

Organization name: \_\_\_\_\_

By signing this agreement you attest to the following guidelines:

(i) Have less than \$1 million in annual gross revenues in either 2020 or 2021

(ii) Not be disbarred in the federal System of Account Management (SAM) and

(iii) Demonstrate a negative impact from the COVID-19 health pandemic by attesting to one of the following: it was forced to close or curtail its operations due to the pandemic or a government order pertaining to the pandemic; it experienced a material supply chain delay or disruption that negatively impacted its operations; it experienced increased cost as a result of the pandemic, it was forced to lay off workers as a result of the pandemic, or was impacted by the pandemic in some other way.

(iiii) That the Company is in good standing with the Rhode Island Division of Taxation and the City of East Providence and has no outstanding tax obligations owed to the State of Rhode Island or the City of East Providence.

(V) The City of East Providence shall have the right to audit and track how funds were used.

Please check all the following:

That I, the Applicant, have reviewed and agree to the City of East Providence Grant Agreement.

The organization is prepared to be the fiscal agent for the award, to disburse the funds, and ensure the funds are used as listed in this application.

Disclosure of any conflicts.

No conflicts of interest

The following conflict(s): \_\_\_\_\_

Sincerely,

\_\_\_\_\_  
(Name and Title)

\_\_\_\_\_  
(Signature with Date)