



BELTRAMI COUNTY COVID-19 BUSINESS RELIEF FUND CERTIFICATION FORM

Please certify the following:

_____ **The business is located within Beltrami County**

_____ **The business was current on financial obligations as of March 1, 2020**

_____ **The business and its owners shall hold harmless, release, and defend Beltrami County from any and all claims, actions, suits, and judgments that could arise out of the business's receipt of this grant award.**

_____ **The business is responsible for any tax obligations that may arise from receipt of this award.**

_____ **The business is responsible for repayment of any funds unused as of November 27, 2020 or funds used in a manner contrary to Federal and State of Minnesota guidance.**

_____ **Business will comply with all CARES Act funding recipient guidelines.**

- The business has experienced negative financial impact due to the pandemic
- The business is not permanently closed, and all intentions are to resume full operations when restrictions are lifted
- The Profit/Loss Statements provided are true and accurate to the best of my knowledge
- All other COVID-related funding received to-date has been disclosed accurately

I certify, to the best of my knowledge, the above answers are true and accurate and that the official signing this form has authorization to do so.

Signature

Date

Name

Title