



SISSETON-WAHPETON OYATE COVID-19 Motor Fuel Assistance Program

Purpose

Through the SWO COVID-19 Motor Fuel Assistance Program, the Sisseton-Wahpeton Oyate will provide motor fuel assistance for Tribal Members with demonstrated need to respond to the COVID-19 public health emergency.

Assistance Type

A gasoline punch card will be provided to eligible applicants entitling them to a 10% motor fuel subsidy for one transaction per day (up to 15 gallons per day) and two transactions per week (up to 30 gallons total per week) at one of four eligible gasoline retailers: Dakota Connection Casino; Dakota Sioux Casino; Dakota Magic Casino; and Agency Village C-Store. Gasoline retailers will be reimbursed by the Tribe.

Eligibility

1. The applicant must be an enrolled member of the Sisseton-Wahpeton Oyate.
2. The applicant must certify that he or she has experienced negative economic impacts from the COVID-19 public health emergency.
3. The applicant must certify that, as a result of the COVID-19 public health emergency and its negative economic impacts, the applicant requires assistance to purchase fuel for his or her motor vehicle to meet his or her basic transportation needs to access food or other necessities, government benefits or services, employment, employment opportunities, education, education opportunities, healthcare services, emergency services, and/or childcare services.

APPLICATION

Applicant: _____ DOB: _____

Mailing Address: _____
Street (Box) City State Zip

Physical Address: _____
Street City State Zip

Primary Phone: _____ Enrollment # : _____

Certifications

Applicant certifies in good faith, subject to pains and penalties of perjury and other punishments under the law, that the answers provided to the following questions are true and correct in all respects.

1. Are you an enrolled member of the Sisseton-Wahpeton Oyate? Yes No
2. Have you experienced negative economic impacts as a result of the COVID-19 pandemic, such as increased expenses or decreased income due to the pandemic? Yes No
3. Have you been impacted or disproportionately impacted by the COVID-19 public health emergency? Yes No
You may answer "yes" to Question 3 if your answer to any of the questions (a), (b), (c), or (d), below, is "yes."
 - (a) Do you receive services from the Sisseton-Wahpeton Oyate or another Tribal government? Yes No
Services include, but are not limited to: public assistance benefits; COVID-19 pandemic relief benefits; health services; school or educational services; police, fire and other public safety services; environmental protection; use of Tribal roads and other Tribal infrastructure; and any other government service.
 - (b) Are you a low- or moderate-income individual or a member of a low- or moderate-income household? To qualify as low- or moderate-income, your household income in the last year must be equal to or lower than the annual income listed below for the number of people in your household. Yes No

Number in Household	1	2	3	4	5	6	7	8
Annual Household Income	\$40,770	\$54,930	\$69,090	\$83,250	\$97,410	\$111,570	\$125,730	\$139,890

*For all households with more than 8 people, add \$8,732 for each additional person.
 **This table contains values for moderate-income households, which qualify as households presumed to be disproportionately impacted by the COVID-19 pandemic under 31 C.F.R. 35.6(b)(2)(i).

- (c) Have you experienced unemployment or increased housing insecurity or increased food insecurity during the COVID-19 pandemic? Yes No
 - (d) Do you (or does anyone in your household) receive assistance from any of the following: Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), Free and Reduced Price School Lunch and/or Breakfast Programs, Medicare Part D Low-income Subsidies, Supplemental Security Income (SSI), Head Start, Early Head Start, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Section 8 Vouchers, Low-Income Home Energy Assistance Program (LIHEAP), and/or Pell Grants? Yes No
4. As a result of the COVID-19 public health emergency and its negative economic impacts, do you require assistance to purchase fuel for your motor vehicle to meet your basic transportation needs to access food or other necessities, government benefits or services, employment, employment opportunities, education, education opportunities, healthcare services, and/or childcare services? Yes No

Signature: _____

Date: _____