



BELTRAMI COUNTY COVID-19 BUSINESS RELIEF FUND CERTIFICATION FORM

Please certify the following:

- _____ The business is located within Beltrami County

- _____ The owner(s) of the business reside in the Beltrami County

- _____ The business was current on financial obligations as of March 1, 2020

- _____ The owner(s) do not have an ownership stake of 20% or more in any other business submitting an application to the Beltrami County COVID-19 Business Relief Fund

- _____ The business and its owners shall hold harmless, release, and defend Beltrami County from any and all claims, actions, suits, and judgments that could arise out of the business's receipt of this grant award.

- _____ The business is responsible for any tax obligations that may arise from receipt of this award.

- _____ The business is responsible for repayment of any funds unused as of November 15, 2020 or funds used in a manner contrary to Federal and State of Minnesota guidance.

- _____ Business will comply with all CARES Act funding recipient guidelines.
 - Necessary COVID-19 Expense
 - Not included in the Business's 2020 Budget
 - Expense was incurred and paid for between March 1, 2020 and November 15, 2020

I certify, to the best of my knowledge, the above answers are true and accurate and that the official signing this form has authorization to do so.

Signature

Date

Name

Title