



The Deloycheet, Inc. CARES Assistance Project Application

The Deloycheet, Inc. Coronavirus Aid, Relief, and Economic Security (CARES) Assistance Project is the allocation of the CARES Act funding that allows Deloycheet to provide a one-time payment to the eligible Deloycheet Shareholders who experienced negative financial impact directly related to the COVID-19 pandemic between March 1, 2020, through December 31, 2021.

Eligible Deloycheet Shareholders:

1. **Are 18 years of age or older and a current Deloycheet, Inc. Shareholder**
2. **A United States citizen living in the United States**
3. **Have an individual income less than \$100,000 per year**
4. **Have experienced a financial hardship directly due to COVID-19**

If you have received money from 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, **you are still eligible for this funding as long as it is not for the same financial hardship.** For example, if you requested assistance to pay your rent that you couldn't afford to pay in February 2021, you cannot request assistance from Deloycheet, Inc. for the same hardship. However, you can submit your request for financial assistance for a **NEW** financial hardship, such as you have lost wages due to having COVID-19.

Each eligible shareholder should submit only one application form. If multiple shareholders reside in a household, each eligible shareholder must submit individual applications.

Deadline:

Applications will be accepted until **MONDAY, NOVEMBER 22, 2021, AT 5 P.M. ALASKA TIME or until all available funds are spent.**

Complete applications will be processed in the order they are received. Failure to submit required information will delay processing and may cause the application to be denied. Payment will range up to \$300.00 depending upon the financial hardship.

The Deloycheet Budget, Audit and Investment Committee will review and approve applications as they arrive. Checks will be processed as the shareholders applications are approved. Approved shareholders must cash the financial assistance check before **December 31, 2021.**

Please return the one-page application through any of the following methods:

- Those outside of Holy Cross will get an application mailed to them. Use enclosed paid return envelope to Mikunda Cottrell Accounting & Consulting, 3351 Arctic Blvd. Anchorage, Alaska 99503
- Postal Mail: Deloycheet, Inc. P.O. Box 228 Holy Cross, Alaska 99602
- Email to: Jacqueline@deloycheet.org
- Fax: (907) 476-7176
- In person to Deloycheet, Inc. Holy Cross Office

Questions: Call Deloycheet, Inc. Office at (907) 476-7177 Monday-Friday, 9-4.

Applicant Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Date of Birth: _____ SSN Last 4 digits: _____

I am a current Shareholder of Deloycheet: Yes No

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

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):

- Suffered a Loss of Income: have experienced a loss of income due to COVID-19 includes being laid off, furloughed, given reduced hours or reduced pay, unpaid leave to quarantine mandates. (\$100)
- Suffered a Financial Hardship (Housing): inability to pay rent or mortgage, facing risk of foreclosure or eviction due, no housing due to financial impacts of COVID-19. (\$75)
- Suffered a Financial Hardship (Food Insecurity): increased cost for groceries, food, meals, food security issues caused by supply chain issues related to COVID-19. (\$100)
- Suffered a Financial Hardship (Supply Insecurity): cost to sustain and maintain wellbeing during the COVID-19 public pandemic, buying personal protective equipment, masks, hand sanitizer, cleaning and disinfecting products, supply chain issues related to COVID-19 including purchasing subsistence gear such as fishing gear, hunting supplies, canning supplies, and other subsistence items. Includes general household expenses and childcare expenses related to COVID-19. (\$50)
- For any other financial hardships not covered in the above options, please explain: _____

I understand that I can receive financial assistance UP TO \$300.00. I certify that all 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 agree to retain reasonable documentation of the expenses that any grants funds are used on and to assist with any further information necessary for verification of submitted information upon reasonable request.

Signature _____ Date _____