

**SOBEWFF® & FIU CHAPLIN SCHOOL HOSPITALITY INDUSTRY  
RELIEF FUND AFFIDAVIT**

STATE OF FLORIDA                    )  
  ) SS  
COUNTY OF MIAMI-DADE        )

1. Primary Contact for Application: \_\_\_\_\_

2. Applicant ID Number (provided in your application submission auto-reply):

\_\_\_\_\_

3. Legal Business Name: \_\_\_\_\_

4. DBA / Name of establishment (if different from above):

\_\_\_\_\_

5. This affidavit is in support of an application for the SOBEWFF® & FIU Chaplin School Hospitality Industry Relief Fund with monies funded entirely by funds received by Miami-Dade County from the federal government pursuant to and in accordance with the Coronavirus Aid, Relief and Economic Security Act, through a \$474 million allocation from the State of Florida from the Coronavirus Relief Fund provided for local governments (the “Grant”).

6. The establishment listed in section 3 above is independently-owned and is located in Miami-Dade County, in Commission District \_\_\_\_.

7. The establishment listed in section 3 above has fifty (50) or fewer employees and \$10,000,000 or less in annual revenue.

8. Grant funds will be limited to a maximum of two (2) eligible establishments per hospitality group, which each establishment submitting individual applications and affidavits.

9. Each eligible establishment will receive \$500 per laid off or furloughed employee, with a maximum of \$15,000.

10. Upon the receipt of Grant funds, payments shall be made to employees by either check or money order.

11. Copies of the checks/money orders and supporting payroll documentation will be submitted to SOBEWFF® within ten (10) business days after receipt of any Grant funds.

12. I have provided, or will provide, any and all additional supporting documentation requested by SOBEWFF® from time to time, to confirm the eligibility to receive and the transfer of the Grant funds.

**FURTHER AFFIANT SAYETH NAUGHT.**

Print Name of Applicant: \_\_\_\_\_

Title of Applicant: \_\_\_\_\_

Sworn to and subscribed before me at \_\_\_\_\_, Miami-Dade County, Florida this \_\_\_\_ day of \_\_\_\_\_, 2020, by

\_\_\_ Who is personally known to me

\_\_\_ Who produced identification: \_\_\_\_\_

Type of identification

\_\_\_\_\_  
Signature of Notary Public  
State of Florida at Large

\_\_\_\_\_  
Print, type or stamp name of notary public

My Commission Expires: