SB/ME Equipment Certification

I, _____ certify that the equipment to be purchased with funding provided
(Business Owner Name)

by the NYS Community Development Block Grant (CDBG) program will be limited to business use only.

Business Name:

_____

Business Address:

_____

Description of Equipment and Justification/Relevance to Business Operations:

_____

_____

_____

Estimated Cost:

_____

_____	_____	_____
Owner Signature	Owner Name	Date
_____	_____	_____
Grantee Signature	Grantee Name	Date