Puyallup Tribe of Indians

ADULT ACTIVITIES SUPPORT SERVCIES

POLICIES AND PROCEDURES

3002 Duct Cho St – TACOMA, WA 98404 **Phone:**

(253) 573-7829 Fax: (253) 680-5759

Email: acap@puyalluptribe-nsn.gov

PURPOSE

The intent of the **Adult Activities** Support Services Program is to aid Tribal Member adults with monetary assistance for 1) Entry into a sports team or tournament ***(EACH TEAM HAS TO HAVE 5 PUYALLUP TRIBAL MEMBERS OR MORE BEFORE MY PROGRAM CAN PAY FOR TOURNAMENT FEES — THIS IS FOR All SPORTS***) 2) Participation in martial arts, health club membership and/or Native American arts registration fees only AND (**as of June 2023, the cost of basket weaving kits will not be reimbursed**) **We don't REIMBURSE for any fees**. (**My program will no longer pay for country/private clubs THIS FY OCT 2026-2027 ONLY**

ELIGIBLITY REQUIREMENTS:

1. Must be an enrolled member of the Puyallup Tribe of Indians;
2. Must be 18 years or older;
3. Applicant must be a participant in the event; and
4. Applicant cannot sponsor another Tribal Member.

MAXIMUM FUNDING PROVIDED

The total amount of funding per year (October 2026-2027) is $1,000. The amount can be divided among each category. If the amount exceeds $1,000, the applicant will be responsible for the difference.

SECTION 1: SPORTS SPONSORSHIP FOR SPORTS TEAMS AND TOURNMENTS.

Applicant must:

- Fill out Adult Activities Support services application;
- List all Team Members (If applicable); **It is applicant's responsibility to get invoice.**
- All participating Puyallup Tribal team members must fill out application: 1) participant is using their own Adult Activities Support Services allocation.
- Must provide flyer or entry form that states the event, date and entry fee to Program Coordinator

SECTION 2: OTHER ACTIVITIES; MARTIAL ARTS AND HEALTH CLUB MEMBERSHIPS

Applicant must:

- Fill out Adult Activities Support Services Application; make sure it's filled out and provide registration form for activity. Registration must include:
  - **Name of activity; address, zip code, phone number**
  - Cost per hour rate, registration fee, monthly payment 3-, 6-, 12-month (make sure you ask the vendor)
  - Billing/invoice information
  - **Please note; this activity does not pay for travel or hotel.**

NATIVE AMERICAN ARTS AND CRAFTS CLASSES AND As of June 2023, the cost of basket weaving kits will not be reimbursed:

Instruction must be a certified and/or licensed to teach Native American Arts and Crafts Classes. This could include but is not limited to: certification/business license, letter from college/entity sponsoring class, documented history of teaching classes.

(APPLICANT/VENDOR MUST)

- Fill out Adult activities Support Services Application
- Applicant must fill out Class Registration Form (provided by instructor. Form must include: name of class, timeframe, location of class. Instructor must indicate acceptance into class and sign form. Include with AASS Application.)
- Vendor must fill out Native American Class Instruction Invoice Form (provided). Include:
- Instructor Name:
- Description of class
- Location

REIMBURSEMENT OF FUNDS

If an adult relinquishes participation in any program and payment has been made to vendor, the Tribal Member will either: **1) seek reimbursement from vendor or 2) reimburse the Tribe the amount of assistance issued to vendor. If applicant does not seek reimbursement or pay back the Tribe for non-participation after funds has been disbursed to vendor, the applicant will not receive a credit on their Adult Activities Support Service Account.**

WAIVERS

eligibility.rs or exceptions to this policy will be allowed, including

OTHER INFORMATION

The Adult Activities Support Services Program is funded by the Puyallup Tribe of Indians. Therefore, at any time, the amount of funding can either decrease or increase based on funding allocations.

ORIGINATION: Revised: 09/27/2026

ADULT ACTIVITIES SUPPORT SERVCIES

APPLICATION FORM

3002 Duct Cho St – TACOMA, WA 98404

Phone: (253) 573-7829 Fax: (253) 680-5759

Email: acap@puyalluptribe-nsn.gov

PURPOSE

The intent of the Adult Activities Support Services Program is to aid Tribal Member adults with monetary assistance for 1) participation in a organized adult sports team ***(EACH TEAM HAS TO HAVE 5 OR MORE PUYALLUP TRIBAL PLAYERS BEFORE MY PROGRAM CAN PAY FOR TOURNAMENT FEES — THIS IS FOR ALL SPORTS***) 2) Other activities: martial arts, health club membership, Native American arts registration fees only. **As of June 2023, the cost of basket weaving kits will not be reimbursed.** We don't **REIMBURSE** for any fees.

THIS IS FOR FY OCT 2026-2027 ONLY

NAME OF APPLICANT: _____, _____, _____, _____
FIRST MIDDLE LAST MAIDEN

ADDRESS _____City,_____ ST:_____Zip Code_____

PHONE NUMBER:_____ DOB:_____ ENROLLMENT #_____

NAME OF ORGANIZATION, CONTACT PERSON, AND ADDRESS OF ADULT ACTIVITIES:

Organized Adult Sports, Tournament, and other activity: Marital Arts, Health Club Membership. (**My program will no longer pay for the country/private Clubs) It is applicant's responsibility to get invoice.**

Name of Organization/Vendor: _____

Address of Organization/Vendor: _____City,_____ST:_____

Zip Code: _____ Phone # of Organization/Vendor_____

FEE AMOUNT: (Indicate where appropriate).
Sports Tournament Entry Fee amount:_____
Health Club Membership Fee:_____
Native American arts:_____
Golf Tournament Entry Fee:_____
Other Activities Fees: _____

Any amount over $1,000 will be the responsibility of the applicant/parent.

IF APPLICATION IS NOT COMPLETED THIS WILL HOLD UP YOUR PAYMENT.

Please note: if the entry fee is over $1,000, the team will be responsible for the difference. When entering a team that includes non-Puyallup Tribal Members, the entry fee will be divided by the total of individuals on the team. Non-Tribal members will be responsible for their share of the entry fee.

CHECK PROCESS: You must:

- ☛ **Provide 1-week notice to process checks:**
- ☛ **Provide with application: entry flyer or tournament form that states the amount and date of the event.**
- ☛ I will MAIL the check to the Organization/Vendors

REIMBURSEMENT OF FUNDS

If an adult relinquishes participation in any program and payment has been made to vendor, the Tribal Member will either: 1) seek reimbursement from vendor or 2) reimburse the Tribe the amount of assistance issued to vendor. If applicant does not seek reimbursement or pay back the Tribe for non-participation after funds has been disbursed to vendor, the applicant will not receive a credit on their Adult Activities Support Service Account.

_____ _____

APPLICANT PRINT SIGNATURE **DATE SIGNED**

_____ _____

APPLICATION SIGNATURE **DATE SIGNED**

_____ _____

AUTHORIZED SIGNATURE APPROVING APPLICATION **DATE SIGNED**

TRIBAL SERVICES USE ONLY

Please Note the History of Requests by Tribal Member. (Maximum $1,000)

Date of Assistance	Activity	Amount	Balance
_____	_____	_____	$_____
_____	_____	_____	$_____