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)