



**ATTESTATION FORM**  
**City of Lincoln and Lancaster County Tourism Support**  
**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 business is a non-profit in the tourism industry.**
- **The business was in operation prior to February 29, 2020.**
- **The business is physically located and doing business within the City of Lincoln or Lancaster County.**
- **It is the intention to continue to operate the business in the City of Lincoln or Lancaster County for the entirety of the grant period.**
- **I agree to provide information about my business and related jobs to the City of Lincoln or Lancaster County 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 \_\_\_\_\_