

Grand Traverse Band- Youth Services
Tribal Youth Enrichment Program (TYEP) Request Form
FY 2024

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 needs. The desired 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 From Oct 1st -September 30th, 2024. **Deadline to ensure processing September 20th, 2024.**

Distribution amounts, up to:

0-4 years old	= \$125
5-12 years old	= \$175
13-18 years old	= \$200

Program Requirements & Procedures

PLEASE READ GUIDELINES CAREFULLY AND INITIAL EACH ITEM AS AGREEMENT TO COMPLY

_____ Youth must be a GTB Tribal Member 0-18 years old residing within six-county service area at time of the request. 18-year-olds must be attending K-12 school.

_____ 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.

_____ W-9 Required for Non-GTB Parent/Guardian/Foster Parent.

_____ Must attach documentation to support request or provide description (Receipts, Flyer, Budget, etc).

_____ 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, reimbursement with receipt or by a Mastercard Gift Card.

(Must complete gift card program guidelines) **The funds may be split between one or more requests, however, can't exceed distribution amount. **Gift cards can not be split.**

_____ Gifts cards that are spent over the distribution amount will not be reimbursed. To receive the full amount of funds available, the gift card must be spent out completely.

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

_____ I understand failure to provide receipts renders the Parent/Guardian ineligible to obtain any financial requests from this program for the entirety of the current fiscal year.

Program Contact Information:

TaShena Sams, 231.534.7231 TaShena.Sams@gtb-nsn.gov

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Delia Shawandase, 231.534.7230 Delia.Shawandase@gtb-nsn.gov

GTBYouth@gtb-nsn.gov



Grand Traverse Band- Youth Services
 Tribal Youth Enrichment Program (TYEP) Request Form
GTBYouth@gtb-nsn.gov
 FY 2024

Youth Name: _____ Tribal ID: _____
 Youth Address: _____ County: _____

Date of Birth: _____ Age: _____

Parent/Guardian/Foster Name: _____

Email: _____

Telephone # _____ Cell Phone #: _____

Relationship to Youth: Parent Legal Guardian Foster Parent

Does the youth live with you? Yes No

Please provide a **description and/or supporting documents** for request (**Request will be denied if not completed**):

Vendor: _____ Requested Amount: _____

Mastercard: \$125 (0-4 yrs old) \$175 (5-12 yrs old) \$200 (13-18 yrs old)

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 ineligible to obtain any financial requests from this program for the entirety of the current fiscal year.

Parent/Guardian Signature: _____ Date: _____

Grand Traverse Band of Ottawa and Chippewa Indians

TRIBAL YOUTH ENRICHMENT PROGRAM (TYEP)
GIFT CARD
PROGRAM GUIDELINES

PLEASE READ GUIDELINES CAREFULLY AND INITIAL EACH ITEM AS AGREEMENT TO COMPLY

- _____ The TYEP may provide a gift card per child, per application, if the child has not received any previous support from TYEP during the current fiscal year
- _____ Gift card purchases are restricted to the description or supporting documents provided on the TYEP application.
- _____ Gift cards are not to be used for purchases not intended for immediate use by the child, including but not limited to alcohol and tobacco products
- _____ Receipts for all gift card purchases are due to the Youth Services/Intervention Program no later than thirty days (30) after the card is issued
- _____ Failure to provide receipts and to account for any outstanding amounts remaining on the gift card will result in the ineligibility of child on this application to be issued a gift card through this program for the entirety of 2023/2024 and **2024/2025** fiscal year
- _____ Failure to provide receipts may also result in a civil action against the parent/guardian to recover the full amount(s) issued on the gift card(s) received from this application. Penalties may include, but are not limited to, costs and attorney fees, and may be recovered by wage garnishments, judgement liens, or tribal per capita withholding
- _____ Misuse of the gift card(s) for unauthorized purchases may also result in a civil action against the parent/guardian to recover the full amount(s) issued on the gift card(s) received from this application. Penalties may include, but are not limited to, costs and attorney fees, and may be recovered by wage garnishments, judgement liens, or tribal per capita withholding.
- _____ The parent/guardian must report a lost or stolen gift card(s) immediately to the Office of Management and Budget. Lost or stolen gift cards cannot be replaced
- _____ Receipt of a gift card(s) from this program in 2023/2024 renders the parent/guardian ineligible to obtain any reimbursement for any tribal enrichment services acquired for the child on this application for the entirety of 2024/2025 fiscal year
- _____ To receive the full amount of funds available the gift card must but spent out completely. Any funds spent over the gift card amount will not be reimbursed.

Parent/Legal Guardian Signature: _____ Date: _____

Office Use

Youth Name (PRINT): _____

Receipts Due: _____

Gift Card Signature: _____

Date: _____