



MTNT, LTD.

Application for Supplemental COVID-19 Relief Grant

Program Description and Conditions

MTNT's Supplemental COVID-19 Relief Fund Program (the "Supplemental Relief Fund Program") provides eligible MTNT Shareholders with additional financial assistance (a "Supplemental Relief Fund Grant") for necessary expenses incurred due to the COVID-19 pandemic between March 1, 2020, through December 31, 2021, which have not already been reimbursed by MTNT's original COVID-19 Relief Fund Program and/or 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 Fund Grant if they meet all of the following requirements (an "Eligible Applicant"):

- (1) They are an MTNT Shareholder who has already received an MTNT COVID-19 Relief Fund grant;
- (2) They have experienced an additional \$325 in unreimbursed loss of income or expenses responding to, and/or suffered other financial hardship due to, the COVID-19 public health pandemic from March 1, 2020, through December 31, 2021.

Financial Assistance. The amount of Supplemental COVID Relief Fund Grant will be up to \$325 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 or losses incurred due to the COVID-19 pandemic from March 1, 2020, through December 31, 2021 and have not been 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, the original MTNT COVID-19 Relief Fund Program, or 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, 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, 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 Supplemental 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 Supplemental Relief Fund Program. When those funds are exhausted, no further Supplemental 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 Supplemental 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 hand-delivered to 1500 West 33rd Avenue, Suite 100, Anchorage, Alaska 99503 between the hours of 7:00 a.m. and 4:00 p.m. Monday – Friday. A completed and signed application must be received by 4:00 p.m. Alaska time on or before **December 29, 2021**. If the application is approved, the Relief Fund Grant will be mailed via check or paid via direct deposit.

Taxes. A Supplemental 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 Supplemental Relief Fund Program and any records you provide will be purged once the Supplemental Relief Fund Program is complete and pursuant to the regulatory requirements applying to the Supplemental Relief Fund Program.

Waiver of Liability: MTNT shall not be liable to any individual or entity applying for the Supplemental 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 Supplemental Relief Fund Program or receipt of Supplemental Relief Fund Grants.

General. MTNT has the right, in its sole discretion, to cancel or terminate the Supplemental 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 Supplemental Relief Fund Program; or interferes with, disrupts, tampers with, circumvents, or otherwise undermines the application process or the operation of the Supplemental Relief Fund Program. Any decisions with respect to the Supplemental Relief Fund Program made by MTNT will be binding and final in all respects. 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 has already received a MTNT Relief Fund Grant:

Yes No

I am experiencing or have experienced additional financial hardship and/or unreimbursed, unbudgeted and necessary expenses in excess of \$325 from March 1, 2020 through December 31, 2021 as a result of the COVID-19 public health emergency that has not been reimbursed by the original MTNT Relief Fund Grant and/or any other Alaska Native Corporation, tribal government, local or state government, or other CARES Act program.

Yes No

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 or losses 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 Supplemental 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 Supplemental 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 Supplemental Relief Fund Grant that I may have against MTNT and its officers.
8. I agree to comply with the terms and conditions of the Supplemental 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 Supplemental Relief Fund Grant.
10. I agree to retain reasonable documentation of the losses or expenses that any grant 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 signature)*

Date

Signature