



**The Grand Traverse Band Ottawa and Chippewa Indians**  
**2605 N. West Bay Shore Dr**  
**Peshawbestown, MI 49682**  
**(231) 534-7750 Fax 231-534-7568**

**Human Services: BURIAL ASSISTANCE FOOD APPLICATION**

The designated family member responsible for assisting in the Funeral arrangements of the deceased Tribal Member can request an advance up to \$500.00 from the Tribal Member Burial Fund. The advance can be used for food expenses/paper supplies based on need as determined by the designated family member. The advance will be deducted from the total Burial Fund benefit proceeds. The Human Services program is only responsible for processing the Purchase Orders for food requested by the designated family member.

**REQUESTOR ( please print):**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**Deceased Tribal Member's name :** \_\_\_\_\_

- I am representing the family of the deceased GTB Member and understand that these funds will be deducted from the burial fund benefit available on behalf of this GTB Member to assist with the purchase of food/paper supplies for the family.

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

Staff Signature: \_\_\_\_\_

\*\*\*\*\*

Please choose a vendor and list the amount for the purchase order?  
 (You may designate a portion to more than one vendor, simply note the dollar amount.)

Tom's Market \$\_\_\_\_\_  Oleson's \$\_\_\_\_\_  Family Fare \$\_\_\_\_\_

Gordon's Food \$\_\_\_\_\_  Save-A-Lot \$\_\_\_\_\_  Shop N Save \$\_\_\_\_\_

**Name of person that PO's can be released to if different that requestor:**

**NAME:** \_\_\_\_\_ **Phone:** \_\_\_\_\_