

**CITY OF REDONDO BEACH
CITYWIDE COVID-19 REIMBURSEMENT APPLICATION**



Section 1: Applicant Information

Name: _____

Check all that apply: ☐ Property Owner ☐ Business Owner/Tenant

Business Name: _____

Property Address: _____

Mailing Address: _____

Daytime Phone Number: _____ Email: _____

Section 2: Reimbursement Request

Item/Service Purchased: _____

Vendor: _____

Date: _____

Grant Amount Requested (not to exceed \$2,000.00): \$ _____

Section 3: Scope of Work

Description of Purchased Item/Service and Justification for Purchase (attach additional pages if needed):

Section 4: Checklist

Required Attachments:

Copy of Business License
Copy of Receipt(s)
Completed W-9

Proof of Purchaser (cancelled check, credit card statement, etc.)

Section 5 : Certifications

I certify under penalty of perjury that the purchase for which I am requesting reimbursement is necessary in response to the COVID-19 public health emergency.

I certify under penalty of perjury that I have/will not be otherwise reimbursed for this purchase, including by any federal/state program.

Signature: _____ Date: _____