



## **Maniilaq Association Alaska Flooding Disaster Relief Payment Program**

### **Program Guidelines**

#### **1. Program Purpose**

Maniilaq Association in partnership with the Alaska Community Foundation and its Western Alaska Disaster Relief Fund is offering one-time disaster relief to eligible residents who's household experienced loss or damage. The Maniilaq Association Alaska Flooding Disaster Relief Payment Program provides emergency financial assistance to residents of Kotzebue, Kivalina, and Deering affected by recent flooding/storm on October 9<sup>th</sup> 2025. The goal is to help families recover and meet essential needs such as housing, utilities, transportation, food, and household recovery to their primary private residence.

#### **2. Program Administration**

This program is administered by Maniilaq Association, in coordination with Alaska Community Foundation. Maniilaq's Finance Department will manage disbursement of funds, and the Social Services Division will oversee intake and eligibility review. All applications will be reviewed by a team at Maniilaq and decisions, of which applications will be awarded and denied, are at the discretion of Maniilaq and are final.

#### **3. Eligibility Criteria**

Applicants must:

- Be a resident of Kotzebue, Kivalina, and Deering during the flooding event.
- Have sustained damage, displacement, or loss of real and or personal property directly due to the flood/storm on October 9<sup>th</sup> 2025
- Have not received full coverage for losses through insurance, FEMA, or other disaster assistance.
- Provide documentation such as photos of damage and/or local assessment report.
- Tribal affiliation is not a requirement.
- Must be over the age of 18 to apply

#### **4. Allowable Uses of Funds**

Funds may be used for:

- Temporary or emergency housing
- Food and household goods
- Replacement of essential items
- Utility or sanitation restoration
- Personal transportation to access safe housing or healthcare
- Household repairs (*\*Only to owners of the primary residency*)



### 5. Prohibited Uses

Funds may not be used for:

- Luxury or non-essential purchases
- Business related expenses (*rental properties*)
- Debt repayment or prior obligations
- Expenses already covered by other assistance

### 6. Award Amounts

Grant assistance will range from \$500 to \$5,000 depending on documented loss, household size, and verified unmet needs. Please note that this funding will not be considered income for state or federal public assistance programs if you are or will be participating in those programs and is not considered taxable income by the IRS.

### 7. Application Process

1. Complete the Maniilaq Disaster Relief Payment Application Form.
2. Attach all supporting documents.
3. Submit by mail, email, or in person to the Maniilaq Social Services Division at Ferguson.
4. The Disaster Relief Selection Committee will review applications on a first-come, first-served basis and approve funding while funds remain available.
5. Approved payments will be disbursed within 10 business days by check.

### 8. Application Deadline

Applications must be submitted January 16<sup>th</sup> 2025. Maniilaq Association Alaska Flooding Disaster Relief Payment Funding will be based on a first come first serve and until funding is used up.

*\*Maniilaq may make update to this program and/or application as appropriate.*

### 9. Contact Information

If you have questions about the program please contact.

Maniilaq Association Social Services  
P.O. Box 256, Kotzebue, AK 99752  
POC: Joel Alowa  
Phone: (907) 442-7707  
Email: [disasterrelief@maniilaq.org](mailto:disasterrelief@maniilaq.org)  
Website: [www.maniilaq.org](http://www.maniilaq.org)

Maniilaq Association  
Alaska Flooding Disaster Relief Payment Program  
in Partnership with Alaska Community Foundation



## Maniilaq Association Disaster Relief Payment Application

- Applied for FEMA Assistance: \_\_\_\_\_ (Yes/No)
- FEMA Registration #: \_\_\_\_\_ (if applicable)

Applicant Name: <i>(The Payment will be made to this person)</i>			Number of people in the Home: <i>Adults:</i> _____ <i>Youth/Children under the age of 18:</i> _____	
Mailing Address:			Physical Address:	
City	State	Zip Code	Email Address	
Home Phone #			Cell Phone #	
How have you been affected by storm/flooding on 10/09/2025? Please list examples of damages and losses. If possible, attached Photos of the damage is preferred, otherwise please describe loss below (attach separate sheet as necessary):				
TOTAL LOSS:			DAMAGE TO:	
Total Estimated Cost to Repair/Replace: \$ _____ (Cap of \$5,000 per award)				
<b>Supporting Documents:</b> <input type="checkbox"/> Proof of Residency <input type="checkbox"/> Photos / Documentation of Damage <input type="checkbox"/> FEMA or Insurance Documentation			<b>Type of Assistance Requested:</b> <input type="checkbox"/> Temporary Housing <input type="checkbox"/> Food or Household Goods <input type="checkbox"/> Utility Restoration <input type="checkbox"/> Personal Transportation <input type="checkbox"/> Replacement of Essentials <input type="checkbox"/> Household repairs <input type="checkbox"/> Other: _____	
Please provide the names and phone number of two individuals (non-family members) who can verify the loss or damage to the property as described above.				
Name:		Phone Number		
1. _____		_____		
2. _____		_____		
I, the applicant, certify that the information provided is true and correct. I understand disaster relief is only available for loss or damage caused by storm/flooding on October 9 <sup>th</sup> 2025 and only to the extent of funding availability. I further understand that Maniilaq Association retains sole discretion regarding funding decisions and that any misrepresentations made by me on this application will automatically disqualify me from being eligible to receive funding through this effort or any future disaster relief that may become available. I am also aware payment is not automatic and may take up to 30 days for processing. I hold Maniilaq Association harmless from any liability, loss or damages I may incur as a result of receiving this funding. Data from this form will be used for grant reporting.				
Applicant's Signature _____			Date _____	