



Shareholder COVID-19 Grant Relief Program Application

Through the CARES Act and the Coronavirus Relief Fund, Chugach Alaska Corporation is able to offer direct relief assistance to shareholders who have experienced financial hardships or incurred expenses due to the COVID-19 public health emergency. This program is intended to provide economic relief to shareholders experiencing financial hardships from March 1, 2020 through the application deadline of October 31, 2021.

Eligible shareholders will receive \$1,800 in economic relief and \$500 per dependent. Dependents must be under the age of 18, living with the applicant and the applicant must have supported the dependent(s) financially for the past six months. For shared custody situations to be eligible, custody must be more than 50% and verification is required.

Applications will be accepted through October 31, 2021 and payments will be made on or before November 30, 2021.

Submit applications by email: COVID19Relief@Chugach.com, fax: (907) 261-8896, or by mail.

Mailed applications must be postmarked no later than October 31, 2021 and can be mailed to:

Attn: Shareholder Services – COVID-19 Relief
Chugach Alaska Corporation
3800 Centerpoint Drive, Suite 1200
Anchorage, Alaska 99503

Eligibility Criteria:

- Chugach Alaska Corporation Shareholder over the age of 18;
- Can certify that they have experienced loss of income, incurred expenses responding to, and/or suffered other financial hardship resulting from the COVID-19 public health emergency from March 1, 2020 through the application deadline of October 31, 2021; and
- The financial hardship or COVID-19 related expense for which they are seeking assistance has not been accounted for or reimbursed by any other Alaska Native Corporation, tribal government, local or state government, or other CARES Act program, such as the Paycheck Protection Program or CARES Act grants from tribes or local governments.

Required Documents:

- Completed and Signed Application.
- Copy of their Chugach Alaska Corporation shareholder identification card or government issued identification card.
- If claiming dependents, for shared custody situations to be eligible, custody must be more than 50% and verification is required (for example custody order and/or tax return).



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Eligible Financial Hardship Examples:

- Suffered loss of income due to the COVID-19;
- Was/is laid off, furloughed, given reduced hours or reduction in a salary due to the COVID-19;
- Unable to pay rent or mortgages and facing the risk of foreclosure or eviction due to financial impacts of COVID-19;
- Increased utility costs and 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 but not limited to electricity, gas, propane, firewood, water, sewer, waste disposal, internet, and phone;
- Increased expenses related to groceries, food, meals, and nutrition assistance costs necessary to sustain health and well-being while complying with public health mandates and recommendations in response to COVID-19;
- Costs incurred as a result of public health mandates and recommendations in response to COVID-19, including costs related to quarantines, self-isolation, personal protective equipment, and other similar expenses;
- Incurred expenses necessary to perform telework related to my employment such as increased internet, computer equipment purchases, system upgrades and office equipment and supplies;
- Additional costs incurred to address food security issues caused by supply-chain issues related to COVID-19 by purchasing subsistence material including fishing gear (fishing poles, permits, hooks, line, and nets), bullets, buckets, canning supplies, and other subsistence items as needed;
- Additional costs incurred to care for dependents as a result of COVID-19, including childcare services and added costs for care and feeding of children not able to attend school because of school or daycare closures due to COVID-19;
- Additional expenses incurred to provide for online learning and 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;
- Expenses incurred to cover medical costs or prescriptions drugs related to COVID-19 or suspected exposure to COVID-19, including for COVID-19 tests;
- Expenses incurred to obtain PPE, masks, mask making equipment for personal use and supplies, cleaning/disinfectants, and/or other products due to COVID-19;
- Expenses incurred necessary to perform telework related to my employment such as increased internet, computer equipment purchases, system upgrades and office equipment and supplies;



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- Expenses incurred to cover costs associated with social distancing to comply with federal, state, or tribal guidelines related to COVID-19; and
- Financial hardship or expenses caused by or related to COVID-19 that has not already 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).



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Application for COVID-19 Economic Relief

* Required Questions

* Applicant Full (Legal) Name: _____ Suffix: _____

* Address: _____

* City: _____ * State: _____ * Zip Code: _____

* Phone Number: _____ * Email: _____

* Date of Birth: _____ * SSN Last 4 digits: _____

* 1. I am a current Shareholder: Yes No

* 2. I am at least 18 years of age and a U.S. citizen: Yes No

* 3. Are the expenses for which assistance is sought with this application incurred, or to be incurred, during the period March 1, 2020 through December 31, 2021? Yes No

* 4. 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 a reduction in a salary due to the 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;



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- I have incurred increased expenses related groceries, food, meals, and nutrition assistance costs necessary to sustain health and well-being while complying with public health mandates and recommendations;
- I have incurred increased expenses to address food security issues caused by supply-chain issues related to COVID-19 by purchasing subsistence material including fishing gear (fishing poles, permits, hooks, line, nets), bullets, buckets, canning supplies, and other subsistence items as needed;
- 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 expenses to quarantine/isolate or take other measures in compliance with 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 for food, transportation, child or adult care because of COVID-19;
- I have incurred additional expenses for PPE, masks, mask making equipment and supplies, cleaning/disinfectants, and/or other products due to COVID-19;
- I have incurred expenses necessary to perform telework related to my employment such as increased internet, computer equipment purchases, system upgrades and office equipment and supplies;
- I have incurred expenses to comply with social distancing mandated or recommended by federal, state, or tribal guidelines; or
- For any other financial hardships not covered in the above options, please explain: _____

If applying for dependents, please complete the following section. If you are not applying for dependents, please proceed to Question #5 on Page 8.



