

CARES ACT COMPLIANCE AFFIDAVIT

I, _____, hereby affirm that:

- The information provided in this application and the information provided in all supporting documents and forms is true and accurate.
- Due to the public health emergency with respect to COVID-19, this grant is necessary to support the ongoing operations for the applicant business
- The tax documents are identical to those I have submitted to the Internal Revenue Service
- I am at least a 50% owner of a for-profit applicant business and authorized by all other owner(s) of this business to apply to this grant program on behalf of the business. I further affirm that I am authorized to bind the business to any terms pursuant to this grant application and that all other owner(s) of this business agree with the contents and representations made in this application
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- I will submit receipts for eligible expenses along with supporting documentation as required by the program

I _____ declare under penalty of perjury that everything in this affidavit is true and correct.

DATE

SIGNATURE

PRINTED NAME

Sworn to before me and subscribed in my presence this _____ day of _____, 2020

NOTARY PUBLIC