



ONEIDA TANF PANDEMIC EMERGENCY ASSISTANCE PROGRAM

****THIS PROGRAM IS SUBJECT TO FUNDING AVAILABILITY, AND WILL NOT ACCEPT APPLICATIONS AFTER AUGUST 1ST 2022****

ELIGIBILITY:

TANF eligible families are defined as enrolled members of the Oneida Nation residing within Brown or Outagamie counties, or other income-eligible families consisting of enrolled members of a federally recognized Indian tribe residing within the Oneida Nation reservation boundaries with minor child/children in the. Household income is at or below the 200% Federal Poverty Level (FPL) with a 30% deduction off earned income. The purpose of this assistance is to provide a onetime assistance to TANF eligible families with the Pandemic Emergency Assistance Fund who have been impacted by the Coronavirus Disease 2019 Pandemic.

Gross Income Chart:

Household Size	Monthly FPL 200%
1	\$2,147.00
2	\$2,903.00
3	\$3,660.00
4	\$4,417.00
5	\$5,173.00
6	\$5,930.00
7	\$6,687.00
8	\$7,443.00
9	\$8,200.00
10	\$8,957.00
Each additional person	\$757.00

REQUIRED DOCUMENTS NEEDED WITH APPLICATION:

- Tribal enrollment of at least one person in family group
- Last 30 days of all household income (Pay stubs must show name, pay period dates, AND gross income)
- Current address (ex: piece of mail, utility bill, etc. dated within 30 days of application)
- When 50/50 joint legal custody and physical placement exists, the applicant must verify placement by providing a copy of the court order, as only one parent can receive the assistance
- Non-custodial parents are eligible for services if they are currently paying child support. Non-Custodial Parents will not be eligible if they have a zero obligation or not paying their child support. Must provide a copy of their current order for verification.
- Signature of applicant(s)
- Completed vendor forms (applicant will complete the forms listing their information e.g. name, address, ssn.)
- Copy of internet service bill, dated within the last 30 days.
- Copy of receipt from laptop purchase, receipts backdated from March 2020 will be accepted.

If the application is incomplete or missing required verifications, you will receive notification. Applications are valid for 30 calendar days from the date received. Failure to provide the required verifications within the 30 days, will be required to re-apply. Please allow 30 business days for processing of all applications. ** Please no phone calls to check the status of your application **

ONEIDA TANF PANDEMIC EMERGENCY ASSISTANCE APPLICATION

****THIS PROGRAM IS SUBJECT TO FUNDING AVAILABILITY, AND WILL NOT ACCEPT APPLICATIONS AFTER AUGUST 1ST 2022****

Name: _____ Social Security#: _____

Address: _____ Phone#: _____

Tribes you are enrolled in: _____ Enrollment#: _____

Please check if you are receiving the following: Care (includes Guardianship) _____ TANF Grant _____ Kinship Care _____ Foster _____

SOURCE OF HOUSEHOLD INCOME (Check **ALL** that is received):

____ Employment ____ Unemployment ____ Child Support ____ SSI/SSDI Short/Long Term Disability
____ Other (Describe): _____ No Income _____

Please list everyone living in the household:

Name	DOB	Social Security #

I attest/swear that I /my household have been affected by COVID-19 in the following way(s): (Please check all that apply)

- Homeless/Displacement
- Unemployed
- Laid off/Furlough
- Quarantined/Isolation
- Family death/illness due to COVID
- Increased Childcare needs
- Transportation cost
- Company Closed/Less hours

Please select TWO of the following options, you cannot choose the same option twice: (you will not be able to change your options once your application has been submitted to the agency NO EXCEPTIONS) Each item is one (1) per household.

1. Assistance w/Household Cleaning/PPE Supplies (\$250.00)
2. A onetime payment of \$250.00 towards Internet Service (assistance cannot be duplicated if received by any other program)
3. Laptop Reimbursement Assistance up to a maximum of \$250.00. Receipts backdated from March 2020 will be accepted (assistance cannot be duplicated if received by any other program)
4. Oneida Nation Farm Assorted Buffalo/Beef Package (won't be available to applicants until March 2022)
5. Assistance w/Winter Clothing Needs (\$250.00)

By signing this form, I agree that all of the statements and attestations are true and accurate.

