Applicant Name:

Please summarize the estimated losses for which you will upload documentation. For example, if you upload documentation to demonstrate $5,000 in decreased revenue at farmers’ markets, please note “Farmers’ market sales - $5,000” in the chart. The Total Requested in the chart reflects the total relief amount. Add new cells as needed

| Reimbursable Item/Expense | Amount |
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| Total Requested: |  |