



Delaware Nation
Laptop Application

***Broadband Available Laptop
Application***

- **PURPOSE:** After the initial Broadband Laptop application was released and all Delaware Nation Households were given ample time to request a laptop kit, our program still has laptop kits remaining. If you have not previously been approved for or received a laptop kit as described below, this is your opportunity to apply for one.
- Delaware Nation's Broadband Grant provides each Delaware Nation household one of each device listed below for the purpose of enabling citizens ages **18-59 years old** to utilize them for educational and/or employment purposes:
 - Lenovo ThinkBook 15 G3 AMD Ryzen 5 5500U, 8GB, 256GB SSD 15.6"
 - Cyber Acoustics USB Stereo Headset
 - Microsoft Office Home and Business 2021
- **APPLICATION PROCESS:** Only one application per household will be accepted. If there are two households living at the same address, please sign and return the attached **self-certification form**. Please be sure to include a valid email address on application. **If you have already received a laptop kit from this grant-funded program, you are not eligible to apply a second time.**
- **EXTENDED APPLICATION START DATE AND END DATE:** March 6, 2023 – **July 31, 2023** unless supplies are exhausted prior to the end date. Application must be submitted by 5:00 p.m. central standard time **on or before** July 31, 2023. All applicants must be 18 years to 59 years old when submitting the application.
- **APPLICATION SUBMISSION:**
Email: broadband@delawarenation-nsn.gov
Postal mail: Delaware Nation, Grant Manager, PO Box 825, Anadarko, OK 73005

ELIGIBILITY REQUIREMENTS:

1. Citizenship Applicant applying for household must be an enrolled Delaware Nation citizen
2. Applicant Age: 18 years – 59 years
3. Applicant Residency: Nation-wide

✓ REQUIRED DOCUMENTS:

- ✓ Completed application
- ✓ Copy of the applicant's Delaware Nation enrollment card
- ✓ **Signed self-certification form** for those with multiple households at one address

If you have questions about this application or program, please contact the Grant Manager, Ivy Smith by email (ismith@delawarenation-nsn.gov) or phone (405-247-2448, Ext. 1321)

APPLICATION: Please print all information requested below.

Citizen Roll #: _____ Birthdate: _____Month _____Day, _____Year

First Name: _____ Last Name: _____ Age : _____

Physical Address: _____

City, State & Zip: _____

Mailing Address (if different): _____

City, State & Zip: _____

Contact Phone Number: _____

Email Address: _____

Laptop Delivery Preferences (Please mark one):

- I prefer to pick-up my laptop in person at the Delaware Nation Tribal Complex in Anadarko.
- I prefer for the laptop to be shipped to my **mailing address** indicated on this application.

Laptop Setup Preferences (Please mark one):

- I have a Microsoft Account and prefer to set up the laptop and software myself.
- I prefer for the laptop and software be setup by Delaware Nation.

***** Please know that if Delaware Nation IT sets up your Microsoft Account, the account will be tied to Delaware Nation's Microsoft account. In the event of a PC rebuild the laptop will have to come back to us for the download of that office software.***

CERTIFICATION:

- 1. I am the head of a household***
- 2. I will be using these devices for (please check all that apply):***
 - Educational Courses Employment
- 3. I will complete a quarterly online survey on the Delaware Nation website (www.delawarenation-nsn.gov) regarding the usage of these devices***
- 4. I will keep the devices for at least two years, or return them to Delaware Nation if the devices are no longer needed or wanted.***

Signature of applicant/Date:

X _____

For Office Use Only

Date and Time Application was received: _____

Roll #: _____

A completed application and copy of Delaware Nation enrollment card were received:

____ Yes ____ No

If No, document communication with applicant:

Date Equipment was shipped: _____ **Carrier:** _____

Tracking #: _____

Laptop Serial #: _____

Microsoft License #: _____

SELF-CERTIFICATION OF SEPARATE HOUSEHOLD

Please use this form if you share the same mailing address as another eligible Delaware Nation Enrolled citizen – Applications must reflect the same mailing address as what is currently on file with Delaware Nation Enrollment.

Citizen Roll #: _____

Printed Legal First and Last Name: _____

Mailing Address (if different): _____

City, State & Zip: _____

Contact Phone Number: _____

Email Address: _____

I, _____, hereby affirm that I am a separate financial household from any and all other adult Delaware Nation enrolled tribal citizens that reside at the same physical address and/or mailing address listed on this application. I also affirm that I am not claimed as a dependent in another household for any other programs or applications.

Legal Name Signature: _____

Date: _____