

GRANT ATTESTATION

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

YES NO

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. The applicant is a sole proprietorship, partnership, corporation, limited liability company or joint venture that owns and operates one or more lodging properties in Wisconsin.
<input type="checkbox"/>	<input type="checkbox"/>	2. The applicant operates a hotel, motel, or bed and breakfast establishment in Wisconsin under a license issued by the Wisconsin Department of Agriculture, Trade and Consumer Protection (DATCP) or its local health department agent that operates for the benefit of public health and safety.
<input type="checkbox"/>	<input type="checkbox"/>	3. If the applicant is registered with the Wisconsin Department of Financial Institutions, it 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"/>	4. The applicant does not have any current tax delinquency with the Wisconsin Department of Revenue at the time of application.
<input type="checkbox"/>	<input type="checkbox"/>	5. The applicant has been in operation since at least September 1, 2019.
<input type="checkbox"/>	<input type="checkbox"/>	6. The applicant incurred expenses or lost revenue at its eligible Wisconsin lodging properties due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19) between March 1, 2020 and December 30, 2020.
<input type="checkbox"/>	<input type="checkbox"/>	7. 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"/>	8. The applicant 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"/>	9. The applicant has exercised reasonable care and made all reasonable efforts to obtain and submit accurate information.

Applicant Authorized Representative

The signatory below certifies that, to the best of his/her knowledge and belief, the information contained in the COVID-19 Lodging 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.