



MARIN COUNTY MICROBUSINESS COVID-19 RELIEF GRANT PROGRAM

Microbusiness Third Party Verification Form

Business Name:			
Owner First Name:		Last Name:	
Business Email Address:			
<i>Business Location Address</i>			
Street:			
City:	State:	Zip:	County:
Phone #:			
I certify, under penalty of perjury, under the laws of the State of California that the foregoing information regarding the Marin County business and information of the business owner is true and correct.			
<i>Printed name of 3rd party individual from a partner organization certifying business owner information. Individual completing form cannot be related to business owner or be an employee of business owner.</i>			
Organization Name:			
First Name:		Last Name:	
Street:			
City:	State:	Zip:	County:
Phone #:	Email:		
Signature:		Date:	



FUNDED IN PART THROUGH A GRANT FROM THE CALIFORNIA OFFICE OF THE SMALL BUSINESS ADVOCATE. ALL OPINIONS, CONCLUSIONS, AND/OR RECOMMENDATIONS EXPRESSED HEREIN ARE THOSE OF THE AUTHOR(S) AND DO NOT NECESSARILY REFLECT THE VIEWS OF THE CALIFORNIA OFFICE OF THE SMALL BUSINESS ADVOCATE.