



## Access to Capital - Small Business Recovery Program Affidavit of Impact

STATE OF NORTH CAROLINA

COUNTY OF \_\_\_\_\_

I, (Name) \_\_\_\_\_ (the "Affiant"), appearing before the undersigned notary and being duly sworn, under penalty of perjury, declare the following to be true and accurate to the best of my knowledge:

1. I am an authorized representative of (Legal business name) \_\_\_\_\_ (the "Business") with the authority to act on behalf of the Business.
2. The Business has been negatively impacted in a material manner by the COVID-19 pandemic as a result of one or more of the following: temporary business closure, reduced hours of operation, revenue decline, increased operating costs, inability to respond to home delivery requests, interrupted supply/delivery, inability to serve customers and/or decreased customers.

By signing this Affidavit, I understand that if it is determined that the information in this Affidavit is false or inaccurate, then (i) the Business will forfeit its application to the City of Charlotte's Access to Capital Small Business Recovery Program, and (2) the submission of this Affidavit and any action taken in connection with the application may constitute fraud, for which the undersigned may be personally subject to liability via a criminal and/or civil action.

\_\_\_\_\_  
Affiant's Signature

*NOTE TO AFFIANT: Do not sign this Affidavit until you are before a notary. Enter the name of the Authorized Representative completing the grant application in the (Name) above.*

Sworn to (or affirmed) and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 2020.

Official Seal

\_\_\_\_\_  
Official Signature of Notary Public

\_\_\_\_\_, Notary Public  
*Notary's printed or typed name*

My Commission expires: \_\_\_\_\_