



**HENDRY COUNTY BOARD OF COUNTY COMMISSIONERS  
SMALL BUSINESS GRANT**

**AFFIDAVIT IN SUPPORT OF SMALL BUSINESS APPLICATION  
FOR CARES ACT RELIEF FUNDS THROUGH HENDRY COUNTY**

STATE OF FLORIDA     )  
COUNTY OF HENDRY    )

BEFORE ME, the undersigned authority, personally appeared the individual identified below, who being duly sworn, on oath or affirmation, deposes and says:

1. I am \_\_\_\_\_, and I am familiar with the matters set forth herein  
(Print Name)  
and make this affidavit upon my best information and belief.
  
2. I am the \_\_\_\_\_ of \_\_\_\_\_,  
(Title) (Business Name)  
hereinafter referred to as "Business," and I have full authority to make the representations herein on behalf of the Business.
  
3. The Business has suffered a demonstrable loss or has been negatively impacted by the COVID-19 pandemic between March 1, 2020, and December 30, 2020, and such loss or negative impact has not been remedied by other governmental sources including, but not limited to, the Coronavirus relief assistance of the Small Business Administration such as the Paycheck Protection Program, the EIDL Loan Advance, the SBA Express Bridge Loans, or the SBA Debt Relief.
  
4. The Business has not received or submitted a claim for any insurance proceeds related to the COVID-19 pandemic.
  
5. The Business had its principal place of business in Hendry County, Florida prior to March 1, 2020. Further, the Business:
  - a.) Does not have any outstanding tax liens and the Business is not delinquent on any federal taxes, direct or guaranteed federal loans, federal contracts or federal grants;
  - b.) Is not currently suspended or debarred from contracting with the federal government or receiving federal grants or loans;
  - c.) Is not a publicly traded corporation listed on any regional stock exchange; and
  - d.) Has been operating since at least January 1, 2020 and can demonstrate ongoing business operations as of February 29, 2020.
  
6. The Business, within the last 5 years, has not been involved in any felony involving fraud, bribery, embezzlement, or a false statement in a loan application or an application for federal financial assistance, or within the last year, for any other felony, and the Business and any Owner of the

business has not 1) been convicted; 2) pled guilty; 3) pled nolo contendere, or 4) commenced any form of parole or probation (including probation before judgment).

- 7. The Business will provide any documentation requested by Hendry County to verify the information in this Affidavit or the Hendry County Small Business Grant Application.
- 8. The Affiant acknowledges and understands that submitting the Application and this Affidavit does not obligate the County to distribute any CARES Act funding to the Affiant, which distribution is within the County’s sole discretion. The Affiant further acknowledges that the County’s ability to distribute CARES Act funding is contingent upon State of Florida funding the program within Hendry County and that the County will distribute the funds on a first come, first served basis.
- 9. The Business has not been sanctioned by any governmental agency for failing to abide by any order or regulation related to the COVID-19 pandemic.
- 10. The Affiant has read and understands Section 837.06, *Florida Statutes*, which provides: “Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.”

**If any statement in this Affidavit or in the Application is false or misleading, regardless of the knowledge or intention of the Affiant, the Business forfeits the ability to receive any CARES Act funding from the County, or if the funds are already distributed, the Business will repay the amount funded in full immediately upon notice thereof. In addition, if the funding award to the Business is disallowed for any reason by the County or State of Florida, regardless of the fault of the Business, the Business will hold harmless and indemnify Hendry County for any and all costs of whatever nature including, without limitation, the reimbursement of the State of Florida, as well as the costs incurred by the County in reimbursing the State and curing any default caused by the Affiant.**

FURTHER AFFIANT SAITH NAUGHT.

\_\_\_\_\_  
Affiant’s Signature

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this \_\_\_\_ day of \_\_\_\_\_, 2020, by \_\_\_\_\_, as \_\_\_\_\_ of \_\_\_\_\_.

\_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name Of Notary Public)

\_\_\_\_\_  
(Signature of Notary Public - State of Florida)

Personally Known OR  Produced Identification

Type of Identification Produced: \_\_\_\_\_