COVID-19 IMPACT ATTESTATION FORM

In order to receive a Nonprofit Capacity Building Grant, applicants must demonstrate the negative impact their nonprofit organization experienced due to the COVID-19 pandemic. Please complete this form to document the impact on your organization.

Organization Name: _____

My organization has been negatively impacted by COVID-19 (check all that apply):

Gross Revenue Reduction

COVID-19 Related Incurred Expenses

Staffing Reduction

Volunteer Reduction/Shortage

Surge in Requests for Services/Programs

Created a Nonprofit to Address Unmet Need

Other _____

I certify that all the information provided above is true, accurate, and complete to the best of my knowledge. I further certify that I have in my records documentation sufficient to support and demonstrate the accuracy of such information and that I will provide such documents to any government agency conducting an audit in the future.

I hereby attest and affirm that I am aware that any payment that may be provided to me through the Nonprofit Capacity Building Grant by Gwinnett County will be made using federal funds. Therefore, I understand that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative penalties for fraud, false statements, false claims, or otherwise, as outlined in U.S. Code Title 18, Sections 3729-3730 and 3801-3812.

I understand that providing false or misleading information may result in the rejection of my Nonprofit Capacity Building Grant application or potential legal consequences. By signing this attestation, I acknowledge my understanding of the above conditions and agree to comply with the rules and regulations governing the Nonprofit Capacity Building Grant. I authorize the relevant authorities to verify the information provided and release any necessary documentation for the purpose of confirming the accuracy of my application.

Signature: _____

Title / Date: _____