



# **BOROUGH OF ROSELLE**

210 CHESTNUT STREET • ROSELLE, NEW JERSEY 07203  
TELEPHONE (908) 245-5600



## **BUSINESS GRANTEE CERTIFICATION – USE OF NPP-CORONAVIRUS RELIEF FUND PROCEEDS**

I, [Insert name of signatory] \_\_\_\_\_, am the owner/president/operator of  
[insert name of business], \_\_\_\_\_ and I certify that:

1. My business has been adversely affected by the COVID-19 Social Distancing Measures or the Stay-at-Home order
2. My business has less than \$5 million in gross receipts as of the most recent tax reporting year
3. My business has at least two employees, including myself, and no more than 100 employees
4. My business was fully operational as of March 17, 2020
5. My business has an operational physical location within the neighborhood boundary of the local program from which I am seeking funds.
6. My business has not received any COVID-19 relief funding from the New Jersey Economic Development Authority, New Jersey Redevelopment Authority, or any other state business recovery program (excluding unemployment compensation from the Department of Labor and Workforce Development) including the New Jersey Department of Community Affairs Neighborhood Revitalization Tax Credit, Neighborhood Preservation, and Main Street New Jersey Programs.



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7. My business will not use the funds to support wages, activities, or purchases that have already received reimbursement from any municipal, county, state, federal, foundation, or other private programs, including distributions from the unemployment insurance fund, the Paycheck Protection Program, SBA loans, and any form of federal CARES Act funding.
8. I will promptly return to the grantor any received funds that cannot be fully expended on eligible uses by December 30<sup>th</sup>, 2020 by no later than December 15<sup>th</sup>, 2020.
9. I will provide written documentation (i.e. invoices, receipts) to the grantor proving that I have fully expended the funds received before December 30<sup>th</sup> on one or more eligible uses.
10. I will only use funds for one or more of the following uses:
  - a. Commercial mortgage, rent, utilities and other bills relating to the physical location for the month of November and December
  - b. Procurement of personal protective equipment including masks, gloves, counter-shields, booth dividers, hand sanitizer, sanitizer stations, or thermometers. I certify under the penalties of perjury that I have read the above certification and my statements contained herein are true and correct to the best of my knowledge.

By: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_