

# Delaware Nation

## Social Services

P.O. Box 825  
Anadarko, OK 73005  
Ph: (405)247-2448  
Fx: (405)247-5942

## American Rescue Plan Act General Welfare Program for COVID-19 Tires and/or Vehicle Repair Assistance

- **PURPOSE:** This program will aid COVID-19 impacted citizens who need new tires or costly repairs to vehicles in order to obtain and/or sustain employment, attend medical appointments, attend educational courses and/or provide transportation for daily living tasks. This program provides a **one-time assistance up to \$800 for one vehicle per one tribal citizen (age 18+)**.
- **APPLICATION PROCESS:** This **one-time application** for eligible Tribal citizens will provide assistance for vehicle repair/tires for one vehicle **only**. **The vehicle cannot be applied for by any other tribal citizen.**
  - The tribal citizen applying must be listed on the vehicle title.
  - If the vehicle is tagged by an agency other than Delaware Nation, a copy of the title with the tribal citizen's name is required.
- **If an applicant has previously utilized tire/vehicle repair assistance from CARES funding, they will not be able to utilize this program for the same type of assistance for the same vehicle.** For example, if tires were purchased for the same vehicle, you will not be eligible for tires with this assistance. You may however, use this assistance for other vehicle repairs needed for that vehicle.
- It is the citizen's responsibility to submit a **complete application with all required documents listed below**. Any application submitted with missing information or supportive documents will be placed on pending status for 14 days.
  - If missing information or supportive documents are not received within 14 days of the submission date, **the application will be voided.**
  - A new application will need to be submitted.
- Once an application is complete and processed, the tribal citizen will receive an email confirming a request for payment has been submitted to our finance department. Please be sure to include a **valid email address** on the application if you wish to receive this notification.
- After verification of information is complete, processing time will be 14 business days to issue a check. All checks will be issued to the chosen vendor indicated on the supportive documents (invoice/quote) and mailed directly to the tribal citizen. This enables the tribal citizen to have the check in hand when services are completed. **Once a check has been issued to the vendor indicated, the vendor request cannot be changed no exceptions.**
- If you are requesting a reimbursement for repair work done or tires previously purchased, the purchase must be made after March 3, 2021 in accordance with the American Rescue Plan Act guidelines.

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- **APPLICATION START DATE AND DEADLINES: June 7, 2021-August 30, 2024 (until funding is exhausted). Application must be submitted by 5:00 p.m. central standard time.**

- **APPLICATION SUBMISSION:** Applications can be obtained on the Delaware Nation website or by calling 405-247-2448. Applications can be submitted by email, fax, or mail. All email submissions should be submitted to [ArpaVehicle@delawarenation-nsn.gov](mailto:ArpaVehicle@delawarenation-nsn.gov). **Please submit to this email only.** Applications submitted to other Delaware Nation emails run the risk of not being processed. If you wish to fax your application, please fax to (405)247-5942. If you wish to mail your application, please mail to:

**Delaware Nation  
Social Services  
PO Box 825  
Anadarko, OK 73005**

- **AMOUNT OF ASSISTANCE: UP TO \$800, WHILE FUNDING IS AVAILABLE**  
\*Payment will be made to the vendor (unless it is a reimbursement), but mailed to the tribal citizen. For all vehicle repairs, repairs must be completed by a certified and licensed auto shop. An invoice with an estimate of repairs must be submitted with the application. For tire purchase, purchase is for new tires only and must be made at a licensed retailer. An invoice from the vendor must be submitted with the application. **Any portion of the cost exceeding the allotted \$800 is the responsibility of the tribal citizen.** If you choose to split the cost between tires and vehicle repair, both invoices/quotes must be submitted at the same time with the application. Once a check is issued, you will have exhausted your funding amount.

PAYMENT WILL BE BY CHECK ONLY! PLEASE ENSURE YOUR CHOSEN VENDOR WILL ACCEPT CHECK PAYMENT FROM DELAWARE NATION BEFORE SUBMITTING THE APPLICATION.

Receipts will be required for purchases. Please submit electronically or by mail. Receipts must equal the total amount of the assistance provided. Delaware Nation will accept pictures of receipts taken on smartphones and emailed from the applicant.

- **ELIGIBILITY REQUIREMENTS:**

1. **Citizenship:** Applicant must be an enrolled Delaware Nation citizen
2. **Residency:** Nation-wide
3. **Age:** 18 years of age and older
4. **Vehicle must be in the tribal citizen's name**

- **REQUIRED DOCUMENTS:**

- ✓ **Completed application**
- ✓ **Copy of the vehicle title if tagged by an agency other than Delaware Nation**
- ✓ **Invoice/quote**



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**APPLICATION:** Please print all information requested below.

**Citizen Roll #:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State & Zip** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

### **AUTOMOBILE INFORMATION:**

**Vehicle Year:** \_\_\_\_\_ **Vehicle Make:** \_\_\_\_\_

**Vehicle Model:** \_\_\_\_\_

\_\_\_ **Vehicle is tagged with Delaware Nation Tax Commission**

\_\_\_ **Vehicle registration is enclosed**

### **CHOSEN VENDOR:**

**Vendor Name:** \_\_\_\_\_

**Vendor Address:** \_\_\_\_\_

**City, State & Zip:** \_\_\_\_\_

**Vendor Contact Number:** \_\_\_\_\_

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### **SELF-CERTIFICATION:**

- Reduced weekly hours or furloughed due to COVID-19
- Unemployed due to COVID-19 and currently looking for employment
- Need vehicle repairs in order to have transportation for medical appointments.

**\*Attach invoice/quote and copy of the vehicle title with this application.**

**By signing this application, I certify under penalty of law that all information submitted in this form is true and accurate. I further certify that any misuse of funds will result in ineligibility of future participation in any Delaware Nation Assistance Program until funds are reimbursed. I accept the Terms and Conditions and agree to use the COVID-19 Assistance funds for the intended purpose stated within this application for the citizen reported.**

Signature of applicant/Date: \_\_\_\_\_

Approved By: \_\_\_\_\_

Amount: \$ \_\_\_\_\_