**Supplement to Emergency Response – CDBG Application Pg. 1**

**Name of Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Duns Number, if available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other Federal Assistance Received:**

Please mark each program you have received funding from and provide specific information on what the funds were used for. Application will not be considered without this information.

\_\_\_ SBA Payment Protection Program (PPP)

* Amount Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What were funds used for (please be specific): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ SBA Economic Injury Disaster Loan (EIDL)

* Amount Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What were funds used for (please be specific): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ SBA Express Bridge Loan

* Amount Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What were funds used for (please be specific): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ SBA Debt Relief Program

* Amount Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What were funds used for (please be specific): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other Federal Program Assistance

* Name of Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Amount Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What were funds used for (please be specific): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supplement to Emergency Response – CDBG Application Pg.2**

**Types of Jobs Retained**

**Jobs Category Jobs Retained**

Officials and Managers \_\_\_\_\_

Professionals \_\_\_\_\_

Technicians \_\_\_\_\_

Sales \_\_\_\_\_

Office and Clerical \_\_\_\_\_

Craft Workers (Skilled) \_\_\_\_\_

Operatives (Semi-Skilled) \_\_\_\_\_

Laborers (Unskilled) \_\_\_\_\_

Service Workers \_\_\_\_\_

**Certification:**

I understand the requirements for the CDBG-CV program and certify under penalties of perjury, the information provided in this application and all supporting documents are correct. The grant will be required to repaid if false information has been provided.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Business Owner