



MTNT, LTD.

Application for COVID-19 Relief Funds

Program Description and Conditions

MTNT's CARES Act Relief Fund Program (the "Relief Fund Program") provides eligible MTNT shareholders with financial assistance (a "COVID Relief Grant") for necessary expenses incurred due to the COVID-19 pandemic between March 1, 2020, through November 15, 2021, which have not already been 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.

Eligibility. An individual is eligible to receive a COVID Relief Grant if they meet all of the following requirements (an "Eligible Applicant"):

- (1) They are an MTNT Shareholder who are an Alaska Native or Descendant of an Alaska Native, as those terms are defined in the Alaska Native Claims Settlement Act, and over the age of 18; and
- (2) They experienced unreimbursed loss of income or expenses responding to, and/or suffered other financial hardship due to, the COVID-19 public health emergency from March 1, 2020, through December 31, 2021.

Shareholder Record Date. For purposes of determining who is an MTNT Shareholder in connection with the Relief Fund Program, only shareholders of record on the books of MTNT on **September 22, 2021** are eligible to apply for a COVID-19 Relief Grant.

Financial Assistance. The COVID Relief Grant will be in the form of reimbursement to the Eligible Applicant of unreimbursed, unbudgeted and necessary expenses due to the COVID-19 pandemic from March 1, 2020, through December 31, 2021. The amount of COVID Relief Grant will be up to \$1,536, provided that the amount of any grant may be reduced if the information submitted with the application does not support an award of the full amount.

Eligible Expenses. Any funds received through this Relief Fund Program may only be used for eligible expenses, which are necessary due to the COVID-19 pandemic during the "covered period" (March 1, 2020, through December 31, 2021) and are not being reimbursed by other programs providing federal government COVID-19 response relief funds (e.g., unemployment, PPP, IRS-issued Economic Impact Payments, state or city COVID-relief funds, Tribal CARES Act funds, other MTNT CARES Act funds). The following is a general, non-exhaustive list of eligible necessary expenses:

- Unreimbursed medical expenses related to COVID-19
- Personal care items (Personal Protective Equipment such as masks, sanitizer, hygiene products, etc.)
- Quarantine costs (cleaning supplies, medical supplies, and equipment, etc.)

- Groceries for food security during pandemic, including food shipping/delivery costs
- Transportation costs related to testing, procedures, or treatment related to COVID-19
- Payment of rent or mortgage (to avoid eviction or foreclosure, etc.)
- Home-related costs for sanitary and safe living conditions, such as air quality improvements
- Utility costs such as electricity, gas, propane, water, firewood, Internet, phone, etc.
- Expenses for telework or distance-learning, including Internet and related equipment and fixtures (computers, modems, monitors, desks, etc.)
- Dependent care (childcare, food, homeschooling and other care supplies, etc.) due to school closures or other impacts due to COVID-19
- Other necessary expenses as a result of the COVID-19 pandemic

Repayment and Return of Funds. An applicant must re-pay all funds provided by MTNT under this Relief Fund Program if any information provided by the applicant in this application is false or misleading.

Limited Funds. A specific amount of money has been set aside by MTNT for the Relief Fund Program. When those funds are exhausted, no further Relief Fund Grants will be provided. MTNT urges all Eligible Applicants to submit their applications as soon as possible.

Application Process. Eligible Applicants may only apply once for the Relief Fund Program. The application must be completed by an Eligible Applicant who meets the criteria stated above.

Deadline to Submit Application. Applications may be submitted via the online application portal, emailed to caresact@mtnt.net, or mailed or dropped off between the hours of 7:00 a.m. and 4:00 p.m. at 1500 West 33rd Avenue, Suite 100, Anchorage, Alaska 99503. A completed and signed application must be received by 4:00 p.m. Alaska time on or before **December 1, 2021**. If the application is approved, the Relief Fund Grant will be mailed via check or paid via direct deposit.

Taxes. A Relief Fund Grant may be taxable, and the recipient is responsible for payment of any taxes or fees associated with his/her Relief Fund Grant.

Privacy: MTNT will maintain the confidentiality of your application. Any information provided will be used for the sole purpose of administering the Relief Fund Program and any records you provide will be purged once the Relief Fund Program is complete and pursuant to the regulatory requirements applying to the Relief Fund Program.

Waiver of Liability: MTNT shall not be liable to any individual or entity applying for the Relief Fund Program for any damages, claims, expenses or other costs or fees (including, without limitation, attorneys' fees) that any individual suffers or incurs as a result of their participation in the Relief Fund Program or receipt of Relief Fund Grants.

General. MTNT has the right, in its sole discretion, to cancel or terminate the Relief Fund Program at any time, for any reason, without any liability to any Eligible Applicant or any other persons or entities. MTNT also has the right, in its sole discretion, to disqualify any individual who commits fraud or other misconduct in connection with the Relief Fund Program; or interferes with, disrupts, tampers with, circumvents, or otherwise undermines the application process or the operation of the Relief Fund Program. Any decisions with respect to the Relief Fund Program made by MTNT will be binding and final in all respects.

Application

Applicant Full Name

First

Last

Address

Address Line 1

Address Line 2

City

State

Zip Code

Phone

Email

Date of Birth

SSN Last 4 digits

I am an MTNT Shareholder who is an Alaska Native, or a Descendant of an Alaska Native, who is over the age of 18:

Yes No

I am experiencing or have experienced financial hardship and/or unreimbursed, unbudgeted and necessary expenses in excess of \$1536 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 COVID-19;

I have been laid off, furloughed, given reduced hours, or 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 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 expenses for additional PPE, masks, mask making equipment and supplies, cleaning/disinfectants, and/or other products due to COVID-19;

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:

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?

Answering yes will not automatically preclude you from receiving a grant from the Shareholder COVID-19 Relief Grant Program.

Yes No

This information is requested because you cannot receive a grant 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:

Certification

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 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.
4. I understand and agree that if I receive a Relief Fund Grant and it is determined that I have used the funds for a purpose which is not authorized by the CARES Act, I will return those funds.
5. All funds received from MTNT pursuant to this program will be returned to MTNT in the event that any statements or certifications in this application are false or misleading.
6. I will defend, indemnify and hold MTNT harmless from any claims arising from the application, the provision of a Relief Fund Grant to me, or the use of any Relief Fund Grant on ineligible expenditures.
7. I waive and release any claim arising out of or relating to the application or the provision of a Relief Fund Grant that I may have against MTNT and its officers.
8. I agree to comply with the terms and conditions of the MTNT Relief Fund Program contained in this application.
9. I am responsible for seeking independent advice to determine the tax implications of receipt of a Relief Fund Grant.
10. I agree to retain reasonable documentation of the losses or expenses that any grants funds are used on and to assist MTNT with any further information necessary for verification of submitted information upon reasonable request.

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.). *(Please sign with your legal, inked signature).*

Date

Signature