

St. Louis County Small Business Relief Program ("SBR Program") Closeout Report

For the Period Beginning on March 23, 2020 and Ending on October 31, 2020

Date Report Completed: _____

Recipient Information

Contract Number: SBR2020-_____

Recipient Name: _____

Recipient Address: _____

Person Completing Report

Name: _____

Title: _____

Phone Number: _____

Email: _____

Summary Report for SBR Program Funds	
Funds Received:	
Funds Expended:	
Remaining Funds Returned to St. Louis County:	

[Report Continues on Next Page]

Cost Report for Use of SBR Program Funds				
No.	Description	Amt. Paid	Date Paid	Date Performance or Delivery Received
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				

25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39				
40				
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				

ST. LOUIS COUNTY SMALL BUSINESS RELIEF PROGRAM CLOSEOUT REPORT CERTIFICATION

I, _____, am the _____ of _____, and I hereby certify that:

1. I have the authority to provide this certification on behalf of _____.
2. The information contained in the Small Business Relief Program Closeout Report of _____ is true and correct.
3. As of March 1, 2020, _____ had _____ full-time employees.
4. As of today's date, our business has _____ full-time employees.

I certify under the penalties of perjury set forth in Section 575.040, RSMo, that I have read the above certification and my statements contained herein are true and correct to the best of my knowledge.

Name: _____

Signature: _____

Date: _____