



## Yellowknives Dene First Nation

PO Box 2514, Yellowknife, NT X1A 2P8

Dettah Administration:  
Tel. (867) 873-4307  
Fax (867) 873-5969

Ndilo Administration:  
Tel. (867) 873-8951  
Fax (867) 873-8545

### **COVID-19 LAND ASSISTANCE PROGRAM APPLICATION & GUIDELINES**

#### Program Information:

Yellowknives Dene First Nation Chiefs and Council is providing COVID-19 Land Assistance Program to Members during the COVID-19 Pandemic.

Only one application per household is permitted to help eligible applicants to go out on-the-land for a minimum of one week. The program is a one-time offer on a first-come, first-served basis and no preference will be given. Incomplete applications will be rejected.

This program will not affect those applying in the future for CHAP funding.

#### Eligibility Criteria:

1. Open to YKDFN Members ages 18 years of age or older,
2. Must be experienced on-the-land,
3. Limited to one application per household:
  - a. Chief Drygeese Territory Residents (Dettah, Ndilo, and Yellowknife) are eligible for gift cards,
  - b. Out of Territory Residents can request reimbursement starting from April 8, 2020. Must submit an application before purchases and await instructions.
4. Assistance will be distributed by gift cards together in the amounts:
  - a. One (1) \$250.00 value gift card to purchase gas and,
  - b. One (1) \$300.00 value gift card to purchase groceries.

#### Process:

1. Complete the COVID-19 Land Assistance Program Application (attached) and submit.
2. There is a one (1) day waiting period, maybe longer. Please wait until your contacted for decision,
3. If an application is approved:
  - a. Chief Drygeese Territory Residents will receive both gift cards and applicant is required to pick up,
  - b. Out of Territory Residents will be notified and confirmed by e-mail then instructed to submit purchase receipts up to the assistance amounts. There will be no reimbursement without prior YKDFN approval and approved receipts.

For more information or to apply, please contact:

Jessica Vital  
Assistant Program Manager  
Dechita Naowo, Yellowknives Dene First Nation  
Office located at 902 Sikyea Tili, Ndilo, NT

Tel. (867) 873-9037 Ext. 1016  
Cell (867) 444-8076  
E-mail [jvital@ykdene.com](mailto:jvital@ykdene.com)

On behalf of the Yellowknives Dene First Nation Chiefs and Council, we would like to thank you for your interest in the COVID-19 Land Assistance Program.



**YELLOWKNIVES DENE FIRST NATION  
COVID-19 LAND ASSISTANCE PROGRAM**

**Applicant Information: All fields must be completed**

Full Name	Birthdate (M/D/YYYY)	Treaty Registration #
Permanent Residential/Mailing Address		
Contact Telephone #	Contact Cell #	E-mail

**On-the-Land Travel Information: All fields must be completed**

1. When do you plan on going on-the-land? Please provide leaving and return dates.
2. Provide brief description of location of your camp or cabin. (E.g. Coordinates, location on map, etc.)
3. How many family members will you take out on-the-land? Please list their names.
4. How will you get there? How long does it take you to get there?
5. What is your previous experience on-the-land?
6. What is your communication/emergency plan? Who will know when to expect you back?
7. For the purpose of protecting our trappers and hunters, do you have Permission to Occupy (PTO) or Band Council Resolution (BCR) for your camp/cabin? If not, we encourage you to apply for one.

**APPLICANT SIGNATURE**

Please note: YKDFN accepts no liability for any injuries or accidents incurred as a result of dispensing this fund. I will not make any claim or commence any legal proceedings against the Yellowknives Dene First Nation and all staff its employees, agents and officials for damage resulting from personal injury, illness, death and/or property loss, however arising and sustained by me or my family members as I voluntarily, on my own free will go out on-the-land during the COVID-19 Pandemic. This includes any damage arising during transportation to and from my camp and any excursions we take in the area around our camp. By signing, I have read and understand this statement and agree.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR YKDFN USE ONLY**

Comments: \_\_\_\_\_

Application:  APPROVED  DENIED

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_