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2014

**Elders Traditional Food
Hunter Support Program**

PURPOSE: To provide and share traditional subsistence Niqipiaq (foods) with enrolled Tribal Members 60 years and older who reside (live) within Kotzebue jurisdiction.

HUNTER/APPLICANT ELIGIBILITY REQUIREMENTS and GUIDELINES:

- Must be an enrolled tribal member of the Native Village of Kotzebue.
- Must submit a complete signed application.
- Must be the boat owner/captain.
- Must show proof of boat registration.
- Must agree to complete and submit a complete program report.

Applicants who meet the above eligibility requirements are limited to one (1) drum of gas, per season and per household for the 2014 fall, hunting seasons depending on program funding availability and compliance.

To avoid conflict and non-compliance, applications will not be accepted from any other household family member or elder on behalf of a designated hunter/boat owner captain.

Elders Traditional Food Hunter Support Program Reports must be signed and verified by an elder who received a share of the hunt and a staff member of the Native Village of Kotzebue.

The hunter support program is designed where TRUST is dependent on the applicant/hunter to share their subsistence catch with enrolled tribal elders of the Native Village of Kotzebue.

If any false information or reporting is submitted by an applicant repayment of support provided and disqualification to receive program assistance will occur immediately.

Future funding dollars for this program is based on Hunters turning in a complete report form that was provided to them at the time of application approval.

The Native Village of Kotzebue reserves the right to refuse anyone for non-compliance.

The surrounding respective regional Village Tribal Councils administer their own Hunting Support Programs to provide and serve their village community Elders.

We wish you the best of luck in your hunting endeavors and Thank You for putting forth the hard work involved in providing and sharing with the elders of our Tribe.

Official Use Only Date Received: / / Received by: _____

LAST NAME: _____ FIRST NAME: _____ M.I. _____

MAILING ADDRESS:

STREET OR PO BOX

CITY, STATE

ZIP CODE

TELEPHONE NUMBERS:

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HOME OR CELL BUSINESS OR MESSAGE PHONE

ALASKA RESIDENT: _____ YES _____ NO

VALID ALASKA DRIVER'S LICENSE: _____ YES _____ NO
DRIVER'S LICENSE # _____ EXP: _____

ALASKA BOAT REGISTRATION: _____ YES _____ NO
AK NUMBER _____ EXP: _____ DECAL NUMBER _____

DISCLOSER: Have you ever been convicted of a felony? _____ YES _____ NO
(OPTIONAL) If yes, please explain:

A positive response is not an automatic bar for Hunter disqualification in the organization. The offense for which the person was convicted in relation to the program to which they have applied to purchasing ammo will be considered.

List ALL MEMBERS of the household. Including YOURSELF, PEOPLE WHO LIVE AND EAT WITH YOU SHOULD BE LISTED AS A HOUSEHOLD MEMBER. WHO ARE NOT INCLUDED in Hunter Support Program application budget.

NAME	RELATION TO HUNTER	NVOK Member yes/no
	SELF	

How many persons live in the house: _____ Adults _____ Children

Tribe to which you are enrolled: _____

Signature of Applicant: _____ Date: _____