

By Signing Below, You Make the Following Representations, Authorizations, and Certifications

CERTIFICATIONS AND AUTHORIZATIONS

I certify that:

- The Applicant is eligible to receive a grant under the rules, regulations, and Policies and Procedures of the Small Business Stabilization Program.
- The Applicant (1) is a for-profit business owner, eligible self-employed or individual independent contractor, or sole proprietor and (2) employs one (1) to no more than 50 employees.
- I will comply, whenever applicable, with the civil rights and other limitations in this form.
- All proceeds will be used only for business-related purposes as specified in the Application and consistent with the Application.
- The Applicant is not engaged in any activity that is illegal under federal, state or local law.

CERTIFICATIONS

The authorized representative of the Applicant must certify in good faith to all the below by **initialing** next to each one:

____ The Applicant has been in operation since February 12, 2019 and had employees for whom it paid salaries and payroll taxes or paid independent contractors, as reported on Form(s) 1099-MISC.

____ Current economic uncertainty makes this grant request necessary to support the ongoing operations of the Applicant.

____ The funds will be used to pay for mortgage/rent or employee salaries as specified under the Small Business Stabilization Program Policies & Procedures; I understand that if the funds are knowingly used for unauthorized purposes, Adams County may hold me legally liable, such as for charges of fraud.

____ Neither the Applicant, any business owner, nor business itself is currently in bankruptcy.

____ The Applicant will provide to Adams County documentation verifying the number of full-time equivalent employees on the Applicant's payroll as well as the dollar amounts of payroll costs, or covered mortgage or rent payments for the period specified in the grant agreement executed between Adams County and the Applicant.

____ During the period beginning on February 15, 2020 and the date of this form, the Applicant has applied for and exhausted federal and local funding assistance options, but certifies that said assistance was not enough to meet its urgent needs, has been denied, or was unable to receive said assistance.

____ The Applicant certifies that any funding received from other federal and local resources is not being utilized for the items requested in the Application.

____ I further certify that the information provided in my Application and the information provided in all supporting documents and forms is true and accurate in all material respects.

I have read the statements included in this form, including the Statements Required by Law, and I understand them.

Signature of Authorized Representative of Applicant

Date

Print Name and Title