



## GANA-A'YOO, LIMITED

### CARES ACT RELIEF FUND GRANT PROGRAM ("PROGRAM") APPLICATION

Applicant's Full Name:

Address:

City:

State:

Zip Code:

Phone Number:

Email:

Date of Birth:

SSN Last 4 digits:

I am a current Shareholder of Gana-A'Yoo, Limited ("Gana-A'Yoo") eighteen (18) years of age or older as of October 5, 2021(hereinafter an "Eligible Applicant") :  Yes  No

NOTICE: By submitting this application, you authorize Gana-A'Yoo to take any and all actions deemed necessary to verify your eligibility as a Shareholder.

**Are the expenses for which assistance is sought with this application incurred, or to be incurred, during the Covered Period March 1, 2020, through December 31, 2021:**

Yes  No

**I am experiencing or have experienced financial hardship from March 1, 2020, through December 31, 2021 as a result of the COVID-19 public health emergency as follows (Please check all that apply):**

I have suffered loss of income due to the COVID-19;

I have been laid off, furloughed, given reduced hours, or experienced a reduced salary due to COVID-19;

I need housing assistance to avoid foreclosure or eviction due to financial difficulties resulting from COVID-19;

I have incurred additional utility costs and/or household expenses because of the need to stay at home, isolate and/or adhere to public health mandates and recommendations issued in response to COVID-19, including electricity, gas, propane, firewood, water, sewer, waste disposal, internet, and phone;

I have incurred increased expenses related to groceries, food, and meals necessary to sustain health and increase well-being and food security (canning supplies, food preservation, freezers, etc.) while complying with public health mandates and recommendations;

I have incurred costs as a result of public health mandates and recommendations issued in response to COVID-19, including costs to quarantine, self-isolate, obtain personal protective equipment, masks, cleaning supplies, and other similar items;

I have incurred increased expenses to care for dependents as a result of COVID-19, including additional childcare costs because of school or daycare closure due to COVID-19;

I have incurred expenses related to online learning and expenses to maintain and support the education needs of school-age children, including post-secondary school, as a result of changes made by schools in response to COVID-19;

I have incurred medical costs or prescriptions drugs related to COVID-19 or suspected exposure to COVID-19, including for COVID-19 tests;

I have incurred additional expenses from subsistence activities that were impacted negatively due to COVID-19 (the inability to hunt, fish, or gather);

I have incurred increased expenses in fuel, heating, or transportation costs directly attributable to the COVID-19 pandemic;

I have incurred expenses to work remotely as a result of compliance with COVID-19 public health precautions (expenses to purchase remote working equipment, internet bandwidth or data, etc.);

For any other financial hardships not covered in the above options, please explain: \_\_\_\_\_

\_\_\_\_\_

**My unreimbursed financial hardship *meets or exceeds* the anticipated grant amount of up to \$1448 per Eligible Applicant.**

Yes  No

Have you received assistance from any federal, state, or local governmental program related to the COVID-19 public health emergency such as unemployment compensation, payroll protection plan disbursements, etc., or have you applied for and received assistance from any other Alaska Native Corporation or Tribe?  Yes  No

**Answering yes does not automatically exclude you from receiving a grant from the Program.**

This information is requested because you cannot receive a grant for expenses or financial hardship that was already fully accounted for or fully reimbursed by any CARES Act program administrated by another Alaska Native Corporation, tribal government, or local, state, or federal government, (such as the Paycheck Protection Program or CARES Act grants from tribes or local governments). If yes, please provide details and amount, including what expenses the assistance was reimbursing, and explain whether your need has or has not been fully met: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By signing below, I certify and agree to the following under penalty of perjury:

1. The information contained in this application is true and complete to the best of my knowledge, information, and belief.

2. I am an Eligible Applicant as defined above.
3. I will only use any Program grant for the eligible expenses described above.
4. I will maintain documentation for how the funds are expended. I understand and agree that records of how grant funds are used must be produced promptly upon receiving a request from the federal government and are subject to audit.
5. I have not already received reimbursement for these expenses from any other source, and I will not accept or seek financial assistance for the expenses that are reimbursed through this program from other federally funded COVID-19 related assistance programs.
6. I understand and agree that if I receive a Program grant and I do not use all of the funds for authorized purposes, I will return the remainder of the funds to Gana-A'Yoo.
7. I understand and agree that if I receive a Program grant and it is determined that I have used the funds for a purpose which is not authorized by the CARES Act or corresponding Treasury Department guidance, I will immediately return those funds.
8. All funds received from Gana-A'Yoo pursuant to this program shall be returned in the event that any statements or certifications in this application are false or misleading.
9. I will defend, indemnify, and hold Gana-A'Yoo harmless from any claims arising from my application, the provision of a Program grant to me, or the use of any Program grant on ineligible expenditures.
10. I waive and release any claim arising out of or relating to this application or the provision of a Program grant that I may have against Gana-A'Yoo and its officers and agents.
11. I am responsible for seeking independent advice to determine the tax implications of receipt of a Program grant.

By signing below, I represent, warrant, and certify that the information provided herein is true, correct, and complete. I also understand that this application constitutes a binding contract and shall be deemed a valid original instrument if delivered electronically (e.g., facsimile, PDF, ink, or digital stamp, etc.).

Signature \_\_\_\_\_ Date \_\_\_\_\_