

Prior COVID-19 Relief Funding Disclosure Form

Applicant ID#: _____

Name of Applicant: _____

Business Name: _____

Please check off the box that applies to your business about prior COVID-19 relief funding:

- My business **DID NOT** receive any prior COVID-19 relief funding.
- My business **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 (SBA)		\$	
Prime The Pump (City of Springfield)		\$	
Springfield Business Improvement District (BID)		\$	
State/MassGrowth Capital Covid Grant funds		\$	
Other:		\$	
Other:		\$	

Please note if you were required, or voluntarily, paid back any of these amounts.

Form Completed By: _____
(Signature of Applicant)
(Date)