



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

SUBSISTENCE PROGRAM APPLICATION

NEC offers reimbursement of up to \$200 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/storage bags, etc.

Due to limited funding, reimbursement is only available to one member per household. Payments will be made directly to the Tribal Member.

Payment receipts up to \$200 must be attached to qualify for reimbursement.

Applicant Name		Multiple family household? Circle one: Y 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.

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 ample time for processing.

Make check payable to: _____

Mailing address: _____

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 submit completed application to Nome Eskimo Community for processing.

FAX: (907) 443-9144

Email: information@necalaska.org

Deliver: 200 W. 5th Ave (M-F 8am-5pm)

Please provide a list of household members. This information will only be used to limit reimbursement once per household.

Names of other family members	

For office use only:

Authorizing Official Approval _____ Date: _____

Amount approved \$ _____

Denied _____ Reason: _____
Date