

BELTRAMI COUNTY COVID-19 BUSINESS/NON-PROFIT RELIEF GRANT CERTIFICATION FORM

Please certify the following:

- _____ The business or non-profit is located within Beltrami County.
- _____ The business or non-profit has been financially impacted by one or more of the COVID Executive Orders issued by the Governor during 2020.
- _____ The business or non-profit has complied with all COVID-19 Executive Orders issued by the Governor during 2020.
- _____ The business or non-profit was current on financial obligations as of March 1, 2020 (prior to the start of the pandemic).
- _____ The business or non-profit and its owners/corporate leaders shall hold harmless, release, and defend Beltrami County and Greater Bemidji from any and all claims, actions, suits, and judgments that could arise out of the organizations' receipt of this grant award.
- _____ The business or non-profit is responsible for any tax obligations that may arise from receipt of this award.
- _____ Upon award the business or non-profit will document and apply the proceeds of this grant to operating expenses incurred during this pandemic period, preferably within the 1st quarter of 2021.
- _____ 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. And upon request I will sign form REV185 (State of MN form) to verify COVID funding your business has received to-date.
- _____ The business or non-profit is not permanently closed and has not filed a petition for bankruptcy or provided notice to debtors of indebtedness, and all intentions are to resume full operations when restrictions are lifted.

I certify, to the best of my knowledge, the above answers are true and accurate and that by signing this form I have the authorization to do so. I further acknowledge and agree that any inaccuracies, false statements, or misinformation whether deliberate or not may void my eligibility and result in the required repayment of any funds disbursed to my organization.

Signature

Date

Print Name

Title