**Prior COVID-19 Relief Funding Disclosure Form**

Applicant ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check off the box that applies to your business about prior COVID-19 relief funding:

* My business **DID NOT** receive any prior COVID-19 relief funding.
* My business **DID** receive COVID-19 relief funding. Below I will list the name of the

Funding, date received and amount received.

**Funding Received:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Fund Type** | **Date Received** | **Amount Received** | **Description of Funding Use** |
| **Paycheck Protection Program (SBA)** |  | **$** |  |
| **Prime The Pump (City of Springfield)** |  | **$** |  |
| **Springfield Business Improvement District (BID)** |  | **$** |  |
| **State/MassGrowth Capital Covid Grant funds** |  | **$** |  |
| **Other:** |  | **$** |  |
| **Other:**  |  | **$** |  |

*Please note if you were required, or voluntarily, paid back any of these amounts.*

**Form Completed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Signature of Applicant) (Date)**