Applicant Signature

Date

Co-Applicant Signature

Date

FOR OFFICE USE ONLY

Approved: ____ Denied: ____ Options: _____ Case Manager: _____

Verifications: Tribal Id POR Income Total \$: _____ Date: _____



Oneida Nation FARM

N6010 County Road C

Seymour, Wi 54165

(920) 833-7952

Monday–Thursday 9 am – 4 pm

Friday 8 am -11:30 am

The Black Angus Beef and Buffalo are all born and raised on the Oneida Nation Farm! This is Premium Beef and Buffalo Meat all vacuumed packed frozen. We will notify you when your order is ready for pick up- stay tuned for date, time, and location. Thank you

**From our Farm to Your Table!
We have 250 boxes when they are gone, they are GONE!**

This is the list for each box	Estimated lbs
Ground Beef -each @ 1 pound package	20
Gound Beef - patties 1/3# each	4
Beef Roast - 2- 2.5 # each	5
Beef Ribeye-1 each	1
Beef Sirloin- -1 each	1
Total Beef pounds	31
Ground Buffalo-each @1 pound package	4
Buffalo Roast- 1 each	2.5
Buffalo Ribeye- 1 each	0.75
Buffalo NY Strip 1 each	0.8
Total Buffalo pounds	8.05
Total All Beef and Buffalo pounds	39.05

No added hormones, steroids, or added animal by- products to our natural feed.



Oneida Nation
Vendor Payment – Direct Deposit (ACH) Authorization Form
Employees, Boards, Committees and Commissions

A. Vendor Information

Vendor Name (printed)	
Vendor Number	
E-mail address	

B. Vendor Bank Information

Bank Name	
Bank Routing number (ABA #)	
Vendor Bank Account #	
Vendor Bank Account Type	Enter "C" for checking OR "S" for savings

** Please attach a voided check or a letter from your bank to verify this information**

C. Agreement

I hereby authorize the Oneida Nation to electronically deposit amounts owed to me for goods and/or services provided to the Nation via direct deposit to my account (this includes my authorization to reverse any entries made in error.)

I understand that an unforeseen delay in processing by any outside entity (automated clearing house or financial institution) due to computer down-time, power outages, or any other unavoidable occurrences might affect the date of deposit of funds to my account.

This authorization is to remain in effect until the Oneida Nation has received written notice of my intent to change/terminate this agreement or at the discretion of the Oneida Nation.

The Oneida Nation must receive my written notification of any financial institution changes (including closing of accounts) at least 15 days prior to the change in order to change/terminate this direct deposit authorization.

I will not hold the Oneida Nation responsible for delay, loss or misapplication of funds due to incorrect or incomplete information supplied by me or my financial institution.

D. Vendor Approval

Signature	
Date	
Telephone #	

Vendor Information Form

(Instructions on reverse side of this form)

Add Vendor		Change Vendor		Delete Vendor		License Renewal	
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Purchase Order Address:

Vendor/Company Name _____

Address Line 1 _____

Address Line 2 _____

City _____

State _____

Zip Code _____

Purchase Order Email address _____

Remit To Address:

Vendor/Company Name _____

Address Line 1 _____

Address Line 2 _____

City _____

State _____

Zip Code _____

Business Information:

Doing Business As: _____

Contact _____ Email: _____

Telephone # _____ Fax # _____

Federal ID# _____ - or - Soc. Security # _____

Vendor Payment Terms _____ Dun & Bradstreet # _____

(Please note: If none specified will default to NET30)

Product/Services to be provided: _____

Oneida Contact _____ Phone/EXT#: _____

Oneida Business Unit _____ Date: _____

PLEASE NOTE: The following section is **required** and will not be accepted if left blank.

Are you now, or have you ever been debarred? Yes _____ No _____

If Yes, Please explain _____

Vendor Signature: _____ Date: _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate </p> <p> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ </p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p> <input type="checkbox"/> Other (see instructions) ▶ _____ </p>	
	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: small;">(Applies to accounts maintained outside the U.S.)</p>	
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number												
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or												
Employer identification number												
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Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.