



## Florida BBE Application and Attestation for FRRP

### Explanation and purpose of the survey

**FRRP are to only be used to offset financial losses of blind vendors during the calendar year of 2020. Reported losses must be verifiable and not have been otherwise compensated. The SLA and Committee of Vendors have agreed to determine vendor losses based on the net profit reported by vendors on the MBR from March - December 2020 in comparison to March December of 2019. The SLA and Committee of Vendors will distribute FRRP funds in accordance with the guidelines set forth by the RSA.**

**The purpose of the survey is to collect information on compensation. Failure to complete the survey could result in a delay or forfeiture of your award.**

1. Did you receive any financial compensation from unemployment?

- Yes  
 No

2. How much did you receive from unemployment?

3. Did you receive any financial compensation from grants? (Include any private or public grants including grants from corporations or foundations, counties, cities or the state, etc.)

- Yes  
 No

4. How much did you receive from grants?

5. Did you receive any financial compensation from SSDI? Note: only SSDI applied for and received in 2020 is applicable.

- Yes  
 No

6. How much did you receive from SSDI applied for and received in 2020?

7. Vendors are not obligated to take FRRP Funds. If you do not wish to receive your portion of the money, please indicate below. Any money refused by vendors will be distributed amongst qualified vendors per the formula adopted by the Committee of Vendors.

- I wish to receive FRRP Funds per the formula adopted by the Committee.
- I do not wish to receive FRRP funds.

8. I hereby attest under penalty of perjury that the above information is accurate to the best of my knowledge. Signify agreement by putting your name and facility number(s) in the comment box below.