

200 West 5th Avenue P.O. Box 1090 Nome, AK 99762 Phone: (907)443-2246

Fax: (907)443-9144 www.necalaska.org

Traditional Food Support Reimbursement Program Application

NEC offers reimbursement of up to 25 gallons of gasoline for NEC members who augment their household foods with traditional food resources. You must be a NEC member who resides in Nome.

Due to limited funding, reimbursement is only available to one member per household. Payments will be made directly to the Tribal Member. Receipts must be provided, and reimbursement will be made, not to exceed 25 gallons of fuel.

Please allow 14 days for processing. Completed applications can be emailed to information@necalaska.org or placed in the locked mailbox outside NEC's office building.

Applicant Name		Multiple family household?		
		Circle one:	N	
NEC Enrollment Number	IF unknown, leave	Date of Birth:		
THE EIN CHINETE HAMBEI	Blank.	Bate of Birtin		
	I	6] I	
Mailing Address	City	State	Zip code	
Email Address		Home phone #	Cell phone #	
		1		
Total Number of people who reside in your household:				
Please provide a list of names on the back of this form.				
<u>'</u>				
Payment will be made directly to the Applicant after tribal enrollment is verified. Please allow 14 days for				
processing.				
	processi	6.		
Maka shask navahla ta				
Make check payable to:				
Mailing address: _				

Do you nunt, fish and gather traditional food	resources to supplement your nousehold nutrition?
Please answer the following:	
I own my car, truck, boat or 4-wheeler	r Vehicle Type:
Season:	
available as a reimbursement for gasoline expense resources. I certify that my family's ability together	ommunity member. I understand Traditional Food Support is only s incurred while fishing, hunting and gathering traditional food r traditional foods has been impacted by the COVID epidemic and that so that I am able to seek additional food resources with which to feed tic and may take up to 14 days to process.
Applicant's Signature	Date
·	pers. This information will only be used to limit igibility will not be affected if other household
For office use only:	
Authorizing Official Approval	Date:
Amount approved \$	Funding Source Code:
Denied Reason:	

Date