

**COVID-19 Relief Pennsylvania Statewide Small Business Assistance Program
Business Owner Certifications**

The Pennsylvania CDFI Network, as program administrator for the COVID-19 Relief Pennsylvania Statewide Small Business Assistance Program (Program), may rely on Business Owner (Applicant) certifications for use of funds, business eligibility, owner information and financial information for both the business and the owner, for all information that was submitted as any part of its grant application or final grant agreement documentation. Applicant must make this certification in good faith, taking into account their current business activity and their ability to access other sources of liquidity sufficient to support their ongoing operations in a manner that is not significantly detrimental to the business.

If the Applicant uses grant funds for unauthorized Program purposes, the Commonwealth of Pennsylvania will direct the Applicant to repay those amounts. If Applicant knowingly uses the funds for unauthorized purposes, Applicant will be subject to additional liability, such as charges for fraud. If one of the Applicant's shareholders, members, or partners uses grant funds for unauthorized purposes, the Commonwealth will have recourse against the shareholder, member, or partner for the unauthorized use.

An authorized representative of the Applicant must certify such compliance under penalty of perjury and fines pursuant to 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) to all of the below.

By signing this document you acknowledge you are certifying to each of the following statements:

_____ The Applicant's business selected for funding in this Program was in operation on February 15, 2020 and, if required, paid income taxes to the state and federal government, as reported on individual or business tax returns.

_____ Applicant's business operations are conducted primarily in Pennsylvania, defined as no less than 51% of annual business revenues (pre-COVID) were generated by sales and services conducted in Pennsylvania. Applicant confirms that such revenues are reflected on its most recently filed Pennsylvania tax return.

_____ COVID-19 has had an adverse economic impact on the Applicant's business, and makes this grant necessary to support the ongoing operations of the Applicant.

_____ The grant will be used only to cover COVID-19 related costs incurred between March 1, 2020 and December 30, 2020. Applicant acknowledges that if the funds are knowingly used for unauthorized purposes, the state and federal government may hold Applicant's business owner(s) legally liable, such as for charges of fraud.

_____ During the period beginning on June 1, 2020 and ending on December 31, 2020, the Applicant's business selected for funding in this Program has not and will not receive another grant under the COVID-19 Relief Pennsylvania Statewide Small Business Assistance Program.

_____ The Applicant's business has been and remains in compliance with all relevant laws, orders, and regulations during the period of the COVID-19 disaster emergency under the Pennsylvania Governor's proclamation dated March 6, 2020, and any and all subsequent renewals. The foregoing includes, but is not limited to, orders by the Governor, Secretary of Health, or other commonwealth officials empowered to act during the emergency. Any noncompliant business will be ineligible for funding under this program and may be required to return all, or a portion, of the funds awarded.

_____ I understand that I am ineligible to receive funding under this COVID-19 Relief Statewide Small Business Assistance Program if I, or any owner of 20 percent or more of the equity of the applicant, is presently incarcerated or, for any felony, presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction; or has been convicted of, pleaded guilty or nolo contendere to, or commenced any form of parole or probation (including probation before judgment) for, a felony involving fraud, bribery, embezzlement, or a false statement in a loan application or an application for federal financial assistance within the last five years or any other felony within the last year.

_____ By executing this Business Certification, I hereby authorize the Pennsylvania CDFI Network and its authorized representative (Lendistry) under the COVID-19 Relief Pennsylvania Statewide Small Business Assistance Program to request access to, and review of, the Applicant's Pennsylvania state tax returns and tax return information. I hereby warrant that I am an authorized representative of the Applicant and have full authority to waive confidentiality under Pennsylvania law and authorize release of this information. I authorize the Pennsylvania Department of Revenue (the Department) to release confidential information in the possession of the Department, including but not limited to methods such as phone discussions, mail, facsimile, e-mail or other electronic means, and release the Department from liability for said disclosure.

_____ As Applicant, I further certify that the information provided in the grant application submitted for this program and the information provided in all supporting documents and forms is true and accurate in all material respects. I understand that knowingly making a false statement to obtain a grant from the State of Pennsylvania is punishable under state and federal law, including under 18 USC 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a federally insured institution, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000.

_____ As Applicant, I acknowledge that the Pennsylvania CDFI Network will confirm the eligible grant amount using tax documents I have submitted. I affirm that these tax documents are identical to those submitted to the Internal Revenue Service. I also understand, acknowledge, and agree that the Pennsylvania CDFI Network and its authorized representatives can share the tax Information with state and federal authorized representatives for the purpose of compliance with federal and state grant requirements and reviews.

Signature of Business Owner

Date
