KBIC Youth Activity Fund Guidelines

The Purpose of this fund is to assist KB Tribal member parents and those raising KB Tribal member children.

Each Fiscal year, a per-child amount is approved by the KBIC Tribal Council. The Amount is currently $225 the fiscal year begins on October 1st of each year.

The Fund Services those residing in Baraga County and the Marquette Trust Property area. A separate Activity Fund Request Form must be completed for each eligible child.

To qualify for the Fund:

1. The Parent of the child or the child must be enrolled KB members.

2. They must reside in the service area.

3. The child must be the age 0-17 or in high school. Upon graduating from high school, the child is no longer eligible for the program.

4. The parent or the guardian may be required to provide proof that they have physical custody for the child that they are submitting receipts for:
   a. If someone else is submitting receipts for a grandchild or other relative, the parent or guardian who has custody of the child must sign the form in agreement.
   b. Court documents or birth certificates are examples of proof. (Please note, this information must be submitted each new fiscal year.)

5. ORIGINAL receipts are required for all submitted funding reimbursements. If a receipt includes purchases for more than one child, the child's name must be noted next to the item on the receipt.

6. Only purchases made within the past 90 days will be reimbursed.

7. It is the parent/guardian's responsibility to keep track of how much is spent each fiscal year for each child.

8. Checks will be mailed once they are processed. If you don't receive your reimbursement after business days of submission, please call the youth office at 353-4643 or 353-4646.

9. Request that qualify for reimbursement through the program includes:
   a. activity fees
   b. organized extracurricular activities
   c. athletic fees, athletic equipment
   d. after-school or summer camps
   e. school related activities
   f. school clothes and supplies
   g. diapers and wipes

Purchase that do not qualify include: (this list is not all inclusive)
   h. bicycles
   i. formula, other infant supplies (ex: cribs, changing tables, jumpers)
   j. electronics

10. Travel is funded and the funding can be banked (funding can carryover and be used in the following years) Through the eligible child's high school career (7th - 12th grade)

The Niwin Akeaa Programs Director has the discretion to deny any item or receipt.

Approved 10/24/2013 KBIC Tribal Council
Activity Fund Request Form

To qualify KBIC Youth Activity Fund, you must meet all of the requirements outlined in the guidelines.

SECTION 1: PARENT OF THE CHILD OR CHILD MUST BE ENROLLED KB MEMBER AND MUST RESIDE IN BARAGA COUNTY OR MARQUETTE TRUST PROPERTY.

(A copy of either the parent or child’s enrollment card must be attached to the request)

Parent Name ___________________________ Enrollment# _______________________
Address ___________________________ Phone# ___________________________

Parent Name ___________________________ Enrollment# _______________________
Address ___________________________ Phone# ___________________________

Childs Name ___________________________ Age ______ Enrollment# _______________________
Address ___________________________ Phone# ___________________________

Who is the custodial parent?: _______________ Proof?: YES NO

(If YES, provide copy w/request)

Requestors Name ___________________________ Relationship to Child _______________________
Address ___________________________ Phone# ___________________________

_______________________________________________________________________________

(Requestor’s Signature) (Date)

_______________________________________________________________________________

(Custodial Parent/Guardian Signature Authorizing Requestor to Receive Payment (Date)
if Requestor is not the custodial parent)

_______________________________________________________________________________

(Tribal Parent Signature Authorizing to Receive Payment if Requestor (Date)
And/or Custodial parent is not a Tribal Member)

SECTION 2: REIMBURSEMENT DETAILS

Type of Reimbursement ___________________________

Amount Requested: $ ___________________________ Date of Purchase ___________________________

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