



Revised 6/26/2020

Certification Letter
Oklahoma Business Relief Program

I _____, hereby certify under penalty of perjury that I am an authorized representative of the applicant business, _____. I hereby further certify under penalty of perjury that the following is true and correct:

- The physical location of the business for which this Certification letter is being submitted is _____
- I have read the Rules of Participation in the Oklahoma Business Relief Program ("Rules") on behalf of the Company and I/the Company agree to follow all of these rules which are hereby incorporated into this document.
- The answers provided in the Application for Participation in the Oklahoma Business Relief Program are true and correct and were provided by me. More specifically:
 - The business has suffered an average monthly loss of 25% or more in revenue generated from business activities from March of 2020 through May of 2020 as compared to either:
 - March through May of 2019
 - January through February of 2020 or
 - January through December of 2019
 - The revenue loss was substantially due to issues related to COVID-19 in that it is due to one or more of the following reasons:
 - Oklahoma Business locations (or portions thereof) were ordered closed for a period of time pursuant to executive order or an order of local government.
 - Oklahoma Business (or portions thereof) engaged in revenue generating business activities but with restrictions or on reduced hours due to an executive order, an order of local government, or in an effort to comply with social distancing recommendations.
 - Oklahoma Business otherwise suffered from reduced customers or clientele likely due to COVID-19 precautions being taken by potential customers or clients.
- I understand that if any information provided by the company as part of this application process is deemed to be untrue, payment received by the company may be required to be repaid to the State of Oklahoma upon written notification by the State.
- Money that the business would receive from the OBRP is necessary to help this business recover from the negative impacts sustained due to COVID-19 and receipt of these funds by the business is likely necessary to allow this Oklahoma business to continue to operate as a going concern in the future.

- The business is an eligible business as defined by the rules. If the business is later deemed to be ineligible due to having provided false information as part of the application process, I acknowledge that all received funds must be repaid to the State of Oklahoma within thirty days of a written request.
- Funds received from OBRP shall be used in accordance with the program rules for expenses related to the Oklahoma business and will not be used in a prohibited manner. Furthermore, I understand that use of the funds on ineligible expenses as described in the program rules shall require repayment of the disallowed expenditures to the State of Oklahoma within thirty (30) days of a written request.
- All documentation provided by the business as part of the application process is true and correct.
- Documentation provided by the business to the PFI as part of the application process as well as documents reflecting expenditures made with program funds shall be retained by the business until at least January 1, 2026. Copies of this documentation shall be provided to the State of Oklahoma or any necessary parties as defined in the program rules upon written request. I understand that failure to provide access or copies of this documentation as required by the rules may require return of all received funds to the State of Oklahoma within thirty (30) days of a written request. Furthermore, I understand and agree to provide copies of all of the aforementioned documentation within thirty (30) days of the company ceasing operation, if the company ceases operation prior to January 1, 2026.
- On behalf of the applicant business, I understand and consent that any documents submitted on behalf of the business to the PFI for purposes of obtaining a grant pursuant to the Oklahoma Business Relief Program may be provided by the PFI to the State of Oklahoma, ODOC, the Office of Management and Enterprise Systems (OMES) and/or the Office of the Governor upon request without any additional notification to the applicant business or the undersigned.
- On behalf of the applicant business, I understand and agree that this document, and the signed copy of the program rules is subject to the Oklahoma Open Records Act at 51 O.S. §24A et. seq. and that documents subject to the act may be provided by the State of Oklahoma to a requestor.
- By submitting an application to participate in the program, the applicant business and the undersigned agree to hold harmless the Participating Financial Institution to whom the application packet is submitted as well as the Oklahoma Department of Commerce, the State of Oklahoma, the Office of the Governor, the Office of Management and Enterprise Services as well as any and all employees, officers or agents of these groups for any liability, loss or damages arising out of application to or participation in the program and waive any claims that the business or I may have against these persons or groups to the maximum extent allowable by law. By way of example, this specifically includes, but is not limited to, denial of participation in the program, any loss, damages or injury arising from the failure of the PFI to timely transmit the application packet to ODOC and/or the failure of ODOC to receive, locate or timely process the application received by ODOC from the PFI.
- To the maximum extent permitted by applicable law, neither the PFI, the applicant business, nor the State of Oklahoma, ODOC, or any of the agencies of the State of Oklahoma will be liable to the other party under any legal theory for special, indirect, incidental, punitive or consequential damages of any kind.

- I understand that in addition to the foregoing, failure to follow all program rules and provide all required documentation may also lead to delays in processing this application and which may lead to the inability of the company to participate in the program

Signature: _____

Printed Name: _____

Business: _____

Title: _____

Date: _____

By the signature below, I state that I have either personally witnessed the signature of the documents or received an electronic signature through a customarily acceptable means:

Signature: _____

Printed name: _____

Name of PFI: _____

Title: _____

Date: _____