



Natives Of Kodiak

# Natives of Kodiak, Inc

215 Mission Rd, Suite 212  
Kodiak, AK 99615

## Crisis Relief under CARES ACT Fund Application

For Staff Only

Date Received:

Client #:

Initials:

Complete: Yes No

This form will be used for Natives of Kodiak, Inc internal use only. The information contained here is not for distribution to any outside agency or entity.

- The deadline for this Application is 5 PM on November 12, 2021.
- Applications submitted after 5 PM on November 12, 2021 may be considered by NOK if CARES Act funds remain after decisions have been made upon applications submitted prior to the November 12 application deadline.
- All appeals will be decided no later than December 1, 2021.
- All monies determined to be eligible will be paid out no later than December 30, 2021.

Applicant Name: \_\_\_\_\_

Maiden/Other names used: \_\_\_\_\_

Shareholder ID#: \_\_\_\_\_

If you are a descendant of a shareholder and do not have a shareholder ID, please list the name of the Shareholder of which you are a descendant:

Applicant's Street Address: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

Applicant's Email: \_\_\_\_\_

Applicant's Home Phone: \_\_\_\_\_

Applicant's Cell Phone: \_\_\_\_\_

Best contact (check one):                    \_\_\_ Home                    \_\_\_ Cell                    \_\_\_ Email

Please list the members of your immediate family living with you:

Name	Relationship	DOB	Shareholder ID Number (if applicable)

**NOTE:** To Receive CARES Act Funds from Natives of Kodiak, Inc. you are *required to*:

- Identify the loss or expenditure and the amount you are claiming due to COVID-19;  
**and**
- SUBMIT PROOF of the economic loss or expenditure and its relation to COVID-19.

**PLEASE CHECK ALL OF THE FOLLOWING THAT APPLY AND INDICATE THE AMOUNT YOU ARE CLAIMING ON THIS APPLICATION:**

	<b>Amount Claimed</b>
Loss of job due to COVID-19	
Job Layoff due to COVID-19	
Reduction in hours due to COVID-19	
Medical Expenses due to COVID-19	
Medical Travel due to COVID-19	
Funeral or burial expenses due to COVID-19	
Costs associated with receiving a COVID-19 vaccination	
Personal Protection Equipment (masks, etc.) Expenses due to COVID-19	
Increased Childcare costs attributable to COVID-19	
Increased Utilities costs due to working from home due to COVID-19	
Internet Services due to working or distance learning from home due to COVID-19	
Cleaning/Disinfectant expenses due to COVID-19	
Increased Food Expenditures due to working or distance learning from home due to COVID-19	
Other:	

**You must include with your application all documentation that supports your claim, including the relationship of the loss or expenditure to COVID-19. The specific type of documentation that will be necessary will depend upon the specific type of expenditure, so if you have questions NOK encourages you to contact NOK for further information. WITHOUT SUFFICIENT SUPPORTING DOCUMENTATION YOUR CLAIM MAY BE DENIED. NOK has made a limited exception to this rule if the total claim does not exceed \$500. In such an event, the shareholder can provide a written statement in lieu of actual receipts or invoice copies so long as that written statement that provides a reasonable description of describes the expenditure type, date, the reason for the explanation and approximate quantities and /costs.**

<p><b>Please check ONE of the two boxes below:</b></p> <p><input type="checkbox"/> I am an NOK shareholder or descendant of a shareholder of NOK</p> <p style="text-align: center;"><b><u>OR</u></b></p> <p><input type="checkbox"/> I am a parent/guardian to a shareholder or descendant of a shareholder of Natives of Kodiak, Inc.; I also certify that I have physical custody and/or legal guardianship for the above-named child/children.</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**All of the following boxes must be checked to be considered a “Completed” Application and therefore able to be processed by shareholder services:**

- I give my consent and authorization for any person or entity (including without limitation any federal, state or local agency) to release to Natives of Kodiak, Inc. any information needed to complete and verify my application for assistance.
- I understand that the COVID relief assistance will be determined per this application.
- I have not received other COVID funding for these expenses whether from the City, Borough, any tribal organization (including the Sun’ag Tribe), any Native Corporation besides NOK, or any other pandemic related programs for assistance I requested.
- I understand that my application is subject to verification and review by NOK, and that my application may also be provided by NOK to the Department of the Treasury for verification and audit. I also understand that to the extent my claim for CARES Act funds is disallowed following such Treasury Department verification and audit that I may have to repay Natives of Kodiak, Inc. for the funds I have received and any penalties and interest that Natives of Kodiak, Inc. is required to pay on account of my claim to the extent it has been disallowed.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**When deciding on the best method of delivery, please be mindful that the USPS may be slower than usual.**

Applications will be accepted by mail, email, hand delivery and fax.

- Mail or hand deliver to: 215 Mission Rd Suite 212 | Kodiak, AK 99615
- Email to: [shareholders@nativesofkodiak.com](mailto:shareholders@nativesofkodiak.com)
- Fax to: (907) 486-2745