

Quincy Community Redevelopment Agency Mom-And-Pop/GIG Worker Assistance Grant Program

APPLICANT INFORMATION

Business Name: _____

Years in Service _____

Business Address: _____

Quincy, Fl. 3235__

Business Phone: _____

Business E-Mail: _____

Contact Name: _____

Number of Employees: _____

Estimated Revenue Losses: \$ _____

Is your business currently operational? Yes [] No []

Briefly describe your business services/product: _____

Brief Description of Hardship: _____

How will funds be used: _____

CERTIFICATION

[] I certify that all information is true and complete and hereby authorize the QCRA to verify any of the above information as deemed necessary. I certify that I have reviewed the QCRA Assistance Grant Eligibility Requirements and Selection Criteria and that, to the best of my knowledge, the above- mentioned recipient is eligible to receive an Assistance Grant from the QCRA. Recipient understands that, in the event the QCRA awards an Assistance Grant to the above-mentioned recipient, recipient may be required to provide subsequent documentation regarding the use of the Assistance Grant funds.