

COVID-19 NONPROFIT ORGANIZATION GRANT PROGRAM



ATTACHMENT A - ATTESTATIONS AND SIGNATURE

In accordance with applicable provisions of the Federal Coronavirus Aid, Relief, and Economic Security (CARES) Act and Grant Announcement provisions, the applicant must certify the following:

YES NO

<input type="checkbox"/>	<input type="checkbox"/>	1. The applicant is an organization whose primary mission is the provision of services to individuals impacted by COVID-19 in the areas of health care, shelter, adult education services or other services in direct response to the COVID-19 pandemic.
<input type="checkbox"/>	<input type="checkbox"/>	2. The applicant is registered with the Wisconsin Department of Financial Institutions and has one of the following statuses as of the Grant Announcement closing date: "restored to good standing", "incorporated/qualified/ registered", "organized", or "registered".
<input type="checkbox"/>	<input type="checkbox"/>	3. The applicant conducts operations and has an administrative presence in Wisconsin.
<input type="checkbox"/>	<input type="checkbox"/>	4. The organization has been in operation since at least March 1, 2019.
<input type="checkbox"/>	<input type="checkbox"/>	5. Submitted costs are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19).
<input type="checkbox"/>	<input type="checkbox"/>	6. All expenses and lost revenues have been or will be incurred by the applicant organization between March 1, 2020 and December 30, 2020.
<input type="checkbox"/>	<input type="checkbox"/>	7. All expenses and lost revenues have been or will be incurred in Wisconsin or were incurred in direct support of the nonprofit organization's mission in Wisconsin.
<input type="checkbox"/>	<input type="checkbox"/>	8. All expenses and lost revenues that have been or will be incurred were not reimbursed and are not under consideration for reimbursement of another program.
<input type="checkbox"/>	<input type="checkbox"/>	9. The organization will maintain for at least five years records sufficient to demonstrate that the expenses were compliant with applicable CARES Act provisions.
<input type="checkbox"/>	<input type="checkbox"/>	10. The organization has exercised reasonable care and made all reasonable efforts to obtain and submit accurate information.
<input type="checkbox"/>	<input type="checkbox"/>	11. Submitted costs for lost revenues stemming from reduced or rescinded financial commitments of donors, patrons, advertisers, or the like were rescinded due to COVID-19 pandemic related causes, such as financial hardship.

Applicant Authorized Representative

The signatory below certifies that, to the best of his/her knowledge and belief, the information contained in the COVID-19 Nonprofit Organization Grant Program Application, including all attestations and attachments, is true, accurate and complete. The undersigned has authority to make the above attestations and the intent and legal authorization to agree to them on the organization's behalf.

Signature: _____

Date: _____

Name: _____

Title: _____

Phone: _____

Email: _____

Note: If more than one authorized representative is required to sign the application, copy this page and submit a signed certification from each representative.