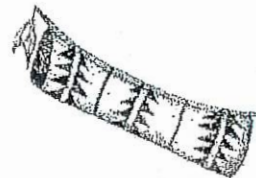




HOOPA VALLEY TRIBAL COUNCIL

Hoopa Valley Tribe
Post Office Box 1348 Hoopa, California 95546
PH (530) 625-4211 • FX (530) 625-4594
www.hoopa-nsn.gov



Chairman Joe Davis

Death Benefits:

We are sorry for the loss of your loved one, and we are here to provide you with assistance to help you and your family during this difficult time.

The Hoopa Valley Tribe will pay for funeral expenses up to \$ 5,800. Documentation must be provided (tribal roll number of the deceased), with the application before receiving funds. All funeral homes will be paid directly by the Hoopa Valley Tribe. Please have the funeral home director contact the Hoopa Valley Tribe for additional information @ (530) 625-4211.

Please fill out the form. A \$500 check will be provided to the appropriate family member, who is either a spouse of the deceased (marriage certificate may be required), or whoever the family has delegated to be in charge of making the arrangements. The \$500 check can be used for flowers, food, or however you deem as appropriate.

Name of Person: _____ Hoopa Roll Number: _____

(completing this form)

Mailing Address: _____

E-Mail Address: _____ Phone Number: _____

Name of Deceased: _____ Hoopa Roll Number: _____

Name of Funeral Home: _____

Funeral Home Contact Information: _____

Signature of Applicant/Date: _____

Contact Information for Tribe:
Executive Administrative Assistant
Office of Tribal Chairman
Hoopa Valley Tribe
P.O. Box 1348
Hoopa, CA. 95546
(530) 625-4211 ext. 160

Indicate if applicant wants to pick up the check in person or have the check sent to their mailing address:

_____ Pick Up in Person

_____ Send in U.S. Mail

Your request will be immediately processed. You will be contacted when your check is ready for pick up. We are sorry for your loss.

Approved By: _____

Tribal Chairman's Signature

FWD. to Fiscal/Date: _____

kcd



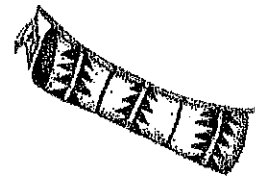
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Burial Request

Name of Deceased _____

Cemetery Name _____

Funeral DATE _____ TIME _____

Name on Mortuary _____

Person Requesting Assistance _____

Relationship to the Deceased _____

PO Box/Street _____

City _____ Zip _____

Phone _____ 2nd Phone _____

☐ No Assistance needed from Plant Management

Assistance from Plant Management

61 Holt Street 530-625-4820

☐ Standard Casket
☐ Custom Casket *Maker's Name and Phone:* _____
Plant Management needs the exact dimensions of custom casket

☐ Rough Box
☐ Urn Box

☐ Boards - Shovels - Straps? _____
☐ Chairs and canopies? If so, how many? _____

☐ Plant Management will dig grave with Mini Excavator
☐ Plant Management will cover grave with Mini Excavator *time & date of dig* _____
☐ Family will dig the grave with shovels
☐ Does family need assistance from PMS team for lowering box and/or casket?

☐ Are the burial services going to be graveside or at the NF/church?
☐ Site Prep? If so, where? _____



Application For Use
Hoopa Recreation Department
PO Box 1348

Hoopa, CA 95546

Phone: (530) 625-4211 ext: 133 Fax (530) 625-4594

inker.hvt.campground@gmail.com

Applicant Information

Applicants Name: _____ Date: _____

Company/Organization: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Facility Rental

Please check which facility you are requesting

- ☐ Neighborhood Facility – Gym
- ☐ Neighborhood Facility – Swimming Pool
- ☐ Pookey's Park – Softball Field 1 – Field 2
- ☐ Pookey's Park – Concession Stand
- ☐ Pookey's Park – Playground/Basketball Court
- ☐ Pookey's Park – Grass Area (Please Specify): _____
- ☐ Hoopa Community Center
- ☐ Rodeo Grounds – Building/Arena/Parking Lot
- ☐ Teen Center
- ☐ Campground (Full campground or group site): _____
- ☐ Other: _____

Tables and Chair Rental

(Please specify how many tables and chairs are needed)

- ☐ Tables: _____ ☐ Deliver ☐ Pick-Up (Please see fees for delivery and pick-up)
- ☐ Chairs: _____ ☐ Deliver ☐ Pick-Up (Please see fees for delivery and pick-up)

Event Details

Name of Event: _____

Event Description: _____

Will This Event be ☐ Private or ☐ Public?

Note: For Funerals, Contact Admin for PA System and Property & Procurement for projector.

