

**ACKNOWLEDGMENT AND ATTESTATION
COVID-19-Related Stillwater Business Assistance
Program**

I, _____, in my capacity as _____ of _____ certify and declare that the following is true and correct.

1. I have applied for financial assistance with the City of Stillwater due to my business's financial losses caused by the COVID-19 public health crisis;
2. My business is located within the City of Stillwater;
3. The COVID-19 business losses, for which I am seeking assistance, have occurred or are reasonably expected to occur between March 1, 2020 and December 30, 2020;
4. The COVID-19 related business losses, for which I am seeking assistance, have not been reimbursed with any other federal funds;
5. If the COVID-19 related business losses, for which I am seeking assistance, are later reimbursed with other federal funds, I will immediately notify the City of Stillwater and I will be required to pay back the funds I received pursuant to this loan;
6. I agree that I will use these funds only for those business expenses due and payable between March 1, 2020 and December 30, 2020;
7. I acknowledge that the funds provided pursuant to this loan were provided by the federal government to the City of Stillwater pursuant to the CARES Act, and are subject to audit by the City of Stillwater and/or the federal government;
8. I agree to retain all records regarding all expenditures I make with the funds for at least five years after receipt of the funds and I will fully cooperate in any audit of my records. Required documentation may include payroll records, time records, human resource records, invoices, cancelled checks, accounting ledgers, etc.;
9. I acknowledge that if I use these loan funds for expenditures other than those related to business losses suffered due to the COVID-19 public health crisis or for expenses not incurred between March 1, 2020 and December 30, 2020, I will be required to pay back these funds to the City of Stillwater or the federal government; and
10. I acknowledge that if I do not retain sufficient documentation to prove that my expenditure of these loan funds is for business losses suffered due to the COVID-19

public health crisis and incurred between March 1, 2020 and December 30, 2020, I will be required to pay back these funds.

By: _____
Signature

Date

Printed Name

Title

NOTARY ACKNOWLEDGEMENT

STATE OF OKLAHOMA)
) ss.
COUNTY OF PAYNE)

Before me, the undersigned, a Notary Public in and for said county and State, on the ____ day of _____, 2020, personally appeared _____, to me known to be the identical person who executed the same as his free and voluntary act and deed, and as the free and voluntary act for the uses and purposes therein set forth.

WITNESS my hand and official seal the day and year last written above.

[SEAL]

Notary Public

My Commission No.: _____

My Commission Expires: _____