**Stipend Acknowledgement**

**American Rescue Plan Act Program**

**2023**

I understand that I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am receiving a stipend for my full participation in this program, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, provided by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I understand that any monies I may receive as a stipend are not wages but is considered taxable income and that I will claim the monies received on my taxes with the Internal Revenue Service and appropriate State Agencies.

I understand I must immediately report this income to any other government agencies/programs that may be based on my income (Minnesota Family Investment Program, Supplemental Nutrition Assistance Program, Medical Assistance, etc.).

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| Stipend Amount | Timing/Frequency | Activities Completed to Receive Stipend |
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Participant Signature

Date

Provider Signature

Date