

CHESAPEAKE SMALL BUSINESS COVID-19 RECOVERY GRANT APPLICATION

AFFIDAVIT OF APPLICANT

This ____ day of _____, 20____, the undersigned hereby affirms as follows:

That _____ is an applicant (“Applicant”) to the Chesapeake Small Business COVID-19 Recovery Grant program (the “Program”), and certifies that all expenses for which grant proceeds are sought are related to COVID-19 related expenses, and that these expenditures have not been submitted as part of a successful grant application under the Payroll Protection Program (“PPP”) or the CARES Act. To the extent that the Applicant did receive a PPP or CARES Act grant, the Applicant certifies that no expenditures for which it sought a PPP or CARES Act grant are for the period covered by the Program.

(Print Name of Applicant Business)

By: _____ (SEAL)
Print Name: _____
Title: _____

COMMONWEALTH OF VIRGINIA,
CITY/COUNTY OF _____, to-wit:

The foregoing affidavit was subscribed and sworn to before me this ____ day of _____, 20____, by _____ in his/her capacity as _____ for _____. He/She is personally known to me or presented satisfactory evidence of his/her identity.

Notary Public

Registration No.: _____

My commission expires: _____