Certification by Applicant

Initial

The Applicant hereby certifies that:



7. All decisions and recommendations with respect to this application and this grant are final when made and are non-appealable. The Applicant acknowledges that grant award determination will be made based on both objective and subjective analysis of information available and that award determinations need not follow strictly or consistently any scoring method(s) utilized. The Applicant also acknowledges that the identity of funding applicants and recipients, and award amounts may become public information.

received by the Applicant, and (d) any other matter or thing related to the Program.

r	Applicant certifies that expenses for which you are seeking grant funds were <u>not</u> used as a cost base against which your business/organization eccived funding from US SBA PPP or EIDL loan programs, or the CDFI grant program. (Refer to the federal Stafford Act-Section 313 for dditional guidance.)
9	Applicant certifies the business is not behind on any federal, state or local taxes of any kind, or, if so, is engaged in a workout/payment plan.
	0. Applicant certifies businesses operations will continue for a period of not less than 12-months from the date of the award, if a grant is ffered.
	1. Applicant certifies the business has not been cited by any government authority for violating any Covid-19 safety measures (i.e. social istancing, requiring masks, etc.) in the conduct of business since March 1, 2020.
р	2. All grant expenses will contribute to the increase of capacity to a significant extent until the need for distance learning and telework has assed due to the COVID-19 pandemic and any improvements can be directly attributed to supplying a need principally due to the current public ealth emergency.
	3. The individual signing below is legally authorized by the Applicant to submit this application, to sign this certification and to legally bind the pplicant.
	CLAWBACK PROVISION: I understand violation of any of these conditions may require repayment of all or a portion of the grant award, as determined by Mifflin County or agents/assigns.
I hereby agree to all of the above requirements and agree that this Application is final and cannot be edited.	
Applicar	t Signature: Date:
	evised 8/19/2020