

Taking their oaths



Photos by Timothy J. Gonzalez

Tribal Council Vice Chair Chris Mercier takes the oath of office administered by Tribal Court Chief Judge Cynthia Kaufman Noble on Wednesday, Sept. 16. Mercier received 966 votes during the Sept. 12 Tribal Council election and earned his sixth three-year term on Tribal Council.



Tribal Council member Lisa Leno takes the oath of office administered by Tribal Court Chief Judge Cynthia Kaufman Noble on Wednesday, Sept. 16. Leno was the top vote recipient in the Sept. 12 election, receiving 1,047 votes and garnering a second consecutive three-year term on Tribal Council.



Tribal Council member Michael Langley takes the oath of office administered by Tribal Court Chief Judge Cynthia Kaufman Noble on Wednesday, Sept. 16. Langley received 981 votes during the Sept. 12 election and garnered his second consecutive three-year term on Tribal Council.

Confederated Tribes of the Grand Ronde Community of Oregon

9615 Grand Ronde Road
Grand Ronde, OR 97347

Telephone: (503)879-5211 Fax: (503) 879-2208

COVID-19 Relief Payment Program

Application for October & November payments

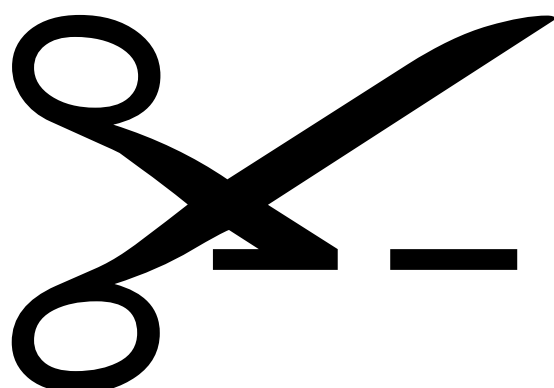
On April 23, 2020, Tribal Council approved the COVID-19 Relief Payment Program ("Program") to ensure all eligible Tribal members **18 years of age** and older will receive stipends for the unexpected costs or loss of income because the COVID-19 pandemic and public health emergency. The Program provides financial assistance to eligible tribal members to help alleviate the hardships endured.

Following the Tribe's adoption and implementation of the COVID-19 Relief Payment Program, the U.S. Department of Treasury issued new guidance related to the Program. The new guidance **requires** that **each** Tribal member must complete an application for the Program.

Please print and fill out the "COVID-19 Relief Payment Program Application" found on the Tribes' website at <http://www.grandronde.org/>, and follow one of the submission options identified below.

1. Complete the Application
 - a) Completely fill out the application.
 - b) One application per eligible member **18 years of age** and older as of next payment dates of October 16, 2020 and November 16, 2020.
2. Application submission
 - a) Please submit completed application by **October 9th, 2020**. Failure to turn in the form **WILL** delay payment.
 - b) **NO CONTACT SUBMISSION** due to COVID-19 pandemic, so any one of the following options are available for submission
 - ONLINE SUBMISSION.**
 - A fillable application is available on the grandronde.org website under the Financial Assistance programs header under Covid-19 Relief Payment Programs and can be submitted from the website.
 - REMOTE SUBMISSION**
 - Scan and email to ctgrdistcovid19@grandronde.org with subject title Relief Payment Application *or*,
 - Fax to 503-879-2208 *or*,
 - Mail to – Confederated Tribes of Grand Ronde, 9615 Grand Ronde Rd., Grand Ronde OR 97347 Attn: Finance Department
3. Award
 - a) All financial support will be sent to the recipient per their Per Capita payment election, either direct deposit or mailing address.

**If you have any questions please contact Liz Leno by email at liz.leno@grandronde.org.*



**Confederated Tribes of Grand Ronde
2020 COVID-19 Relief Payment Program
Application for October & November 16, 2020 Payments
MUST be returned by **October 9, 2020** or payment will be delayed!**

Name (Print): _____

Mailing Address (Street, City, State, Zip): _____

Phone Number(s): _____

CTGR Enrollment Number: _____

Total Living in Household: _____

Number of Children (17 years old and younger) Living in Household: _____

Number of Elders Living in Household, 55 years of age and older: _____

Check the following that apply to you:

Head of Household Employment Status: employed reduced hours unemployed furloughed
 other

Spouse/partner Employment Status if any: employed reduced hours unemployed furloughed
 other

Homeownership: own rent

Children home from school: yes no

Utilities: electric water gas garbage cable

CERTIFICATION

I hereby certify that my family has been impacted by the COVID-19 pandemic prior to and since passing Resolution #101-20 Declaration of Emergency on March 18, 2020, and have a financial need due to loss of employment and income and increases in costs as a result of the public health emergency. As a result, I'm requesting assistance through the COVID-19 Relief Payment Program. I also certify that the information submitted on this application is true and correct to the best of my knowledge.

PRINT NAME DATE

SIGNATURE DATE