

## EXHIBIT A FAQs

1. **“Representative Name”** is either the business owner or the person the business has chosen to take responsibility for the validity of the expenses being reported.
2. **“Date of Payment”** refers to the date the bill/money was paid. NOTE: For Rounds 1 and 2, the period for eligible expenses runs from March 15, 2020, to 90 days after receipt of grant funding (for example, if you received the grant check on July 15, your eligible expenses would be from March 15, 2020, to October 15, 2020). For Round 3, the period for eligible expenses runs from March 15 to December 15, 2020; expenses incurred after December 15 are ineligible. Also note that you can reimburse yourself for bills already paid, as long as the bills fall within the date range specified above!
3. **“Name of Payee”** is the person or business the expenses were paid out to from the grantee (e.g., “Ohio Edison,” “Testa Realty,” “United Healthcare”).
4. **“Invoice # and/or Check #”** helps us match the expenses listed on the Exhibit A to the support documents (verifications) provided for those expenses. If money was paid in cash or some other means, other verification will be requested.
5. **“Purpose”** identifies what the grant money was used for, such as payroll, business rent, or employee healthcare.
6. **“Verification Attached”** is a reminder that we need a support document for **each item listed** on the Exhibit A. Support documents “prove” to auditors that the grant money was actually paid. For example, if a business uses “electric bill” as an expense for May, we would need a copy of the electric bill in the name of the business for May and verification of payment (e.g., a canceled check or a bank statement with the name of the payee and payment amount marked so that we can easily find it on the statement).
7. **“Grantee Representative”** is the business owner or the person the business has chosen to take responsibility for the validity of the expenses being reported. DON’T FORGET to sign and date the bottom of the Exhibit A!

## HELPFUL TIPS

- **Best expenses:** Start with “big” expenses, such as business rent or employee payroll, rather than lots of little expenses!
- **Grouping expenses:** If you have many of a particular kind of expense, you can list them as a group rather than individually. For example, if you are using business rent from April through October as an expense, rather than listing each month’s rent on a separate line, use the “Date of Payment” column to indicate “April – October.”

**For more guidance on grant reporting, please refer to your grant agreement or visit <https://gaccovid19.org/grantprogram/>**

### Exhibit A

#### Grant Expense Report Summit County Small Business Emergency Relief Grant Program (Verification should be included)

Business Name: \_\_\_\_\_

Grant Amount: \_\_\_\_\_

Business Address: \_\_\_\_\_

Representative Name: **See 1 above** \_\_\_\_\_

Representative Phone: \_\_\_\_\_

Representative Email: \_\_\_\_\_

| Date of Payment    | Name of Payee      | Invoice #<br>And/or Check # | Purpose            | Amount | Verification Attached? |
|--------------------|--------------------|-----------------------------|--------------------|--------|------------------------|
| <b>See 2 above</b> | <b>See 3 above</b> | <b>See 4 above</b>          | <b>See 5 above</b> |        | <b>See 6 above</b>     |
|                    |                    |                             |                    |        |                        |
|                    |                    |                             |                    |        |                        |
|                    |                    |                             |                    |        |                        |

TOTAL:

██████████ ██████████

Total should be equal to or **slightly** greater than the amount of the grant you received.

The undersigned hereby certifies that all expenses reimbursed by grant funds and listed above were for eligible business expenses as outlined in the program guidelines (LINK “program guidelines”). The undersigned further understands that, in the event funds were not properly spent, that they may need to be repaid to the Greater Akron Chamber.

**See 7 above**

\_\_\_\_\_  
Grantee Representative

\_\_\_\_\_  
Date