On March 27, 2020, the Federal government enacted the Coronavirus Aid, Relief and Economic Security Act (CARES Act), Pub L. No. 116-136, providing funds to institutions from the Higher Education Emergency Relief Fund (HEERF) to make Emergency Financial Aid Grants to Students for expenses related to the disruption of campus operations due to coronavirus, including eligible expenses under a student’s cost of attendance, such as food, course materials, technology, health care, and child care. The law requires institutions to report certain information related to the use of these funds. The following information is reported for the period, January 1, 2021 through March 31, 2021.

I. This statement shall serve to acknowledge that our institution signed and returned to the US Department of Education the Certification and Agreement - Emergency Financial Aid Grants to Students. We further attest that our institution has used, and/or intends to use, no less than 50 percent of the funds received under Section 18004(a)(1) of the CARES Act to provide Emergency Financial Aid Grants to Students.

II. The total amount of funds that the institution will receive or has received from the Department pursuant to the institution’s Certification and Agreement [for] Emergency Financial Aid Grants to Student is $76,404.00.

III. The total amount of Emergency Financial Aid Grants distributed to students under Section 18004(a)(1) of the CARES Act as of March 31, 2021 is $28,800.

IV. The estimated total number of students at our institution eligible to participate in programs under Section 484 in Title IV of the Higher Education Act of 1965 and thus eligible to receive Emergency Financial Aid Grants to students under Section 18004(a)(1) of the CARES Act is 41.

V. The total number of students who have received an Emergency Financial Aid Grant to students under Section 18004(a)(1) of the CARES Act to date is 31.

VI. The following is the method used by our institution to determine which students receive Emergency Financial Aid Grants and how much each student has received/will receive under Section 18004(a)(1) of the CARES Act.

PROVIDE DESCRIPTION: Students will be asked to complete a Request for Emergency Aid Grant Form.

VII. The following instructions/directions/guidance was/will be provided by our institution to students concerning the Emergency Financial Aid Grants.

PROVIDE DESCRIPTION: See the next page
REQUEST FOR EMERGENCY FINANCIAL AID GRANT FUNDS
Under the CARES Act, Pub. L. No. 116-136

Student Name: _________________________ Student ID#: _________________________

Street Address: _________________________

City, State and Zip Code: _________________ Email: ______________________________

Have you incurred expenses related to the disruption of campus operations due to coronavirus (COVID-19) March 13 to May 29, such as food, housing course materials, technology, health care and/or child care expenses?       ________ YES       ________ NO

<table>
<thead>
<tr>
<th>CATEGORY OF EXPENSE</th>
<th>AMOUNT I HAVE PAID OUT</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOOD</td>
<td>$____________________</td>
</tr>
<tr>
<td>HOUSING</td>
<td>$____________________</td>
</tr>
<tr>
<td>COURSE MATERIALS</td>
<td>$____________________</td>
</tr>
<tr>
<td></td>
<td>List Materials: ________</td>
</tr>
<tr>
<td>TECHNOLOGY</td>
<td>$____________________</td>
</tr>
<tr>
<td></td>
<td>List Technology: ________</td>
</tr>
<tr>
<td>HEALTH CARE</td>
<td>$____________________</td>
</tr>
<tr>
<td>CHILD CARE</td>
<td>$____________________</td>
</tr>
</tbody>
</table>

I hereby attest that the information provided above is true and correct. I understand I am requesting an Emergency Financial Aid Grant to assist me with costs that I have incurred related to the COVID-19 pandemic. I further acknowledge that while my school will attempt to assist me to the greatest extent possible, I understand funds are limited and are to be shared among all eligible students.

Student Signature: ______________________________ Date: _____________________

Return both this form and the ACH form completed to:

cyamada@alvinaiiley.org

FOR SCHOOL USE ONLY
Applicants, please do not enter information in this section.

Total Grant Amount Approved: $____________________ CHECK#/ACH Batch #: ________________________

Signature and Title of School Representative: __________________________________________________________