**Prior COVID-19 Relief Funding Disclosure Form**

Applicant ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check off the box that applies to the entity applying for the ARPA Non-Profit Assistance Program, regarding prior COVID-19 relief funding received by the organization:

* Applying entity **DID NOT** receive any prior COVID-19 relief funding.
* Applying entity **DID** receive COVID-19 relief funding. Below I will list the name of the

Funding, date received and amount received.

**Funding Received:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Fund Type** | **Date Received** | **Amount Received** | **Description of Funding Use** |
| **Paycheck Protection Program** |  |  |  |
| **Small Business Association (SBA)– Economic Injury Disaster Loan** |  |  |  |
| **Other:**  |  |  |  |
| **Other:** |  |  |  |
| **Other:** |  |  |  |
| **Other:** |  |  |  |

**Form Completed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Signature of Applicant)**