

OGLALA SIOUX TRIBE
INTERNET ACCESS ASSISTANCE PROGRAM

GENERAL DESCRIPTION

- a. The Internet Access Assistance Program (Program) is funded with the Oglala Sioux Tribe's (OST) American Rescue Plan (ARP) Coronavirus State Fiscal Recovery Fund (FRF) to provide immediate internet connectivity to enrolled members of OST living on the Pine Ridge Reservation.
- b. The assistance under the Program is subject to the availability of funds.
- c. Applications will be processed on a first-come-first-serve basis until the Program funds are depleted.
- d. No funds shall be expended under the Program after December 31, 2026.
- e. In order to provide assistance, OST has developed this Program to provide STARLINK Devices to eligible applicants.
- f. OST reserves the right to recover STARLINK Devices and installation materials at any time.
- g. The applicant shall have the burden of proving eligibility under the Program. All applications for assistance shall be made on the form provided below.
- h. Assistance shall not duplicate any other assistance, including that provided by OST under other COVID-19 relief programs or under any other federal program.
- i. Assistance is limited and subject to available funding. The maximum dollar amount of assistance per household shall not exceed \$700 for the STARLINK Device and its installation. Applicants are required to pay any and all monthly service fees, and are required to pay any device and device installation fees that exceed \$700.
- j. Completed applications must be delivered to the Oglala Lakota Telecommunications, LLC at _____, which will work in conjunction with the OST's Treasurer and Finance Committee to implement the Program.
- k. Any decision by OST regarding the Program, including without limitation to the application, type of assistance, shall be final and shall not be subject to review or appeal.
- l. Nothing in this Program shall: (1) be construed to vest in any person any right or interest in any of OST's revenue or assets; (2) create any obligation that is legally enforceable against OST; or (3) waive the sovereign immunity of OST or any of its officials or employees.
- m. The Tribal Council reserves the right to amend and/or repeal this Program, subject to applicable law.

OGLALA SIOUX TRIBE
DISTRICT: _____
INTERNET ACCESS ASSISTANCE PROGRAM (PROGRAM)

APPLICATION

Name of Applicant: _____

District: _____

Mailing Address: _____

Physical Address: _____

Phone Number: _____

Names of Household Members: _____

The applicant requests the following assistance:

_____ \$ _____ for STARLINK Device and any associated device and installation fees (up to a \$700 value)

The applicant certifies in good faith, subject to pains and penalties of perjury and other punishments under the law, that the following statements are true and correct by initialing next to each line:

_____ The applicant is an enrolled member of the Oglala Sioux Tribe (OST).

_____ The applicant is a resident of the Pine Ridge Indian Reservation.

_____ The applicant has experienced negative economic impacts as a result of the COVID-19 public health emergency.

_____ The applicant does not have access to wireline internet service.

_____ The applicant is the head of household (and is the only member of the household applying for assistance under this Program).

_____ The household needs assistance to pay for the STARLINK Device and/or installation.

_____ The names of all members of the household are set forth above in the application.

OGLALA SIOUX TRIBE
INTERNET ACCESS ASSISTANCE PROGRAM APPLICATION – PAGE 2

_____ **The applicant understands that OST will pay the one-time installation and connection fee up to \$700.**

_____ The applicant understands that the STARLINK Device and any installation materials remains the property of OST, and that OST reserves the right to recover the STARLINK Device and materials at any time. **The applicant may not sell, gift, or otherwise transfer the STARLINK Device or any installation materials to any other person or entity.**

_____ **The applicant accepts the responsibility to pay monthly service fees.**

_____ The information contained in the application and certification form is true and accurate in all material respects, and the applicant understands that knowingly making a false statement to obtain Internet Access Assistance from the Program is punishable under the law.

Applicant Signature: _____

Date: _____