



SNOQUALMIE INDIAN TRIBE TRANSPORTATION ASSISTANCE PROGRAM REQUEST FORM

PURPOSE

The purpose of the Transportation Assistance Program ("Program") is to provide limited financial assistance to offset the transportation costs ("Assistance") of adult enrolled Tribal Members traveling to attend General Council meetings, as may be approved by Tribal Council.

The Snoqualmie Indian Tribe has established the following criteria with the intent to ensure the Transportation Assistance Program functions in accordance with the Tribal General Welfare Policy.

Program benefits are subject to change at any time based on the availability of funds, as may be determined by resolution of the Tribal Council of the Snoqualmie Indian Tribe.

ELIGIBILITY

Adult enrolled Snoqualmie Tribal Members who meet the requirements of the Transportation Assistance Program Policy ("Policy") and request assistance for, and attend, a General Council meeting are eligible to receive Assistance.

LIMITS ON DISTRIBUTION

- This Form must be returned to the host Department no later than fourteen (14) business days before the General Council meeting for an advance or within 30 days for a reimbursement.
- Assistance is available one per Tribal Member per meeting.
- **Funding for this event will be deducted from the Tribal Member's Traditional Recreation & Cultural (TCR) benefit. A Tribal Member may only utilize up to their remaining balance in their TCR funds.**
- The Tribal Member receiving Assistance must sign in at the meeting or otherwise ensure that attendance is documented before they leave.
- The purposes of this Assistance is to assist with the cost of transportation to the General Council Meetings.

Tribal Meeting Requesting Assistance for: Special General Council Meeting

Feb (month)/ 2022 (year)

PERSONAL INFORMATION

Tribal Member Name: _____ Enrollment Number: _____

Address (traveling from): _____

City, State, Zip: _____

Phone: _____ Email (if preferred): _____

Traveling to: Snoqualmie Casino

Check here if the above Address is different from your Mailing Address and enter below:

Mailing Address: _____ City, State, Zip: _____



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TYPE OF TRAVEL REQUESTED: (circle all that apply)

Airfare Toll or Ferry Train Taxi/Car Rental Gas Other: _____

AMOUNT BEING REQUESTED (leave blank if requesting gas, gas is calculated based on GSA rates and mileage)
\$ _____

CERTIFICATION AND SIGNATURE -----

It is the intent of Tribal Council that the Program be funded from the Tribe's general fund, and that payments issued under the Program will not be subject to state or federal taxation and will not reduce fixed income or other benefits of the recipients. However, recipients should consult with their own tax and/or legal professionals to determine actual tax and benefit consequences, and recommended uses. The Program is intended as a social welfare program to provide for the general welfare of Snoqualmie tribal members. The Policy for Transportation Assistance Program provides guidelines and procedures for usage and limits on spending to promote the general welfare of tribal members.

The recipient understands a Form 1099-MISC may be issued to the recipient if the Tribe deems the funds to have been misused. **This benefit may not be offered for all meetings and events. The approval of this funding is at Tribal Council discretion.**

By signing, I certify the information contained in this application is complete and accurate to the best of my knowledge. I agree that the Transportation Assistance Program may contact other Tribal programs for pertinent information as it applies to this Request and may deduct the requested amount from my TCR benefit.

Signature: _____ Date: _____