Event Set up Date/Time: _____

Event Break Down Date/Time: _____

Will Alcohol be served? ☐ Yes ☐ No

HVTC Drug and Alcohol Policy:

21.22.3.1 Alcohol shall not be served or used unless prior approval has been received from Tribal Council.

21.22.3.2 At any time event where alcohol is served, food and non-alcoholic beverages will be served also.

21.22.3.3 A management level person shall see that any over served or intoxicated attendees are provided transportation

Who will be responsible for security during this event? _____

Who will be responsible for cleaning the facility after use? _____

Note: If Alcohol is to be served, provide documentation showing Tribal Council approval.

Hold Harness Agreement:

The undersigned, as an individual or organization representative, agrees to and does hereby indemnify and hold harmless the Hoopa Valley Council, and his/her/their, or agents, servants successors, heirs executors, administrators, employees, volunteers, and all other persons, firms, corporations, associations, or partnerships of and from any and all claims, actions, causes of action, demands, rights, damages, cost, loss of services, expenses, compensation, and every liability whatsoever, which the undersigned has/have or which may hereafter accrue on account of or in any way growing out of any and all known and unknown, foreseen and unforeseen damage, incident and/or accident of any kind and any consequence thereof which may be incurred during this event. **Important: Before final approval is granted, the organization/applicant must have a Certificate of Liability Insurance naming the Hoopa Valley Tribe/Hoopa Tribal Council as an additional insured denoting a minimum of \$1,000,000 in aggregate liability coverage (additional coverage may be required for certain activities).**

Applicant's Signature

Date

Fees and Deposits	
Facilities	
Neighborhood Facility - Gym	\$200.00/ Daily
Neighborhood Facility - Gym	\$75.00/Hourly
Community Center/Teen Center	\$150.00/Daily
Community Center/Teen Center	\$50.00/Hourly
Pookey's Park - Softball Field 1&2	\$200.00/Daily
Pookey's Park - Concession Stand	\$75.00/Daily
Pookey's Park - Birthday Party's, ect.	\$75.00/Daily
Swimming Pool (no more then 3 hours)	\$100.00/3 Hours
Swimming Pool Hourly	\$40.00/Hourly
Rodeo Grounds	\$200.00/ Daily
Tables & Chairs	
Table Rental	\$5.00/per table
Chair Rental	\$1.00/per chair
Table & Chair Rental Deposit	\$20.00
(*Non-refundable)	(*Non-refundable)
Dump Fee	\$100.00/Daily
Delivery Charge	\$20.00
Pick-Up Charge	\$20.00

*Non-refundable deposit due to lack of care for Recreation property

Upon signature of a Recreation Department representative, permission is granted for the date indicated on this application. Applicant is Responsible to ensure that the area is left in a clean state. It is assumed that the group will conduct themselves in a proper manner in the public's opinion. The applicant further agrees and acknowledges that:

- There is a mandatory Three (3) day notice to reserve the facilities.
- Reservations are on a first come, first serve basis.
- By signing this agreement, the applicant agrees to the contents thereof, and understands the conditions of this agreement.

Applicant's Signature

Date

Program Manager/Director

Date

Recreation Director

Date

Insurance Admin/Risk Manager

Date

Tribal Chairman/Tribal Council

Date



**HOOPA VALLEY TRIBAL COUNCIL
HOOPA FIRE DEPARTMENT
and
OFFICE OF EMERGENCY SERVICES**

P.O. Box 369
11121 Hwy 96
Hoopa CA. 95546
(530) 625-4366 Fax (530) 625-4416



Training Facility Use Agreement

Application Date: _____

Organization/Sponsor: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____ Email: _____

Responsible Person: _____

Contact phone number if different than above: _____

Purpose of Event or Meeting: _____

Date/s of Use: _____

Hours of use: _____ to _____

Who will be responsible for security during the event? _____

Who will be responsible for cleaning the facilities after use? _____

TRAINING FACILITY RULES and REGULATIONS

There are certain guidelines that shall be followed to assure appropriate use of this facility;

- The employee breakroom is not a kitchen facility and is for Fire Department employees. Use of the Breakroom facility is at the discretion of the Fire Chief.
- The Fire Department will be responsible for initial setup of tables and chairs
- Additional amenities such as audio visual equipment must be requested by the applicant
- Users are responsible for the disposal of trash inside and out of the facility.
- The designated person in charge will be responsible for expenses resulting from any damage or loss that occurs due to the event.
- All users are responsible for following the Training Facility "Rules of Conduct".
- This is an Alcohol and Drug Free Facility. All users will adhere to The Hoopa Valley Tribe Title 21: Drug and Alcohol Policy
- Only Ice Chests are to be used for cold drinks, no cattle trough style tubs.
- The Classroom facility is not available before 8:30 A.M.