



NATIVE VILLAGE OF BARROW IÑUPIAT TRADITIONAL GOVERNMENT

2025 ARPA Short Term Program Starlink Reimbursement Application

Native Village of Barrow Tribal Members may qualify for Starlink reimbursement. This is a one-time reimbursement. An actual copy of the receipt must be attached, it should show the members' information. The limit is one per household for the Starlink Kit with shipping up to \$649. Please be advised that it may be up to fourteen business days for the check to get processed.

Applicant Information

Applicant Name: _____ Today's Date: _____

D.O.B: _____ Tribal Enrollment #: _____ SSN: _____

Phone Number: _____ Email Address: _____

Mailing Address: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Starlink I.D. #: _____ Starlink Serial #: _____

Starlink Hardware: \$ _____ Shipping: \$ _____ Total: \$ _____

Starlink Reimbursement [ARPA – SLFRF category 12-2.2 Broadband]

- a) **Eligibility and preferences** – all NVB tribal members 18 years or older.
- b) **Application process** – Applicant must be enrolled to NVB as a tribal member. Member must fill out an application and provide the required information such as proof of purchase with members' name and physical address.
- c) **Typical award and individual award limits** \$649– one item per member/per household, per serial number, per lifetime of the grant. If the serial number has already been awarded a reimbursement, it will not be eligible for a second reimbursement.
- d) **Limited Funding:** The program has a set amount of funding available.
- e) **First Come, First Serve:** Applications will be processed in the order that they are received.
- f) **Program Closure:** Once funding runs out, no further applications will be accepted, and the program will cease until further funding is obtained.
- g) **Application Approval:** Applying does not guarantee approval; if funding is exhausted, applications will be denied.
- h) **Policy may be subjected to change in accordance with this grant's federal policies.**



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Acknowledgements & Attestation

By signing below, the applicant allows the Native Village of Barrow to verify the information provided to participate in the ARPA Short-Term Program for Starlink reimbursements. I understand that the Native Village of Barrow has the right to deny applications per the policy and guidelines.

I hereby certify that all information and documentation provided in this application are true and accurate. I confirm that I have read and agree to the policy stated above.

Applicant Signature

Date

Applicant Printed Name

NATIVE VILLAGE OF BARROW OFFICIAL USE ONLY

Receiving Staff Signature

Date

Receiving Staff Printed Name

Approved: ☐ Yes ☐ No **Denial Communicated:** ☐ Yes ☐ No

Reason: _____

ARPA Manager

Finance Director

Executive Director