income (specify)	\$	
Total Income for Last 30 Days	\$	

Total Household Income for the last 30 days	\$
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I (We) certify that all information I (we) have provided on all sections of this application is true and correct to the best of my (our) ability and knowledge. I (We) understand that if I (we) knowingly or willfully provide false or fraudulent information in any part of this application, then I (we) are subject to prosecution which carries a fine of not more than \$10,000 or imprisonment for not more than five years, or both.

Applicant Signature	Date	
Applicant Signature	Date	

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INDIVIDUAL SELF-SUFFICIENCY PLAN (ISP)

Client Name: _____ **Date of Plan:** ____/____/____

I understand that the purpose of this Individual Self-Sufficiency Plan is to meet the goal of employment through specific action steps, and I am required to follow the steps developed in the ISP. I understand that I must participate in work activities and/or other activities and referrals developed in this plan that will promote my self-sufficiency and failure to do so may constitute suspension from the General Assistance Program for a period of 60 days but not more than 90 days.

Are you currently employed: Yes No **If yes, where?** _____ **How long?** _____

Highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12
 Certificate of Achievement GED College or Vocational Training

Date Graduated: ____/____/____ **Date received GED or Certificate of Achievement:** ____/____/____

Date last attended school: ____/____/____

What are your short-term goal(s)? _____

What are your long-term goal(s)? _____

STEPS NEEDED TO ACHIEVE SELF-SUFFICIENCY

Work Activities

- Employment: ___ Full-time ___ Part-time
- Job Search
- Volunteer Work Experience
- Job Sampling or Job Shadow
- On-the-Job-Training
- Job Readiness

Education/Training

- High School Diploma
- GED
- Certificate of Achievement
- Adult Vocational Training
- Literacy Improvement
- Employment Counseling
- ESL (English as a 2nd language)

Other Activities

- Life Skills Instruction
- Parenting Skills
- Child Care Assistance
- Child Support
- Substance Abuse Assessment
- Substance Abuse Treatment
- other: _____

SELF-SUFFICIENCY ACTIVITY PLAN AND GOALS

START DATE	GOAL #1	WHO WILL DO IT?	DATE TO BE ACHIEVED
ACTION STEPS TO ACHIEVE GOAL			
1.			
2.			
3.			

START DATE	GOAL #2	WHO WILL DO IT?	DATE TO BE ACHIEVED
ACTION STEPS TO ACHIEVE GOAL			
1.			
2.			
3.			

START DATE	GOAL #3	WHO WILL DO IT?	DATE TO BE ACHIEVED
ACTION STEPS TO ACHIEVE GOAL			
1.			
2.			
3.			

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

Case Worker Signature: _____ **Date:** _____

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The Native Village of Eyak 477 Programs Client Rights and Responsibilities

The client has a right to:

- Be treated with respect without regard to creed, national origin, religion, sex, sexual preference, or age.
- Be treated without regard to disability unless activity involved creates a hardship.
- Have all personal information treated in a confidential manner.
- Review his or her file with appropriate staff present.
- Be fully informed regarding any and all fees associated with the service client receives from The Native Village of Eyak.
- Be given clear information regarding participation in all program activities, e.g., attendance and completion requirements.

The client has the responsibility to:

- Be accurate and complete when providing information.
- Carry out program rules and requirements related to the services he or she is applying for.
- Actively participate in the creation of a personal employability development plan to receive The Native Village of Eyak services.
- Inform The Native Village of Eyak staff of any changes in name, address, or other personal information.
- Ask for clarification regarding any instructions, guidelines or services requirements that the client does not fully understand.

Denial or Discontinuation of Services

Each applicant or recipient of direct assistance will be given a written, detailed explanation regarding the ultimate denial or discontinuation of services. This explanation will include action needed or issues to be resolved for successful reapplication or reinstatement, if applicable.

Client Grievance and Appeals Process

This procedure has been established by The Native Village of Eyak to assist clients in resolving any complaints or grievances arising from any real or perceived violations of clients' rights. No specific printed form is necessary to file a grievance; however, a grievance must be in writing. The document must clearly state the problem(s) by describing the actions taken or not taken by The Native Village of Eyak staff and it must also outline possible solutions and/or resolutions.

An earnest effort will be made by The Native Village of Eyak staff and administration to resolve problems encountered during all stages of program participation. The following steps outline the recommended procedure for resolution of complaints or grievances regarding the service components of The Native Village of Eyak.

Grievance Process

Submit a complaint in writing to The Native Village of Eyak. An informal meeting with the 477 Director will be scheduled to discuss the complaint and an informal decision regarding the complaint will be made.

Appeals Process

If you are unsatisfied with the informal decision, you may submit a written request, within twenty (20) days of the informal decision, for a formal review of your complaint by the 477 Program staff member's supervisor. The supervisor will review the complaint and all supporting documentation and will make a formal decision as to the appropriate actions to be taken. The supervisor will then issue a written response within twenty (20) days of the formal decision. If you are not satisfied with the decision, you can appeal again as per The Native Village of Eyak 447 Department Policies and Procedures.

I have read and I fully understand my rights and responsibilities, and the grievance process available to me as a The Native Village of Eyak program participant.

