AFFIDAVIT

STATE OF _____)
)
COUNTY OF _____)

On this _____ day of _____, 20___, before me personally appeared _____ _____ [Affiant's Name], a/the _____ [Title] of ____ _____ [Entity], known to me to be a competent person of the age of majority or older, of sound mind, and of free will; and holding himself or herself out as duly authorized to act on behalf of the previously named entity, and who hereby affirms under penalty of perjury that all information included within the Nonprofit Relief & Recovery Grant application and attachments is true and complete, and that all promises on the entity's behalf in the Nonprofit Relief & Recovery Grant program agreement are true.

_____
Affiant's Signature

_____ Notary Public

My commission expires: _____