Grand Traverse Band- Youth Intervention
Tribal Youth Enrichment Program (TYEP) Request Form
FY 2020

The Tribal Youth Enrichment Program (TYEP) is to offer a unique approach to meet the youth needs to access funds to assist with the cost of their choice. Funding can be used for a variety of purposes that may include but are not limited to cultural, education, sport and summer camp fees, music and dance lessons, class trips, or other appropriate need. The desire outcome is to give the youth the opportunity to participate in activities that will enhance and support self-development. In addition, encouraging healthy involvement of acceptable healthy activities. The funds are available until September 30th, 2020.

Distribution amounts, up to:
- 0-4 years old = $125
- 5-12 years old = $175
- 13-17 years old = $200

Program Requirements & Procedures

Please initial on each line stating you read and understand each requirement:

- Youth must be a GTB Tribal Member and residing within six-county service area.
- Youth must be between the ages of 0 through 17 years old at time of the request.
- Parent/Guardian/Foster Parent must complete a Tribal Youth Enrichment Program form (This form is available with LLL Youth Intervention program staff).
- Must provide a copy of the youth’s tribal identification card.
- Must attach documentation to support request (Receipts, Flyer, Budget, etc).
- The funds may be split between one or more requests.

Once request is received with appropriate documentation, please allow 2 weeks for processing. Missing documentation could delay processing.

Funds will be determined if payment can be made to the vendor, a Parent/Guardian/Foster Parent or reimbursement with receipt.

Reimbursement- Receipts must be legible with date and within current fiscal year, proof of payment is required.

If it is determined that funds can be distributed to a parent/guardian/foster parent, it is required that receipts must be turned into the program within two weeks from the first start date of the activity.

I understand failure to provide receipts renders the Parent/Guardian/Foster Parent ineligible to obtain any financial requests from this program for the entirety of the current fiscal year.
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Youth Name: ________________________________ Tribal ID: _____________________
Youth Address: ________________________________ County: _____________________

Date of Birth: ___________________ Age: ________

Parent/Guardian/Foster Name: ________________________________________________
Address: ___________________________________________________________________

Telephone #: _______________ Cell Phone #: ____________________________

Relationship to Youth: □ Parent     □ Legal Guardian    □ Foster Parent

Does the youth live with you? □ Yes  □ No

Please provide a description and supporting documents for request:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Vendor: ________________________________ Requested Amount: ________________
Vendor: ________________________________ Requested Amount: ________________

I hereby certify that all information given is true and correct. I understand that the information provided is to receive funds intended for the use of the youth mentioned above, and failure comply with program procedure may render the Parent/Guardian/Foster Parent ineligible to obtain any financial requests from this program for the entirety of the current fiscal year.

Parent/Guardian/Foster
Parent Signature: ________________________________ Date: _____________________

Office Use: Received by: ________________________________ Date: ________________
Purchase Order # ________________________________ Date receipts returned: __________