

# Request for Distribution of Bollinger County CARES Act Funds

## Private Entity Application Supplement Form

<b>1. Legal Name</b>	<b>2. Mailing Address</b>			
<b>3. Primary Contact</b>	<b>4. City</b>	<b>5. County</b>	<b>6. State</b>	<b>7. Zip</b>
<b>Name:</b>				
<b>Title:</b>				

<b>8. Has the applicant applied for and received any funding through PPP or SBA programs under the CARES Act?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>9. Has the applicant received any other federal funding through any other source or agency under the CARES Act or State CRF?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>10. If the answer to Item 8 or 9 is "Yes," will the funds in this application only be used for eligible expenses <u>not</u> already covered by or to be reimbursed from any other federal CARES funds?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4. If the answer to any of Items 8-10 is "Yes," in the space below please provide the amount, source, and use of any federal CARES funds received. Attach additional pages as necessary.</b>	

**Request for Distribution of Bollinger County  
CARES Act Funds  
Private Entity Application Supplement 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**