



2020-2021 AKI CARES Act Relief Fund Shareholder Guidelines

The Board of Directors (“Board”) of Akhiok-Kaguyak, Inc. (AKI) met on September 24, 2021, and passed AKI Resolution No. 2021 – 11. This resolution authorized the immediate implementation of the 2020-2021 AKI CARES Act Relief Fund program to provide a one-time payment in economic assistance to enrolled and eligible Shareholders who have experienced financial hardships due to the COVID-19 pandemic. This program uses funds in the amount of \$159,231.08 in accordance with the federal CARES Act Relief Fund and is non-taxable as a Tribal assistance program as issued by the US Department of Treasury.

If you or your family have been financially impacted by the COVID-19 pandemic, please fill out and submit this application. All funds for acceptable applications will be dispersed by December 31, 2021. The amount per Shareholder is subject to adjustment and/or capping according to the volume of eligible Shareholder applications received by the deadline of October 31, 2021. **Each impacted AKI Shareholder 18 years or older must complete an application to receive funds.**

APPLICATION DEADLINE: MIDNIGHT, OCTOBER 31, 2021

Please submit completed application to:

By Mail: Akhiok-Kaguyak, Inc. / Attn: CARES Act / 1400 W. Benson Blvd., Suite 500 / Anchorage, AK, 99503

By Email: Subject: CARES Act / info@aki-kodiak.com

Questions: For further assistance regarding this program, please contact 888.258.0337.

ELIGIBILITY STATEMENT, REQUIREMENTS & USE OF ASSISTANCE

AKI Shareholders over the age of 18 enrolled as of October 31, 2021, or their guardians on their behalf, are eligible to apply for the AKI CARES Act Relief Fund program. To receive funds, individuals must complete an application and certify that the need for assistance is the result of the COVID-19 pandemic in the categories set forth on the application and submit a signed application to AKI no later than Midnight on October 31, 2021. **An AKI Shareholder may not receive payments from AKI for emergency COVID-19 relief for claimed expenditures for which they or any member of their household has already been previously reimbursed by an Indian Tribal organization or by any federal, state, tribal, or local government entity.**

Payments must be used by the Shareholder for expenses related to the COVID-19 pandemic. In the event an AKI Shareholder uses the relief payment for ineligible expenses, AKI may request the Shareholder repay the amount spent on ineligible expenses. **AKI Shareholders who receive CARES Act funding from AKI must keep all receipts for items purchased or paid for with the AKI CARES Act Relief Fund payment for a period of 5 years after December 31, 2021.**



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Section 1: Applicant Information

Applicant Name (print): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone No.: (____) _____ DOB: ____ / ____ / _____

Payment will be delivered either by direct deposit or paper check per your method on file.

AKI dependent household members 17 years of age or younger not previously applied for:

First and Last Name (print)	Relationship	DOB

Section 2: Financial Need

I/we meet the AKI CARES Act Relief Fund program requirements based on my individual need in the following area(s) **(YOU MUST CHECK AT LEAST ONE)**:

- | | |
|---|---|
| <input type="checkbox"/> Job loss or reduced employment | <input type="checkbox"/> Transportation costs for medical testing and procedures |
| <input type="checkbox"/> Increased utility costs | <input type="checkbox"/> Increased Healthcare costs (unreimbursed prescriptions, supplements, counseling, COVID testing and/or treatment, etc.) |
| <input type="checkbox"/> Increased personal care costs or personal protective equipment and other protective measures | <input type="checkbox"/> Increased costs for telework, looking for work or children’s distance learning |
| <input type="checkbox"/> Increased household cleaning and sanitization costs | <input type="checkbox"/> Other unanticipated costs due to COVID-19 (Please list) |
| <input type="checkbox"/> Housing cost increase, foreclosure, eviction, rent | _____ |
| <input type="checkbox"/> Increased food cost | _____ |
| | _____ |

Have you received assistance from any federal, state, or local governmental program related to the COVID-19 public health emergency, or have you applied for and received assistance from any other Alaska Native Corporation or Tribe? YES NO

Answering yes will not automatically exclude you from receiving a grant from the AKI CARES Act Relief Fund program. If yes, please provide details and amount(s), including what expenses the assistance was reimbursing:



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Section 3: Certification & Authorization

By **checking the box** next to the statements below and **signing** this application, I certify that:

- I have been provided a copy of the AKI CARES Act Relief Fund program guidelines, and I/we meet the AKI CARES Act Relief Fund program requirements.
- I/we certify that all information provided in this application is true and accurate. I understand that any misrepresentation or inaccurate information may result in a repayment of grant funds.
- I certify that no expense or financial hardship for which this grant is sought (Section 2) has been accounted for or reimbursed by any other Alaska Native Corporation, tribal government, local government, or other CARES Act program (such as the Paycheck Protection Program or CARES Act grants from tribes or local governments).
- I/we certify that these CARES Act funds I/we received from AKI shall be used for the economic impacts of COVID-19 for me (and/or my family) that I/we have and are experiencing.
- I certify that I have physical custody and/or legal guardianship for the above-named children or dependents (if applicable).
- If application is on behalf of a minor: I certify that I am the parent/legal guardian to receive the AKI CARES Act Relief Fund payment on behalf of the minor child. By signing this document, I agree that I am responsible for collecting the payment and the funds will go towards the minor for the benefit of preparing, preventing, and recovering from COVID-19. I agree that I will be responsible for paying the funds back in the event it is found that the minor did not receive the emergency support payment.
- I agree that I may be called upon to prove that I did not use the AKI CARES Act Relief Fund program funds for unallowable expenses. As such, I will retain reasonable documentation of the expenses for which any funds are used to assist Akhiok-Kaguyak, Inc. with any further information necessary for verification of submitted information upon reasonable request.

Applicant Signature: _____ Date: _____

OFFICIAL USE (For AKI Corporate Office Only)

Eligible Shareholder (Y/N): _____ Date Received: ___ / ___ / ___

Reviewed by: _____ Date Reviewed: ___ / ___ / ___

Approved (Y/N): _____ Check #: _____ Date Check Mailed: ___ / ___ / ___