



Revised 6/26//2020

NOTE: THIS APPLICATION WAS UPDATED ON JUNE 25th FOR THE FOLLOWING PURPOSES:

1. TO CORRECT TYPOGRAPHICAL ERRORS IN NUMBERING.

2. TO CLARIFY QUESTION 21, PART 3 IN DESCRIBING THE PFI'S ROLE IN ASSISTING THE BUSINESS IN APPLYING FOR THE PROGRAM

3. TO ADD QUESTIONS CONCERNING NON-PROFIT PARTICIPATION

**Business Application to Participating Financial Institution for Participation in
Oklahoma Business Relief Program**

Instructions: Please answer all questions on the application by filling in the form or otherwise legibly printing the answer in blue or black ink in the space provided. If additional space is needed, please attach sheets as necessary and number the answers to correspond with the questions on the application. When the application is completed, please sign the document acknowledging that all answers provided are accurate and complete, and submit the entire application packet as described in the Rules for Participation ("Rules") in the Oklahoma Business Relief Program ("OBRP") to the participating financial institution (PFI) of your choice.

1. Legal Name of Business: _____

2. Oklahoma Business Address (Street address, City, Zipcode) : _____

3. Telephone Number of Business: _____

4. FEI Number of Business: _____

5. Description of revenue generating activity performed by the business: _____

6. Name and e-mail address of Person Completing Application: _____

7. Position Held by Person Completing Application: _____

8. Is the person completing the Application authorized to complete the application on behalf of the Business? (Circle)"

Yes No

9. Is the business registered and in good standing with the Oklahoma Secretary of State (Circle)

Yes No

10. Has the business paid their most recent quarterly or yearly taxes (whichever is required) to the Oklahoma Tax Commission and provided proof of same to the PFI with this application?

Yes No

11. Has the business suffered an average monthly decrease in revenue generated from business activities of at least 25% in March through May of 2020 as compared to the average monthly revenue for at least one of the following periods, as documented in documentation submitted to the PFI as part of this application?

January through December of 2019? Yes No

March through May of 2019? Yes No

January through February of 2020? Yes No

If the answer is yes for any of these time periods, please provide the average monthly revenue generated from business activities for each of the following time periods as evidenced from documentation provided to the PFI.

NOTE: PLEASE SEE FOOTNOTE 1 IN THE RULES FOR ASSISTANCE IN CALCULATING THE AVERAGES BELOW IF THE BUSINESS WAS NOT GENERATING REVENUE FROM BUSINESS ACTIVITIES FOR ANY OF THE MONTHS WITHIN THE TIME PERIODS BELOW

• March through May of 2020: \$ _____

• January through December of 2019: \$ _____

- March through May of 2019: \$ _____
- January through February of 2020: \$ _____

12. If the answers to any of the questions in part 11 of this application is yes, are these lost revenues substantially attributable to the effects of or response to COVID-19?

Yes No

13. If the answer to question 12 is yes, please initial next to all categories which fit the circumstances and briefly explain the specific circumstances in the lines below:

_____ 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 locations (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.

14. Has the business been continuously operating in the State of Oklahoma from at least January 1, 2020 through the date of this application, to the extent that the same has been permitted by law? (Circle)

Yes No

15. Is this business a going concern from now into the foreseeable future? (Circle)

Yes No

16. Identify all persons who have an ownership interest of any kind in the business:

17. Are any of the people with an ownership interest in the business a member of a racial or ethnic minority group?

Yes

No

I'd rather not say*¹

If the answer to this question is "yes", please identify the racial or ethnic minority group below as indicated on the owner's birth certificate, passport or tribal ID, and provide a copy of the certificate/passport/tribal ID to the PFI along with this application:

18. Please indicate your average monthly payroll for the time periods as indicated below. Please also include documentation substantiating the higher average monthly payroll number as it is necessary to calculate your grant amount.

