

County of Perry  
Cares Act Block Grant Funding  
Business Application

**Date** \_\_\_\_\_

**Name of Business** \_\_\_\_\_

**Address of Business** \_\_\_\_\_ (Street Address)  
\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

**Contact Person** \_\_\_\_\_ **Position** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Address of Contact Person** \_\_\_\_\_ (Street Address)  
\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

**Phone Number** \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell)

**Email address** \_\_\_\_\_

**Is your organization a sole proprietorship** \_\_\_\_\_ **partnership** \_\_\_\_\_ **LLC** \_\_\_\_\_ **Corp** \_\_\_\_\_

**Year started business** \_\_\_\_\_

**Please attach list of partners or corporate officers with their home addresses**

**EIN or SS number** \_\_\_\_\_

**Number of full time employees** \_\_\_\_\_ **Part time employees** \_\_\_\_\_

**Was your business listed as an essential business under the order to close businesses?  Yes  No**

**Is your business independently owned or franchised?  Yes  No**

**What was the worst case operational status during COVID-19?**

**Closed**

**1-25% Open**

**26-50% Open**

**50% + Open**

**Is your business current with all local, state, and federal taxes?  Yes  No**

**Is your business based in Perry County?  Yes  No**

**Does your business have a line of credit or cash reserves?  Yes  No**

**Please attach copies of your past three years of tax returns**

**What is the amount you are applying for? \$\_\_\_\_\_**

**Have you been or will you be reimbursed under any federal program, such as the reimbursement by the federal government pursuant to the CARES Act of contributions by States to State unemployment funds?  Yes  NO**

**If you were previously granted funds, grants, or loans please enter amount awarded \$\_\_\_\_\_. Please attach determination letter.**

**If you applied, and were turned down, please attach determination statement.**

**Are you in the process of filing through other sources for COVID Relief funding?**

**Yes  No**

**Have you paid any workforce bonuses other than hazard pay or overtime during this pandemic?  Yes  No**

**Have you paid out any severance pay during this pandemic?  Yes  No**

**Have you paid out reimbursements to donors for donated items or services?**

\_\_\_ **Yes** \_\_\_ **NO**

**Have you paid or have legal settlements pending since the onset of this pandemic?**

\_\_\_ **Yes** \_\_\_ **NO**

**Please attach a narrative of how you will use the funds.**

**Please attach a narrative of how the COVID-19 Pandemic has impacted your business operations. Include justification why your business should be considered for funding.**

**If funds are awarded through this application, please attach a narrative explaining how these funds will be spent and include a time line when these funds would be spent.**

### Acknowledgement & Authorization\*

By checking this box, I acknowledge that I have read the Perry County COVID-19 County Relief Block Grant Program informational materials and hereby certify the following:

- All information and statements contained in this application, and all documents and exhibits submitted with this application, to the best of the applicant's knowledge are true, accurate, complete and not misleading, as of the date of this application.
- Upon request, Applicant will submit additional information and documentation in support of this application. Any further information or documentation submitted by Applicant in connection with this Application shall also be subject to these acknowledgements.
- The expenses enumerated in this grant application occurred or will occur between March 1, 2020 and December 30, 2020.
- The proposed use of funds included in this application represents an eligible use as identified in Section 5001 of the CARES Act and Pennsylvania Act 24 of 2020.
- The expenditures outlined in this application have not been reimbursed and will not be eligible for reimbursement from another federal program.
- If successful, the grant will be treated as income and applicable taxes will be the responsibility of the Applicant and must be paid.
- The Applicant has fully complied with, and will fully comply with, all federal, state, and local laws and regulations applicable to this grant and Applicant's business, assets and/or operations, and the Applicant is not currently under investigation with respect to any violation of, or failure to comply with, any such applicable law or regulation. No funds will be used for any purpose or in any manner that violates federal, state, or local laws or regulations.
- The Applicant will adhere to U.S. Treasury CARES Act compliance requirements, including but not limited to, 2 C.F.R. (Congressional Federal Register) subpart F, Audit Requirements, U.S. OMB Uniform Guidance (2 C.F.R. Part 200) applicable to federal financial assistance, including 2 C.F.R. § 200.303 regarding internal controls, 2 C.F.R. § 200.330 through 200.332 regarding subrecipient monitoring and management, and Subpart F regarding audit requirements (as may be applicable).
- If successful, program funding will be expended by December 30, 2020.
- AVAILABLE FUNDS ARE LIMITED AND SIGNIFICANT INTEREST IS ANTICIPATED. Applicant recognizes that there is no assurance that Applicant will be awarded any grant of any size, regardless of how well the Applicant may meet the criteria for awarding these grants and regardless of what the Applicant may have been told or read with respect to this grant program.
- All decisions and recommendations with respect to this application and this grant are final and non-appealable. Applicant acknowledges that grant award determinations will be made based on both objective and subjective analysis of information available and that award determinations need not follow strictly or consistently the scoring methods utilized. The Applicant also acknowledges that the identity of funding and recipients, award amounts, and application scores and recommendations will become public information.
- The person submitting this application has the authority of the Applicant to submit the Application on its behalf.
- As a condition of the submission of this Application or receipt of grant funds, the Applicant hereby releases Perry County, their board members, elected officials, employees, agents and representatives of and from any claims and causes of action of any kind, type or nature in any way associated with the receipt and review of the Application, the administration of the COVID-19 County Relief Block Grant Program, the distribution of any program benefits, the decision not to provide program benefits and any other matter or thing in any way related to the program.

Check to authorize.

Printed Name \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_