



Proposed Use of Funds Form

Business Name: _____

Please use the table below to fill out your Proposed Use of Funds. Use an extra sheet of paper if needed. Column 1- is for reimbursable expenses incurred from 3/10/2020 to Present (that you have invoices/bills and proof of payment). Column 2 is for future expenses over the next 3 months (for which you will save the invoices and proof of payment). Use the Selections to choose the Category and add a Description. ***Fund use restrictions listed below.**

NOTES:

1. Combined amounts of each column **cannot exceed** the funding limit of **\$25,000.00**.
2. Expenses are forgiven only upon receipt of invoice and receipt of payment
3. Please be specific as possible with the expenses – i.e., Inventory = vendor name, item; then provide the bill & receipt.

Category	Description	Column 1 3/10/2020 to Present	Column 2 Next 3 months
Staffing (Employee's wages & Benefits)			
Equipment			
Inventory			
Materials or Supplies			
Rent or Mortgage			
Utilities			
COVID-19 Supplies			
Technical Assistance			
Services			
Working Capital			
Other			
	Totals:		

*These funds may not be used for major equipment purchases, purchases of real property, construction activities, business expansion, or lobbying.