

Applicant Certification

Village of Schaumburg "ARPA" Small Business Grant

The submitted Application, including attachments, is subject to disclosure under Illinois's public records law subject to limited applicable exemptions. Applicant acknowledges, understands, and agrees that, except as noted below, all information in its application and attachments will be disclosed, without any notice to Applicant, if a public records request is made for such information, and the Village of Schaumburg and the Center of Concern will not be liable to Applicant for such disclosure. All Social Security /FEIN/DUNS numbers are collected, maintained, and reported by the Village of Schaumburg and the Center of Concern to comply with IRS reporting requirements and are exempt from public records.

I certify that I am authorized to submit this application on behalf of the business, the information provided in this application is true and accurate to the best of my ability, and no false or misleading statements have been made to secure approval of this application. The Village of Schaumburg and the Center of Concern is authorized to make all the inquiries deemed necessary to verify the accuracy of the information contained herein. Additionally, the applicant agrees that in the event funds are provided pursuant to this application, the Village of Schaumburg and the Center of Concern or its agent shall be entitled to access and audit such records as may be necessary to prevent fraud in this process or ensure compliance with federal requirements.

I certify that my business revenue has declined by 20% or more as a result of Covid-19 since March 1, 2020.

I certify that the funding will be used for business purposes only and not for household, personal, or consumer usage. I understand that I may be asked to provide additional information in order to process this application.

I understand that eligibility does not guarantee aid, and that funding is limited. I understand that any willful misrepresentation of this statement could result in disqualification from program funding. Under penalties of perjury, I declare that I have read the foregoing application and that the facts stated in it are true.

I certify any funds requested/received will not be a duplication of benefits.

I certify I have not received any public sources of funds to cover expenses for which I am requesting funds.

I understand if there is a duplication of benefits, I will be required to repay all funds received immediately to the Village of Schaumburg, and I understand that any willful misrepresentation on this statement could result in a fine and/or imprisonment under the provision of the United States Criminal Code U.S.C. Title 18, Section 1001.

Applicant Name (Print)

Business Name

Signature

Today's Date