



**Will County CARES Act – Non-Profit Assistance Program Certification**

On behalf of \_\_\_\_\_, I hereby certify that,  
(Enter name of organization)

1. I am an authorized representative of this organization
2. The organization is currently a 501 (c) (3) organization in good standing with the U.S. Internal Revenue Service
3. The organization has a physical location in Will County, Illinois

\_\_\_\_\_  
(Enter address, city, state, zip)

4. The organization is registered with the State of Illinois Attorney General
5. The organization had increased costs and/or decreased revenues due to COVID-19 that were not covered by other CARES Act grant programs
6. The organization has been in operation in Will County since February 15, 2020 or earlier

I certify that the statements above are true and I am authorized to sign on behalf of my organization.

Authorized Signatory's Name: \_\_\_\_\_

Authorized Signatory's Title: \_\_\_\_\_

Authorized Signatory's Email Address: \_\_\_\_\_

\_\_\_\_\_  
Signature (Physical signature required. Typed signatures will not be accepted)

\_\_\_\_\_  
Date

**Instructions:**

Please fill out and sign the certificate form above. Once completed, please upload an electronic version of this form as a part of your organization's application. Return to this webpage to submit the application: <https://www.willcountyillinois.com/CARES-Act/Non-Profit-Assistance>.