

**ARP Funding Request Form**

Requesting entity's official/registered name:

Requesting entity's Tax Identification Number:

Please describe your business/organization:

How has your business/organization been impacted operationally and financially by COVID-19?:

Please describe in detail the dollar amount of economic harm your organization has experienced due to lost revenue, increased expenses, or other measures taken in response to COVID-19:

By making this request you certify and acknowledge that:

- 1.) your business is registered with the state of Florida and is primarily located within Duval County,
- 2.) you are a lawful representative of the organization making this request,
- 3.) you will be required to enter into a grant agreement with the City,
- 4.) you will use funds only in manners authorized under the terms of the American Recovery Plan and the Coronavirus State and Local Fiscal Recovery Funds, and
- 5.) you will be required to report the use of funds on a form prescribed by the City and may be subject to local government or federal audit.

Signature of authorized representative of applicant \_\_\_\_\_

Date \_\_\_\_\_

This request has been submitted by the undersigned Councilmember in accordance with the process set forth by Council Member \_\_\_\_\_.

Signature \_\_\_\_\_

Typed Name \_\_\_\_\_

Date \_\_\_\_\_