

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: _____

By signing this form, I acknowledge that Recipient is obligated to retain records regarding business interruption effects related 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.

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.

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 certify that from the date submission of my application through the date below I have not subsequently received any other source of federal or state CARES Act funding. I further agree to reimburse the County in full if through an investigation, audit, or other similar procedure, it is determined by an entity in charge of distributions of the CARES Act funding, the above referenced business improperly received funding through the program. 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.

Name

Title

Date