

**APPLICATION OF FUNDING**

(Please Type or Print)

1. Name of organization or business requesting funds and full contact information for the person authorized to make this application and answer any questions:

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2. Total amount of funding requested: \_\_\_\_\_

3. Specific description of how funds will be utilized to provide for COVID-19 related expenses, costs must be incurred from March 1, 2020 to December 30, 2020:

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4. Explain how these expenses are/were necessary due to the COVID-19 health emergency:

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5. The applicant must provide proof of payment of the Covid-19 related expenses through invoices, payroll records, or other acceptable proof of payment. This documentation must accompany the application.

6. Is the applicant incorporated in the State of Kentucky? \_\_\_\_\_.

7. Has the applicant received any Covid-19 funding from another source, such as U.S. Small Business Administration (SBA), Paycheck Protection Program (PPP), the SBA Economic Injury Disaster Loans (EIDL), or other federal funding programs for Covid-19 pandemic relief ?  
\_\_\_\_\_.

8. Certification. The undersigned, the authorized officer or agent of \_\_\_\_\_, hereby certifies that \_\_\_\_\_ is a small business or non-profit entity with a total employment of less than 50 employees, with an EIN number of \_\_\_\_\_ and that the proceeds of any disbursement from the City will be used solely for the purposes set forth herein, and further that \_\_\_\_\_ does not discriminate against any person

or entity on the basis of race, color, religion, sex, or national origin. The undersigned understands that its grant may be approved with conditions and that the funds will be disbursed for expense incurred due to the COVID-19 pandemic.

\_\_\_\_\_

Print Name and Title

\_\_\_\_\_

Date Submitted

\_\_\_\_\_

Signature

\_\_\_\_\_

Phone

Complete return mailing address:

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E-Mail: \_\_\_\_\_