



**COVID-19 Small Business Recovery Grant Program
Member Acknowledgement**

By signing below, _____, a Senior Officer of _____ (“Member”) acknowledges on behalf of the Member that:

- (1) the Member shall comply with the requirements of the Federal Home Loan Bank of New York’s (“FHLBNY”) COVID-19 Small Business Recovery Grant Program Guidelines (“Program Guidelines”), now in effect, dated May 8, 2020 or as amended, for the Small Business Recovery Grant program;
- (2) the FHLBNY may deny or recover the grant if the FHLBNY discovers that (a) the recipient does not meet the requirements of the Guidelines, or (b) the Member provided false, misleading or incomplete information;
- (3) the Member remains solely responsible for any tax or other government reporting obligations with regard to the disbursements of the grant to the eligible recipients; and
- (4) nothing contained in the Program Guidelines or the Small Business Recovery Grant Application and Funding Request will be construed as an agreement or commitment on the part of FHLBNY to provide a grant to the Member.

Signature

Print Name

Title

Date

The following Member representatives are authorized to process and submit the COVID-19 Small Business Recovery Grant program applications to the FHLBNY on behalf of the Member.

_____ Print Name	_____ Print Name	_____ Print Name
_____ Title	_____ Title	_____ Title
_____ Phone Number	_____ Phone Number	_____ Phone Number
_____ Email Address	_____ Email Address	_____ Email Address

(Optional) The Member’s name, along with one of the above Member representatives, should be included on the FHLBNY website in a list of participating institutions and contacts.

Yes/No

Print Name