

By submitting this application, I hereby certify under the pains and penalties of perjury that:

- I have the authority to bind the applicant in relation to this application.
- I have reviewed the information contained in this application and confirm that such information and the statements made in this application in its entirety including all attachments, appendices, etc. are true, accurate and complete to the best of my knowledge.
- The applicant is neither a person subject to the Rhode Island Code of Ethics nor a person within the scope of R.I.G.L. § 36-14-5(h).
- The applicant has not been convicted of bribery or attempting to bribe a public official or employee of the Rhode Island Commerce Corporation or the State, and has never defaulted on an award from the Grantor or the State.
- The applicant has not been debarred, suspended or proposed for debarment by any agency or instrumentality of the federal or State government.
- The applicant has a material financial need that cannot be overcome without the grant of emergency relief funds at this time.
- The applicant was adversely economically injured due to the COVID-19 public health emergency in one or more of the following ways: (1) increased operating expenses due to COVID-19, (2) had to purchase equipment or make modifications to my place of business due to COVID-19, (3) required to close in-person operations, reduce hours, cancel business, or operate at reduced capacity, 4) my supply chain was materially disrupted and therefore slowed firm-level production, or (5) experienced another COVID-19-related disruption (e.g. customer demand was affected).
- The applicant's revenue (sales) was down 30% or more as a direct result of the COVID-19 public health emergency in a month between March and July of 2020 as compared to either the same month in 2019, or to either January 2020 or to February 2020.
- The expenses to be paid or reimbursed with the Grant funding are COVID-19 emergency related expenses that were incurred by the business or held in arrears.
- Grant funding shall not be paid as a distribution to a shareholder, member, partner or any other class of equity holder.

By submitting this application, I authorize the Grantor and the State and its instrumentalities to share any and all information in the possession, custody or control of any such party with the other party concerning the applicant. I also authorize the Grantor and the Rhode Island Division of Taxation to share information concerning the applicant for the purpose of verifying any tax information the Grantor deems relevant to the applicant and the proposed grant. I waive any confidentiality pertaining to tax information under Rhode Island Law. Under penalty of perjury, I hereby represent that I am duly authorized to provide this consent and waiver on behalf of the applicant.

Applicant Name: _____

By: _____

Name: _____

Title: _____

Date: _____