

COVID-19 MOVIE THEATER GRANT PROGRAM ATTACHMENT A:



APPLICANT INFORMATION

Applicant Name: _____

MOVIE THEATER PROPERTY INFORMATION

Identify each eligible movie theater property for which eligible expenses or revenue losses were incurred by the applicant between March 1, 2020 and December 30, 2020.

Theater Property Name	Street	City	County	# Screens
ABC Cinema (example)	101 Main St	Madison	Dane	26
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Screens _____

Submit multiple forms if the applicant seeks reimbursement for more than 15 movie theater property locations.

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 permanent movie theaters in Wisconsin
<input type="checkbox"/>	<input type="checkbox"/>	2. 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"/>	3. 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"/>	4. The applicant has been in operation since at least September 1, 2019.
<input type="checkbox"/>	<input type="checkbox"/>	5. Locations for which funding is requested are not adult or pornographic movie theaters.
<input type="checkbox"/>	<input type="checkbox"/>	6. The applicant incurred expenses or lost revenue at its eligible Wisconsin movie theater 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 Movie Theater 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.