Average 2019 monthly payroll for months where the business had payroll costs:

Average monthly payroll for January and February of 2020 only:

19. Is your business **ineligible** for participation for any of the following reasons? (Circle)

- | | | |
|---|-----|----|
| • Is the business publicly traded? | Yes | No |
| • Is the business a government entity or agency? | Yes | No |
| • Is the business a Bank, Credit Union, Life Insurance Company, Finance Company, Factoring Company, Investment Company, Mortgage Company, Bail Bond Company, or other businesses whose stock in trade is money and mortgage companies | Yes | No |
| • Is the business a Private Club | Yes | No |

¹ Note: Answering this question "no" or "I'd rather not say" will cause the business to not be considered a Minority Owned Business for purposes of the OBRP.

- Is the business a Lobbying firm Yes No

- Does the business generate any part of its income from gambling activities, adult activities, or activities performed in violation of State or Federal law as defined in the Rules for Participation Yes No

- Is the business engaged in activities which are performed in violation of state or federal law including, but not limited to, businesses who derive income from the distribution, cultivation, or transportation of marijuana Yes No

- Is the business participating in, or does the business expect to receive funds from, the Oklahoma Manufacturing Reboot Program or Oklahoma Bounceback Program? Yes No

- Does the business dedicate 50% or more of their time to lobbying activities? Yes No

- Does the business exist for the purpose of advancing partisan political activities? Yes No

20. Does the Applicant understand the qualifications necessary for the Entity to receive funding from the Emergency Program and agree to follow all requirements of the program?

Yes No

Initials _____

21. Attachments:

Please attach the following documents to the application. **Your application cannot be accepted by the PFI until it is submitted with all of the following required documents attached.**

- 1) Completed and signed copies of these other program documents
 - Rules for Participation in the OBRP
 - Certification letter for participation in the OBRP
- 2) Photograph of your Oklahoma Driver's License or State Identification Card.
- 3) The following business related documentation:
 - Documentation of the type customarily relied upon by a PFI in the ordinary course of business as necessary for the business to determine revenue losses and assist the PFI in establishing eligibility for the program on a preliminary basis including but not limited to:
 - Any relevant and accurate documents typically maintained in the ordinary course of business to show revenue received from business activities from January to May of 2020.
 - Any relevant and accurate document typically maintained in the ordinary course of business to show revenue received from business activities from January through May of 2019 if the business was operating prior to the year 2020.
 - Documentation of the type customarily relied upon by a PFI in the ordinary course of business as necessary for the business to determine average payroll so that the PFI may assist the Business in calculating the grant amount that the business is eligible to receive including, but not necessarily limited to:
 - Payroll documentation indicating the business's average 2019 monthly payroll, if the business was operating in 2019.
 - Payroll documentation indicating the average of the business's January and February 2020 monthly payroll
 - Documents proving current business ownership, formation prior to 1/1/2020 and continuous business activity from 1/1/2020 through the date of the grant application
- 4) Proof of payment of the business's most recent quarterly or yearly taxes with the Oklahoma Tax Commission, whichever is required.
- 5) A copy of a birth certificate, passport, or tribal ID of one of the owners of the business indicating that an owner is a member of a minority racial or ethnic group*
*ONLY REQUIRED IF the business is applying as a minority owned business

21. Is the business a non-profit organization? (Circle) Yes No

22. If the answer to the previous question is Yes, under which provision of the Internal Revenue Code is the business classified: (ex: 501(c)6 or 501(c)3)

23. I, the undersigned, under penalty of perjury, hereby swear or affirm on behalf of myself and the applicant business as follows:

- That I have the authority to make application for Participation in the Oklahoma Business Relief Program (OBRP) and that all answers given on this form are truthful, accurate and complete;
- That I am aware of all of the terms of this Agreement and the terms of the OBRP as described in this document and as contained in the Rules for Participation in the OBRP that are incorporated into this document by reference.
- I further acknowledge that the business meets all qualifications of the OBRP, that the business and I are in agreement with all of the terms of this document
- By submitting this application, I further agree to hold harmless the PFI to whom this application is submitted, the State of Oklahoma, ODOC, the agents, and/or the employees or officers of these groups against any and all liability, costs or damages arising out of either application to or participation in this 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, any loss, damages or injury arising from the denial of participation in the program, 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.

Signature: _____

Printed Name: _____

Business Title : _____

-----FOR FINANCIAL INSTITUTION USE ONLY-----

Received by _____ *Print name* _____ at _____ *(Insert PFI name)* _____

on _____ *(insert date)* _____ at _____ *(insert time)* _____

Signature: _____