

Non-Governmental Act 24/Coronavirus Relief Fund Certification Form

Name of Recipient Entity: _____

Business Address of Entity: _____

Telephone Number of Entity: _____

Name of Authorized Signer: _____

Business Address of Authorized Signer: _____

Email Address of Authorized Signer: _____

Telephone Number of Authorized Signer: _____

Total Amount Requested * _____

*- (The amount requested should be based on business interruption losses documented on the **Non-Governmental Business Interruption Grant Application** less any funding the entity has applied for or has already received under the CARES Act including but not limited to funding received under the Paycheck Protection Program, or the Economic Injury Disaster Loan Program)

By signing this form, I affirm that the entity applying for this assistance has experienced the following types of COVID-19 business interruption effects: (Attach additional pages as necessary)

By signing this form, I acknowledge that Recipient is obligated to retain records regarding business interruption effects related to COVID-19, including but not limited to lost revenues due to required closures, voluntary closures intended to enhance social distancing, and decreased customer demand due to COVID-19. Such records shall be made available to representatives of the County, the Commonwealth of Pennsylvania, or the United States government upon request and in the format requested for 7 years.

I further acknowledge that no elected official, officer, appointee, agent or employee of the County may be charged personally or held contractually liable by or to the Recipient with respect to matters pertaining to Coronavirus Relief Fund money.

I further affirm that I am authorized to sign and submit this Certification Form as part of the application process.

I further understand that it is my responsibility to consult a tax professional regarding any potential tax liability as a result of receiving this grant.

I certify under penalty of law that this document and the information submitted herein and in Recipient's Application are, to the best of my knowledge and belief, true, accurate and complete. I understand that false statements made herein or in the Application or other information submitted are subject to the penalties for unsworn falsification to authorities set forth in 18 Pa.C.S.A. § 4904.

Signature

Name

Title

Date