



OVK Broadband Affordability Program Application

Please read the Application Information Packet provided and submit your completed Application with all required documentation to OVK for review.

Section 1: Applicant Information

Applicant name: _____

Applicant type (check one): ☐ Household ☐ Business ☐ Community facility

Service address: _____

Mailing address: _____

Phone _____ Email _____

Eligible as (check one): ☐ Tribal Citizen ☐ OVK staff ☐ Household

☐ Business/facility

Enrolled OVK Tribal Citizen name: _____

People in household: _____ Enrolled OVK Tribal Citizens: _____

Business/facility – OVK Citizen owner (if any): _____

Internet provider: _____ Plan name: _____

Speed (download/upload): _____ Account #: _____

Other discount on this bill (e.g., FCC Lifeline)? ☐ No ☐ Yes \$ _____/mo



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Section 2: Reimbursement Request for Eligible Internet Costs

Reimbursement requests are for eligible internet costs paid between **January 1st, 2025 and September 30th, 2026**. Reimbursement is subject to program eligibility, funding availability, approved monthly limits, and documentation of paid broadband expenses.

☐ Check here to apply for Reimbursement

Section 3: Request for New Service

May include a one-time installation, equipment, deposit or reconnection charges needed to establish broadband service, if approved by OVK and supported by documentation. Note: AP&T is the only provider we can pay directly. Refundable deposits paid by TAP must be returned to OVK when the provider refunds them.

☐ Check here to Request for New Service

Section 4: Request Direct Provider Payment/Reimbursement

Direct provider payments/reimbursements are eligible internet costs between **Oct. 1, 2026 through Dec. 31, 2028**. Reimbursement is subject to program eligibility, funding availability, approved monthly limits, and documentation of paid broadband expenses. Note: AP&T is the only provider we can pay directly.

☐ Check here to Request Direct Provider Payment/Reimbursement

Section 5: Applicant Certification and Signature

By signing below, I certify that the information provided in this application is true and correct to the best of my knowledge; that no member of this household, business or facility receives broadband assistance for the same months from any other funding source, except any discount I have reported on this application (such as FCC Lifeline). I will notify OVK within 30 days of any change in address, household membership, business facility status, or internet



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service. I understand that assistance is subject to available grant funds and may be reduced, delayed, denied or discontinued if funds are not available or the requested cost is not allowable. I understand false statements may result in denial, repayment, and removal from the program. I agree to keep copies of my internet bills and payment records and to provide them to OVK or federal auditors on request. I understand I may be asked to complete voluntary quarterly surveys about my internet use.

Applicant signature: _____ Date _____

Please call Program Coordinator Felysha Savage 1(907)617-9810 with questions
Email application and all documentation to felysha@kasaan.org

FOR OFFICE USE ONLY: Received by OVK Staff

Staff Name

Date

Received Via: _____

☐ Application Complete?