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If you have minor dependents under the age of 18, please provide the requested information for each such dependent who lives with you and for whom you have provided financial support for in the past six months. For shared custody situations to be eligible, custody must be more than 50% and verification is required. If you have shared custody, you must attach additional paperwork.

Acknowledgement: I acknowledge that any dependents claimed by me are my legal dependents and can only be claimed once. I agree to retain reasonable documentation to prove the dependents meet the eligibility requirements for a minimum of five years and to assist Chugach Alaska Corporation with any further information necessary for verification.

Dependent 1:

Full Legal Dependent Name: _____

Dependent Date of Birth: _____ Age: _____ SSN (last 4 digits): _____

Is the dependent:

A current Chugach Alaska Corporation Shareholder Yes No

A confirmed descendant of a Chugach Alaska Corporation Shareholder Yes No

An unconfirmed descendant of a Chugach Alaska Corporation shareholder Yes No

Does the dependent live with you and did you provide over 50% of their financial support for the past six months? Yes No

Did you have at least \$500 in costs/expenses to care for this dependent as a result of the COVID-19 pandemic for which assistance was not received and/or which was not otherwise repaid, including through an application submitted by another individual under this program? Yes No

Dependent 2:

Full Legal Dependent Name: _____

Dependent Date of Birth: _____ Age: _____ SSN (last 4 digits): _____

Is the dependent:

A current Chugach Alaska Corporation Shareholder Yes No

A confirmed descendant of a Chugach Alaska Corporation Shareholder Yes No



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An unconfirmed descendant of a Chugach Alaska Corporation shareholder Yes No

Does the dependent live with you and did you provide over 50% of their financial support for the past six months? Yes No

Did you have at least \$500 in costs/expenses to care for this dependent as a result of the COVID-19 pandemic for which assistance was not received and/or which was not otherwise repaid, including through an application submitted by another individual under this program? Yes No

Dependent 3:

Full Legal Dependent Name: _____

Dependent Date of Birth: _____ Age: _____ SSN (last 4 digits): _____

Is the dependent:

A current Chugach Alaska Corporation Shareholder Yes No

A confirmed descendant of a Chugach Alaska Corporation Shareholder Yes No

An unconfirmed descendant of a Chugach Alaska Corporation shareholder Yes No

Does the dependent live with you and did you provide over 50% of their financial support for the past six months? Yes No

Did you have at least \$500 in costs/expenses to care for this dependent as a result of the COVID-19 pandemic for which assistance was not received and/or which was not otherwise repaid, including through an application submitted by another individual under this program? Yes No

Dependent 4:

Full Legal Dependent Name: _____

Dependent Date of Birth: _____ Age: _____ SSN (last 4 digits): _____

Is the dependent:

A current Chugach Alaska Corporation Shareholder Yes No

A confirmed descendant of a Chugach Alaska Corporation Shareholder Yes No



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An unconfirmed descendant of a Chugach Alaska Corporation shareholder Yes No

Does the dependent live with you and did you provide over 50% of their financial support for the past six months? Yes No

Did you have at least \$500 in costs/expenses to care for this dependent as a result of the COVID-19 pandemic for which assistance was not received and/or which was not otherwise repaid, including through an application submitted by another individual Yes No under this program?

* 5. 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 will not automatically preclude you from receiving a grant from the Shareholder COVID-19 Relief Grant Program. This information is requested because you cannot receive a grant from the Shareholder COVID-19 Relief Grant Program for expenses or financial hardship that was already accounted for or reimbursed by any CARES Act program administered 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: _____

* 6. Acknowledgement: As a Chugach Alaska Corporation shareholder, I acknowledge that the payment of Coronavirus Relief Funds will be paid in accordance with the information on file with Chugach Alaska Corporation Shareholder Services. Any updates to my address or banking information will be made through Chugach Alaska Corporation Shareholder Services.



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* 7. Certification

As an official signer, I certify that all of the 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 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 understand that receipt of assistance funds may impact eligibility to receive certain public/welfare assistance benefits and that the tax consequences of receiving grant funds—if any—depend on my individual circumstances and understand that Chugach Alaska Corporation may not advise me in this regard. I agree to retain reasonable documentation of the expenses that any grant funds are used for a minimum of five years and to assist Chugach Alaska Corporation with any further information necessary for verification of submitted information upon reasonable request.

Signature _____ Date _____

Please remember to submit applications with the required documents:

- Completed and Signed Application.
- Copy of Chugach Alaska Corporation shareholder identification card or government issued identification card.
- If claiming dependents, for shared custody situations to be eligible, custody must be more than 50% and verification is required (for example custody order and/or tax return).