

DEESP 2026 Policies, Procedures, & Guidelines

Program Guidelines and Qualifications

Please **initial** where indicated and **sign and date the application** to verify you have read the policies, procedures, and guidelines below and agree to them.

Must be a Nisqually Tribal Member Elder. Proof of enrollment must be presented upon request.

This program may **not** be used by multiple Tribal members applying for assistance to the same home/address. **Only one application per household will be accepted.**

- Funding is received on a **first-come, first-served basis** if qualifications are met appropriately. If funding is no longer available, applicants must apply at the beginning of the following year. Applications will **not** be considered from prior years' information.

Incomplete applications will **not** be eligible for assistance and will not be approved.

- Funding for this program will **only** be provided until program funds are exhausted. Funding will be allocated per activity the applicant applied for, monies will not be carried over to another activity or year of funding.
- Program funding shall begin annually. Due to funding availability, **applications will not be accepted prior to January 15th of each year.**
- An inspection by the Building Department **must** be completed prior to funding being approved by the Building Department.
- Applicants **must not** go under contract with a contractor **nor approve of or sign any work orders in writing** prior to Building Department approval.

No checks will ever be issued directly to the participant. If for some reason you are reimbursed for any work paid for by the Program, funding must be returned to the Nisqually Financial Department.

- If the activity is more than the amount authorized per the contract and/ or PO, the applicant will be responsible for any overage, as **change orders or additional work must be approved by the Building Department.**
- Access to areas of the house being worked on **must** be open to workers during daytime hours Monday to Friday.
The Building Department houses a training-based apprentice program, and as such, work may take longer due to the nature of that program.
- Timelines may be affected by Tribal days off, Treaty rights (i.e., fishing, diving, etc.). Please ensure that you take note of the date and time of your appointment, ensuring you are home at that time, as that can also affect how quickly the work is completed on your project.
- Pets must be controlled so that workers are not bothered or endangered by them.
- Workers must be treated respectfully while working on property.

This program cannot help with:

Pest Services, Rodent Removal, Bees/Wasps nest removal

Tree Trimming/Removal

Interior Remodeling

Exterior additions or remodeling

Roof **replacement (not including repairs)**

Purchasing appliances



Nisqually DEESP Program Application

Purpose: The DEESP program was designed to perform needed repairs to ensure the safety of existing residential houses **owned** by Nisqually Tribal Elders residing in the reservation boundaries or within a 50-mile radius of the Nisqually Indian Tribe Reservation. The work is scheduled on a first-come, first-served basis. The budget is **finite** and changes from year to year, which will affect the number of Tribal Members that can be served each year.

Name: _____ NIT Enrollment Number: _____

Street Address: _____ City: _____ State: ____ Zip: _____

Phone: (____) _____ Cell: (____) _____

Email Address: _____

The emergency items that need to be addressed in my home are: (short, detailed explanation)

HOUSEHOLD COMPOSITION

List head of household and **all** people residing in home. If there are more than 4 members, please list them on the back of this application.

1. Name: _____ Relationship: _____ Age: _____

2. Name: _____ Relationship: _____ Age: _____

3. Name: _____ Relationship: _____ Age: _____

4. Name: _____ Relationship: _____ Age: _____

I have read and understand the attached policies and procedures for the DEESP Program. By signing this application, I agree to allow a representative from the Nisqually Indian Tribe Building Department to schedule a time to properly assess the health and safety repairs that need to be completed on my property. Refusal to allow the Building Department to complete this inspection will result in automatic rejection of this application.

Signature: _____ Date: _____

Please return this completed application to the Building Department, 11940 Billy Frank Jr. Blvd SE, Olympia, WA 98513. Please call 360-456-5221 Ext. 1322 if you have any questions.

Official Use Only:

Internal Work Order Number: _____

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