



# SNOQUALMIE INDIAN TRIBE

## TRADITIONAL CULTURAL RECREATION BENEFIT

### PROGRAM-----

The Tribal Council of the Snoqualmie Indian Tribe has established a Traditional Culture and Recreation Benefit, this program is intended to affirm the Tribe's inherent sovereign rights to promote, develop, assist, and support Tribal Members and their children in participating in traditional cultural and recreational activities. All traditional cultural activities, educational activities, and activities that promote the health and wellness of the Tribal household as authorized by this policy are intended to qualify for tax-free treatment to the fullest extent permitted by the law. Recreational activities will be assessed for taxability per the General Welfare Policy.

**Eligibility and Award Amount:** The Snoqualmie Indian Tribe provides \$1,500 USD per fiscal year to eligible Tribal Members and their service eligible minor child(ren) to be used towards approved TCR expenses. The TCR benefit is recognized as a cumulative "family" benefit to be accessed by application at the request of the Tribal Member or the custodial parent/guardian. Maximum benefit amount will be that of the adult Tribal Member and all service eligible minors in their household combined.

**Item Eligibility:** The Program does not pay for items not included on the eligible for TCR list.

#### Limits on distribution:

- 1) In the event the minor(s) live in a household more than 50% of the time, the custodial parent/or court order guardian has discretion for cumulative benefit usage for the eligible minors in their care.
- 2) Family membership or similar family expenses will be reviewed for eligibility based on the eligibility list below and will not require fee deductions for a non-Tribal spouse.
- 3) Limits will not be placed on the quantity of identical or similar items being purchased unless the request appears lavish or extravagant.
- 4) It is the responsibility of the Tribal Member to ensure items being requested are age appropriate for the recipients/participants.

**Benefit Approved:** If the applicant is approved for TCR benefits, the benefit award will be reimbursed or payment will be made directly to the vendor or program. For reimbursement original receipts are required and all receipts must be itemized, readable and in good repair.

**Application Process:** Please complete the attached forms and provide a W9 for the individual or vendor who will be receiving the payment. Once you have completed this application and collected all of the required documents please submit your application to the TCR program, processing may take up to 14 business days. All receipts must be dated inside the current fiscal year.

**GENERAL RESOURCES DEPARTMENT AT:**  
MAIL: PO BOX 969 SNOQUALMIE WA 98065  
FAX: 206-202-4535

QUESTIONS REGARDING TCR PLEASE CONTACT [TCR@SNOQUALMIETRIBE.US](mailto:TCR@SNOQUALMIETRIBE.US) OR 425-888-6551 EXT: 4012



# SNOQUALMIE INDIAN TRIBE

## TRADITIONAL CULTURAL RECREATION BENEFIT

### APPLICATION-----

#### TRIBAL MEMBER/GUARDIAN INFORMATION:

Name: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you have service eligible Snoqualmie minor(s) living in your household for which you are parent/guardian for?

YES      NO

If YES, please list names of service eligible minors below: (if no, please skip)

\_\_\_\_\_  
\_\_\_\_\_

#### PROGRAM INFORMATION: (Vendor W9 required):

If the program vendor will be paid directly please complete the following information:

Program or Vendor Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Phone Number: (\_\_\_\_\_) \_\_\_\_\_

#### TCR ACTIVITY DESCRIPTION & JUSTIFICATION:

In the box below, please describe the TCR activity or expense you are requesting funding for:

Type of payment: *Payment to Vendor    Reimbursement    PO (shipwreck/Centralia fur & hide)*

FUNDING REQUESTED: \$ \_\_\_\_\_

I agree to follow the requirements and policies.

I certify the information contained in this application is complete and accurate to the best of my knowledge. I understand that I am signing this application under penalty of criminal prosecution if I knowingly give false information which results in payment to which I am not entitled. By signing I agree that the Tribal Services Department may contact other tribal programs for pertinent information as it applies to this application. Some items eligible under the TCR benefit are recognized as taxable income and requires reporting. As such, you may receive a 1099 Misc. tax form from the Snoqualmie Tribe for the calendar year in which your benefits were approved.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### APPLICATION CHECKLIST:

- 1. Completed TCR Application
- 2. W9 from Vendor or individual receive reimbursement
- 3. Proof of enrollment in activity or program
- 4. Proof of activity or equipment or supply expense (invoice or receipt)

**Please note:** All receipts attached to this application *must be original receipts*  
Once you have completed this application and collected all of the required documents please submit your application to the TCR program. All applications will be reviewed for completeness and complete applications will be processed within 14 days.

**Email:** [tcr@snoqualmietribe.us](mailto:tcr@snoqualmietribe.us)

**Phone:** 425.888.6551 extension 4012

**Mailing Address:** General Resources: PO Box 969 Snoqualmie, WA 98065

**Fax:** 206-202-4535