

By submitting this application, I, _____, hereby certify under the
(name of authorized person completing application)
pains and penalties of perjury as follows:

- I am the applicant (sole proprietor) or, I have the authority to bind the applicant,

_____, in relation to this application.
(name of business)

- 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.
- I understand that I may be asked to validate any information as provided in this application, and that if I am unable to validate any information that impacts program eligibility or award, I may be denied assistance or required to repay some or all funds received.
- The applicant has not been debarred, suspended or proposed for debarment by Sam.gov.
- The applicant has been negatively impacted by one or more of the following (check all that apply):
 - The applicant was forced to close or curtail operations due to the pandemic or a government order pertaining to the pandemic;
 - The applicant experienced a supply chain delay or disruption that negatively impacted operations;
 - The applicant experienced increased costs a result of the pandemic;
 - The applicant experienced a loss of revenue as a result of the pandemic;
 - The applicant was forced to lay off workers as a result of the pandemic
- The applicant earned less than \$1 million in gross revenue in either 2020 or 2021.
- The applicant is not permanently closed.
- The applicant is not in or considering federal bankruptcy or receivership.
- The applicant or the owner of the applicant is not an employee of the Rhode Island Commerce Corporation (“Corporation”); is not related to an employee of the Corporation; and/or does not have a business relationship with an employee of the Corporation.
- The applicant is not owned by a nationally known or regionally owned franchise.
- The applicant has not received funding from another intermediary under the Rhode Island Rebounds Ventilation program.
- The applicant is not owned by a nationally known or regionally owned franchise.
- The applicant has a physical business presence in Rhode Island, where the Ventilation support will be implemented.

By submitting this online application, I hereby authorize:

- The Division of Taxation to share business information with Rhode Island Commerce Corporation (tax records and related information).
- The State and its instrumentalities and selected third party vendors to independently validate eligibility information provided in this application, to including coordination with the Rhode Island Secretary of State, Duns & Bradstreet, SAM.Gov and by leveraging third party validation tools such as MidDesk.

Signed,

Authorized Representative of Applicant or, if sole proprietor, name of sole proprietor