



Confederated Tribes of Siletz Indians

TRIBAL COUNCIL

PO Box 549 • 201 SE Swan Ave
Siletz, Oregon 97380-0549
Toll Free 1-800-922-1399



COVID-19 LAPTOP ASSISTANCE APPLICATION

The Confederated Tribes of Siletz Indians (CTSI) has CARES funding to assist tribal member households with expenses directly related to COVID-19. CTSI wants to support Tribal member households who are affected by COVID-19 to connect with telehealth, schooling or work by providing one (1) laptop per household. These funds must be spent by December 30, 2020. This program will run on a first come first served basis. We will make every effort to serve all tribal households while our budget and stock are available.

To qualify:

- You must be an enrolled Siletz Tribal member;
- Declare a COVID-19 related need for a laptop or tablet; and
- Submit a completed application to the Tribal Administration Office by December 1, 2020 by 4:30 PM PST.

To apply for COVID-19 Laptop Assistance, complete the enclosed Application and submit one of four ways:

1. MAIL to:

CTSI – COVID-19 Laptop
ATTN: April Middaugh
PO Box 549, Siletz, OR 97380

2. SCAN and EMAIL to:

Laptops@ctsi.nsn.us

3. DROP BOX at the Siletz Administration Building at 201 SE Swan Ave., Siletz, OR 97380

4. FAX to: (541) 444-2307

If you have questions please contact:

- April Middaugh at (541) 444-8201
- Shantel Hostler at (541)444-8200

This program is funded by U.S. Treasury – CARES Act funding, which expires on 12/30/20. Therefore, completed applications must be received at the Tribal Administration Office by December 1, 2020 to be processed.



COVID-19
LAPTOP ASSISTANCE PROGRAM
PRINT CLEARLY & LEGIBLE IN PEN

**Completed Applications must be received at the Tribal Administration Office by
December 1, 2020 by 4:30 PM PST**

In detail, please describe COVID-19 related impact (i.e. reduction or loss of income for COVID-19 restrictions, lay-off or furlough, quarantine, change in household composition, etc.)

Attach additional sheets if necessary

***CERTIFICATION** I hereby certify that I have been impacted by the COVID-19 pandemic and am eligible under the COVID-19 Laptop Assistance Program for financial need. I also certify that the information submitted on this Application is true and correct to the best of my knowledge.*

Printed Name: _____

Date: _____

Signature: _____

Mail completed Application to:

CTSI – COVID-19 Laptop
ATTN: April Middaugh
PO Box 549
Siletz, OR 97380

Put the completed application in the drop box at the Siletz Administration Building:
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