

NYC Employee Retention Grant Program Affirmation
Please Read and Sign

Business Name: _____

Business Address: _____

In order to participate in the NYC Employee Retention Grant Program (“Program”) and receive a grant, The New York City (“City”) Department of Small Business Services (“SBS”), its affiliate agency the Workforce Development Corporation (“WDC”), and the New York City Economic Development Corporation (“EDC”) requires that you (“Recipient”) certify the following:

- You own or are authorized to represent a small business that employs 1-4 employees
- You have been in operation for at least six (6) months
- Your business has experienced a revenue decrease of at least 25% following the impact of COVID-19.
- Upon receipt of the grant funds, you commit to keeping your 1-4 employees employed at your business.

A materially false statement willfully or fraudulently made in connection with this affirmation may result in rendering the submitting company ineligible with respect to the program, and, in addition, may subject the person making the false statement to criminal charges.

Notwithstanding any other rights of the City under other Sections of this Affirmation or applicable law, if the Recipient violates any of the terms, covenants or provisions of the Affirmation, or if any representation or warranty made by the Recipient in this Affirmation or in any document or application submitted in connection with this Affirmation or the Program shall prove false or misleading, or if, in the sole judgment of the City, the conduct of the Recipient is such that the interests of the City have been or are likely to be impaired or prejudiced, the City shall thereupon have the right to:

Terminate any grant or withhold payments due under the Program and/or demand and obtain the return of payments already made which are equal to the damages the City may have already suffered due to a breach by the Recipient. Any such action by the City shall not give rise to any cause of action for damages against the City.

(1) I (name of business owner) _____ hereby certify to SBS, the WDC, and EDC as of the date of this affirmation that my business (business name) _____ has been in operation for at least six (6) months, employs _____ employees, and the information contained herein is, to the best of my knowledge, information and belief, accurate and complete.

List Employees:

First Name	Last Name
1.	
2.	
3.	
4.	

(2) I certify that as a result of COVID-19, my business experienced at least a 25% decrease in revenue for two (2) consecutive months after January 1st , 2020, compared to the average revenue for the same two-month period in calendar year 2019 (or average monthly revenue based on total 2019 sales).

(3) I certify that the business did not receive full coverage of employee payroll from an insurance provider or any other entity.

(4) I certify that the business will retain and pay the listed employees their salary for a two-month period commencing on the date of receiving their reimbursement.

(5) I understand that the business must comply with all laws and rules applicable to the program, including City, State and Federal laws. This certification shall be deemed executed in the City and State of New York and shall be governed and construed in accordance with the laws of the State of New York and the laws of the United States.

(6) I am authorized to complete and submit this certification on behalf of the Business. I verify that the statements contained herein are true and correct and that the Business has not misrepresented its eligibility for the Program.

(7) I understand that willful or fraudulent submission of a materially false statement in connection with this certification may result in the Business being ineligible for the Program reimbursements and may subject the Business or the person making false statements to criminal charges.

By signing below, I certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me from benefits.

(Business Owner Signature)

(Date)