



Grants and Donations Department  
 MHA Nation  
 Wake/Funeral Assistance  
 Located At: CHRC 3<sup>rd</sup> Floor (1293 Elbowoods Loop)  
 Mailing Address: 307 5<sup>th</sup> Ave.  
 New Town, ND 58763  
 Office: (701) 627-4863 Fax: (701) 627-4868



Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Relationship: \_\_\_\_\_

Deceased: \_\_\_\_\_

**Wake Fund (Family):**

I have elected to have the total amount of \$3,500 Wake Fund Assistance Grant check to be processed in my name only. I acknowledge and accept the following responsibilities as sole recipient:

- a. I will be responsible to decide and allocate, if I choose to do so, which family members will get financial assistance from the grant;
- b. I will be responsible to assist with, customary considerations, food/meals, hotel rooms for family members, rental costs for building use, if I chose to do so;
- c. I will be responsible to constitute allowable costs;
- d. If for whatever circumstance, the grant is not used for Funeral Fund costs, the Grants and Donations Department and the Three Affiliated Tribes will not be responsible or accountable to pay for any outstanding or past due Invoices owed for what the grant was intended for.

**Pendleton Blanket Received?**  Yes  No

**Funeral Home Payment:**

I have elected to have the total amount of \$6,500 Funeral Fund Assistance Grant check to be processed in the Funeral Home name only.

- a. Funeral Home, burial Cost/Payment;
- b. Any and all costs over the allowable amount of \$6,500 paid will be the responsibility of the family.

**Wake Fund/Funeral Home Payment:**

I have elected to have the full total amount of \$10,000 Wake and Funeral Fund Assistance Grant check to be processed in the Funeral Home name only.

\_\_\_\_\_  
 Signature (Contact Person) Date

\_\_\_\_\_  
 Signature Grants and Donations Staff Date