

San Juan County + EDC Small Business Recovery Grant – Certifications

Applicant Certification: *I certify the information given on this form is true and accurate to the best of my knowledge. I am aware there are penalties for willfully and knowingly giving false information. I authorize data verification by federal, state and local government representatives and will provide supporting documentation required (e.g. payroll records, tax fillings, bank account statements, etc.), if necessary.*

Business Owner Signature: _____ **Date:** _____

Public Records: *I acknowledge that applicant names (business & business owner) and award status are a matter of public record and subject to disclosure.*

Business Owner Signature: _____ **Date:** _____

Double-Dipping: *Small businesses may not be reimbursed by multiple funders for the same expenses (double-dipping). This principle also applies to any recipients of CARES funding: No duplicate payments or supplanting of other costs are allowed, through Working Washington grants, Town of Friday Harbor rental assistance grants, PPP loan forgiveness, EIDL grants or others. I certify that any funds received from other grant programs will not be used to pay for the expenses I have submitted for reimbursement under this program.*

Business Owner Signature: _____ **Date:** _____

Debarment Certification: *On behalf of _____, (business) I certify that neither the business nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal, state, or local department or agency, and that the business owner(s) are in good standing with all taxing authorities.*

Business Owner Signature: _____ **Date:** _____

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Legitimate Business Expenses:

I certify that

- 1) all expenses submitted are for the express use of the business and are not for personal use;*
- 2) the expense is connected to the COVID-19 emergency;*
- 3) the expense is necessary to continue business operations;*
- 4) the business would not be requesting assistance with expenses if they had not been impacted by COVID-19;*
- 5) the expense is not funded by any other funder, whether private, State, or Federal, and 6) expenses are not to cover tax obligations or other federal, state, county, or city fees (including permitting or licensing) or penalties.*

Business Owner Signature: _____ **Date:** _____

Public & Employee Safety: *I acknowledge that the business is operating in compliance with applicable Washington State Safe Start industry guidance and any and all Labor & Industries mandated requirements.*

Business Owner Signature: _____ **Date:** _____

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