



**Kremmling COVID-19 Relief Grant
Application
Employee Form**

Employee Information

Name _____

Address _____

Phone Number _____

Email Address _____

Employment Information

Current Employer _____

Address _____

Phone Number _____

Email Address _____

Job Title _____

Current Employment Status _____

Employment Classification - Part-time (15- 30 hrs. per week)

Full-time (31- 40 hrs. per week)

What will the awarded funds be used for?

Have you, or will you be receiving any other financial assistance from December 7th, 2020 through December 18th, 2020? Yes

No

EMPLOYEE. Have you (name) _____ been furloughed by your employer listed above and will not return to work until at least after December 18th, 2020, or had a reduction of hours from a business whom are shut down or had to reduce staffing during the time frame (December 7th – December 18th) set forth by the GCPH order dated June 26th and amended December 4th? (GCPH order attached)

I _____ certify that all the statements made on this form are accurate to the best of my knowledge.

Signature (employee) _____ Date _____

EMPLOYER. Do you certify that employee (name) _____ has been furloughed by your business (name) _____ and will not return to work until at least after December 18th, 2020, or had a reduction of hours from a business whom are shut down or had to reduce staffing during the time frame (December 7th – December 18th) set forth by the GCPH order dated June 26th and amended December 4th? (GCPH order attached)

I _____ certify that all the statements made on this form are accurate to the best of my knowledge.

Signature (employer) _____ Date _____

For Town Purposes only:

Based on the reported information above, we have determined that Employee _____ is eligible to receive \$ _____ based upon the Kremmling COVID-19 Grant Program outline.

Town Manager signature

Date

Town Mayor signature

Date