



Fiscal Year 2022-23 CBO Cost Report Paycheck Protection Program Confirmation

Provider:

Legal Entity#:

I CERTIFY under penalty of perjury that I am the duly qualified and authorized official of the herein claimant responsible for the examination and settlement of accounts. I understand that misrepresentation of any information provided herein constitutes a violation of state and federal law. I further certify that this report is based on actual, total expenditures as necessary for claiming Federal Financial Participation pursuant to all applicable requirements of state and federal law including but not limited to Sections 430.30 and 433.51 of Title 42 Code of Federal Regulations (CFR).

Date:

Signature:

Please select ALL statements below that best describe your status on Paycheck Protection Program (PPP) Loan

We did NOT receive PPP Loan.

We did receive PPP Loan on _____(date).

In FY2223, we spent _____% of the PPP Loan we received.

We plan to pay back the PPP Loan we received.

We are in the process of applying PPP Loan forgiveness.

We applied the PPP Loan forgiveness.

No decision is made on applying PPP Loan forgiveness.

The costs covered by PPP Loan are NOT reported on the CBO Cost Report we previously submitted to County of Sonoma Department of Health Services

The costs covered by PPP Loan are reported on the CBO Cost Report we previously submitted to County of Sonoma Department of Health Service.