Applicant signature

Date

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Section F
The Native Village of Eyak 477 Department’s Mini Grant Application
Mini Grant Check List

- Completely fill out & Sign the Attached Mini Grant Application
- Provide Copy of Certificate Degree of Indian Blood (CDIB)
- All Native Family Members CDIB’s are already on file
- Provide Proof of Income for all Household members
 - Copy of most recent 1040 Income Tax Return & W-2 for 2023
 - IF Self-Employed provide schedule “C”
 - copies of most recent paystub, monthly Retirement, Social Security, PFD & any other income for all household members
- Provide a copy of Home/Property Ownership Deed or Contract
- If your home is 50-yr or older please provide us with: 1) a copy of your property Tax cards & 2) Plat Map (lot/block#)
- “Before” Pictures taken of project area by applicant
- Income Eligibility worksheet (Resource Coordinator)
- Environmental Review Sheet Complete (completed by Resource Coordinator)

Household Size	1	2	3	4	5	6	7	8
Annual Income Limit	\$62,600	\$71,550	\$80,500	\$89,4950	\$96,660	\$103,750	\$110,900	\$118,050

HOME IMPROVEMENTS MINI-GRANT ASSISTANCE AGREEMENT

I/WE _____

Print Names

of _____

Print Full Physical Address

hereinafter referred to as "Participant" in consideration for being awarded housing assistance in the amount of \$ _____ from the 477 Department, a recipient of an Indian Housing Block Grant from the U.S. Department of Housing and Urban

Development (HUD), hereby agree to the following conditions on which housing assistance is made and received.

Participant agrees that: prior written approval from the Resource Coordinator of grant eligibility, submitted proposed project & all project invoices/receipts must be obtained before any reimbursement for housing upgrade materials will be made.

Any Costs above the approved grant amount will be paid for by the participant. If your project exceeds \$1999.99 you must file and complete Davis Bacon forms and pay Davis Bacon Wages to your contractors.

Participant agrees that all materials purchased under this grant will be used in the completion of home improvement upgrades within 60-days of 477 Department approval.

In the event of the death of the Participant, prior to the end of the term of this Agreement, the conditions of this Agreement shall be binding on any or all persons who succeed the Participant's interest in the property, buildings, or Improvements for which this Agreement is made.

Participant understands that the assistance is made subject to all regulations, now or in the future, contained in Code 24 of Federal Regulations (CFR) Part 1000, Native American Housing Activities. Participant further understands that the actual amount of housing assistance received is determined by the actual amount of the mini grant received, as documented above. The mini- grant assistance provided will be the amount necessary to complete the following scope of work:

Your Home Improvement/Weatherization Project Work Description (*please be specific*):

What year was your home Built? _____ Lot# _____ Block #'s _____

Native Village of Eyak Frequently Asked Questions

Q. What are the allowable uses of Mini-Grant funds?

A. Mini-Grant funds can be used for home rehabilitation projects including but not limited to weatherization, heating/boiler repair, accessibility, plumbing, electrical, etc. To see if your project will qualify, contact the resource coordinator.

Q. What is the limit for Mini-Grants?

A. Mini-Grants are offered up to \$1,999.99. Any amount over this will be at the expense of the owner.

Q. What do I need to provide to qualify for a Mini-Grant?

A. To qualify you need the following:

- Certificate of Degree of Indian Blood (CDIB)
- Proof of income (households must qualify for **GROSS** income limits, see table)
- Copy of Home/Property Ownership deed or contract "Before" Pictures of project site
- Statutory Worksheet (completed by NVE housing coordinator) If your home is **50-yrs. or older** please provide us with:
 1. Copy of your property tax cards
 2. Plat map (lot/block#)

Q. Who does the work on Mini-Grants?

A. Mini-Grant recipients may do their own work or hire contractors. ****All contractors must provide proof of current workman's comp insurance prior to any work starting on the project**** Any other labor done on the Mini-Grant will be unpaid unless recipient notifies NVE's Capital Projects Assistant and provides a reasonable pay rate. In addition, if the person providing the labor does not have workman's comp insurance, NVE will deduct that cost from the total labor cost.

Q. How are Mini-Grants paid for?

A. There are two methods:

Method # 1: Reimbursement of Completed Projects to Homeowner

1. Grantee completes approved project with approved vendor & pays with their own funds
2. Completed project is inspected by NVE and approved
3. All project invoices/receipts are submitted to NVE for approval
4. Approved receipts are reimbursed to Grantee up to the grant amount of \$1999.99

Method # 2: Direct Payment for Materials to Vendor *Sales Tax Exempt*

1. Grantee submits invoices from approved vendor/project billed to NVE for payment, or
2. NVE billed directly by vendor for materials and/or labor for approved project up to \$1999.99
3. NVE will then pay the vendor directly up to \$1999.99 for materials and/or labor on the approved project.

Q. How long do I have to complete the Mini-Grant project?

A. Grant recipients have sixty (60) days to complete their work. Extenuating circumstances may require extensions that must be asked for in writing before the end of the sixty-day period. The length of extension will depend on each individual circumstance.

Q. Can I change the scope of my Mini-Grant project?

A. Grant recipients may change the scope of their project with approval from the NVE Capital Projects Assistant prior to any changes being carried out. Changes to projects must be submitted in writing before any work is carried out. This includes purchasing materials, hiring labor, beginning construction/demolition, etc.