

**ACKNOWLEDGEMENT FOR RECEIPT OF FUNDS**

I, \_\_\_\_\_, authorized representative for \_\_\_\_\_, hereby acknowledge that I have received \_\_\_\_\_, from \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 2020.

In exchange for receiving these funds, the business agrees to follow all program rules as previously acknowledged on the Program Rules signed on the \_\_\_\_\_ day of \_\_\_\_\_, 2020. These rules are incorporated by reference.

Furthermore, the business acknowledges that all of the information previously certified by the business in their certification letter and in their application executed on the \_\_\_\_\_ day of \_\_\_\_\_, 2020 is true and correct. Said certification letter and application are hereby incorporated by reference.

Furthermore, the business again certifies that they are familiar with the allowed and disallowed expenditures that may be made with the provided funds. The business certifies that they will maintain records concerning the use of these funds including but not limited to receipts, paid invoices, and other reliable documentation of expenditures and will provide access to these documents or copies thereof to the State of Oklahoma, the Oklahoma Department of Commerce (ODOC), the Office of Management and Enterprise Services (OMES) or any auditor retained or employed by an agency of the State of Oklahoma upon request as detailed in the program rules. The business certifies that they are aware of their responsibilities for use of funds and agree to the potential penalties for failure to use the funds consistent with the rules.

The business also again certifies that they are an eligible business as defined by the program rules and that the funds are necessary to help the business recover from the negative impacts of COVID.

As acceptance of these funds, the business agrees to hold harmless the Participating Financial Institution dispensing these funds, the State of Oklahoma, ODOC, any agents acting on behalf of ODOC or the State of Oklahoma for any injury suffered by application to or participation in the program.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Name of Company: \_\_\_\_\_

FEI Number: \_\_\_\_\_

I, \_\_\_\_\_, an employee or agent of \_\_\_\_\_ hereby indicate that I witnessed the signature of the company representative as noted above and that on this \_\_\_\_\_ day of \_\_\_\_\_, 2020,

\$ \_\_\_\_\_ in program funds were provided to \_\_\_\_\_.