



200 West 5th Avenue
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Subsistence Program Application

NEC offers reimbursement of up to \$150 in applicable expenses related to subsistence activities for Tribal Members who reside in the Nome service area. Examples include but are not limited to:

- a. Fuel
- b. Hunting and fishing supplies such as lures, rods, ammo, boots, hip waders, etc.
- c. Gathering supplies such as berry buckets, zip lock bags, etc.

Due to limited funding, reimbursement is only available to one member per household on a first come first serve basis. Payments will be made directly to the Tribal Member.

Payment Receipts up to \$150 must be attached to qualify for reimbursement. Please allow 7 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? Check one: <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Mailing Address	City	State	Zip code
Email Address		Home phone #	Cell phone #
Total Number of people who reside in your household: _____			
Please provide a list of names on the back of this form.			
<p>Payment will be made directly to the Applicant after receipts and tribal enrollment is verified. A reimbursement check will be processed during NEC's regular weekly check run. Please allow 7 days for processing.</p> <p>Make check payable to: _____</p> <p>Mailing address: _____</p> <p>_____</p> <p>Do you prefer direct deposit into your bank account? <input type="checkbox"/> Y or <input type="checkbox"/> N</p> <p>If yes, have you received a direct deposit payment from NEC in the past? <input type="checkbox"/> Y or <input type="checkbox"/> N</p> <p>If yes, has your bank account info changed since then? <input type="checkbox"/> Y of <input type="checkbox"/> N</p> <p>If you have not received a direct deposit payment from NEC in the past or if your bank account info has changed, your payment will be processed as a check and mailed to you.</p> <p>Please submit completed application to Nome Eskimo Community, Attn: Adrienne Dickson-Bahnke for processing.</p>			

I, the applicant, certify that I am a Nome Eskimo Community member. I understand reimbursement is only available for subsistence related costs. I agree to provide receipts for reimbursement and acknowledge that funding is available on a first come first serve basis. I am also aware payment is not automatic and will be processed during NEC's regular weekly check run.

Applicant's Signature

Date

Please provide a list of household members. This information will only be used to limit reimbursement once per household. Eligibility will not be affected if other household members are not NEC tribal members.

For office use only:

Authorizing Official Approval _____ Date: _____

Amount approved \$ _____ Funding Source Code: NSHC Wellness Fund 55.20.00.6005

Denied _____ Reason: _____
Date