

ATTACHMENT E – Business Certifications

San Juan County Business Relief Grant – Business 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:** _____

Applicant Eligibility: *Applicants must*

- 1. Be an incorporated small business with a primary place of business in San Juan County*
- 2. Employ between 1 and 10 people (not including the business owner)*
- 3. Have been in operation for at least one year and have been operating on March 13, 2020 when the San Juan County Council declared a state of emergency as a result of the COVID-19 pandemic.*
- 4. Be currently operating in compliance with “Safe Start Washington” Business Guidance as directed by the Office of the Governor.*
- 5. Have NOT already received assistance through a U.S. Chamber of Commerce Foundation “Save Small Business” grant, WA State Department of Commerce “Working Washington Small Business Grant”, Town of Friday Harbor “Rental Assistance Grant” or “EDC-Valmark Back-to-Business Grant” program.*
- 6. Be in good standing with all Federal, State, and local taxing authorities.*

I certify that the business meets the eligibility criteria outlined above

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

Public Records: *I acknowledge that applicant names and award information are a matter of public record and subject to disclosure according to Chapter 42.56 RCW, Public Records Act.*

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 all recipients of CARES Act funding. I certify that any funds received from the San Juan County Small Business Relief Grant will not be used to pay for the expenses attributed to other funding sources including funding from the U.S. Small Business Administration Payroll Protection Program (PPP) or Economic Injury Disaster Loan (EIDL) programs.*

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:** _____

Legitimate Business Expenses: *I certify that all expenses are*

1. *necessary to continue business operations;*
2. *the business would not be in need of assistance with expenses if they had not been negatively impacted by COVID-19;*
3. *Allowable costs attributed to one of the following*
 - a. *incurred due to business interruption caused by required closures, stay-at-home order, or during a period of economic difficulty due to decreased customer demand as a result of COVID-19*
 - b. *actions to facilitate compliance with COVID-19 related public health measures*

- c. *associated with asymptomatic testing of employees prior to return to work or for employees that have regular interaction with the general public*

Business Owner Signature: _____ **Date:**

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