

**Request for Distribution of County CARES Act Funds
Application Form**

**THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND ACCURATE
TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.**

**This application must be signed by the authorized representative, elected official,
individual owner, a partner, or an officer of the Applicant.**

Applicant Name

Authorized Representative Name

Authorized Representative Signature

Title

Date

Subscribed and sworn to before me this _____ day of _____, 2020.

Notary Public