

Native Village of Eyak  
PO Box 1388  
110 Nicholoff Way  
Cordova, AK 99574  
eyak-nsn.gov



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## Traditional Foods Program || Family-Led Harvest Trip Fuel Reimbursement Form

### Purpose:

This form documents family-led subsistence harvest activities supported by the Traditional Foods Program and provides eligibility for fuel reimbursement up to \$300 per participating household. Under this program, at least one member from three or more Tribal households must coordinate a shared trip together to fish, gather, or harvest traditional foods for their households. An Elder proxy is considered as one household.

### 1. Household Information

Primary Tribal Member Name: \_\_\_\_\_

Head of Household Tribal Enrollment #: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Additional Household Members Participating:

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Other Households that participated (required first/last names):

2. \_\_\_\_\_

3. \_\_\_\_\_

Was one of the households an Elder Proxy?    Yes    No

### 2. Trip Details

Harvest Trip Date(s): \_\_\_\_\_

Location(s) Visited:

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### 3. Harvest Summary

Harvested Items (check all that apply):

Salmon

Halibut / Groundfish

Shellfish

Hooligan

Herring/Roe

Waterfowl

Berries / Plants

Large Game

Small Game

Marine Mammals

Kelp/Beach Greens

Transportation to harvesting grounds (boat, 4-wheeler, truck, plane, etc.): \_\_\_\_\_

Was any portion shared with Elders or other Tribal households not involved in the trip?

Yes     No

If yes, please describe:

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#### 4. Trip Story & Cultural Reflection

Please provide a short write-up description of any cultural teachings, family learning, or meaningful moments you would like to share and attach to this form.

#### 5. Photo Documentation

Please email at least one photo from the trip showing:

- Participants and/or (please provide first/last name of individuals in the photos)
- Harvest activity and/or
- Harvested foods

\*\*Please email the photo(s) in a large file size to [food@eyak-nsn.gov](mailto:food@eyak-nsn.gov)\*\*

#### 6. Fuel Reimbursement Request

Total fuel cost incurred: \$ \_\_\_\_\_ \*\*Must email or attach a copy of the receipt\*\*

Reimbursement requested (up to \$300): \$ \_\_\_\_\_

Payment preference:

Check

Direct Deposit (must provide completed Direct Deposit Form or be already set up with NVE finance)

#### 7. Agreement & Signature

By signing below, I confirm that:

- This was a family-led subsistence harvest trip consisting of three households.
- Information provided is true and accurate.
- Harvest activities followed applicable regulations and safety practices.
- Participation supports sharing, stewardship, and Tribal food sovereignty values.

By signing below, I give NVE permission to use the photos and descriptions provided.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Return completed form to the NVE Admin Office Front Desk  
or email to [food@eyak-nsn.gov](mailto:food@eyak-nsn.gov)