



ATTESTATION FORM
City of Lincoln Small Business Stabilization Grant Program

I attest the following to be true and accurate to my knowledge. I understand that providing fraudulent documentation or information will not be tolerated and will be subject to relevant legal actions and consequences.

- The number of employees as of February 29, 2020 was less than 50.
- The business was in operation prior to February 29, 2020.
- This business is not home based or an independent contractor.
- It is the intention to continue to operate the business in the City of Lincoln for the period of the rental assistance project.
- This business is willing to participate in discussions regarding and receive information about addition business assistance programs.
- I agree to provide information about my business and related jobs to the City of Lincoln in order to assess the economic impact of the program or provide any additional need verification documentation or financial or other information per federal compliance rules, I understand that this data will be used in the aggregate.

Business Name _____

Business Owner Name _____

Signature _____

Date _____