

**SULLIVAN COUNTY COVID-19 Relief Block Grant Application**

P.O. Box 157

245 Muncy Street, Laporte, PA

18626 Phone (570) 946-5201

Fdoyle@sullivancounty-pa.us

**APPLICATION CHECKLIST**

**Forms included in this package:**

\_\_\_ Program Guidelines (Developed by DCED)

\_\_\_ Application Form

\_\_\_ Company Profile Forms

\_\_\_ Description of Disruption Due to the

Coronavirus Certification

**Items to be supplied by Applicant (For Profit Businesses)**

\_\_\_ Proof of Business Registration (Articles of Incorporation, or Business License)

\_\_\_ Most Recent Federal Tax Return

\_\_\_ List of Employees

Original Application must be mailed or delivered by **August 15, 2020** to:

Sullivan County Commissioners

P.O. Box 157 245 Muncy Street

Laporte, PA 18626

## Sullivan County COVID-19 Block Grant Guidelines

- Eligible Applicants:
1. For-profit businesses located in Sullivan County with fewer than 100 employees
  2. Non-Profit organizations with 501(c)(3) or 50I(c)(19) IRS Designation which will use the funds to operate assistance programs.

Application Submittal: Applications must be submitted by **August 15**, 2020 to the Office of Planning and Economic Development P.O. Box 157 Laporte, PA 18626 or hand delivered to the Sullivan County Commissioners.

Application Review: Applications will be reviewed by a committee and approved by the Sullivan County Commissioners.

Proof of Expenditures: Post-grant award, all recipients must provide to the County of Sullivan proof of all expenditures made with the grant (copies of cancelled checks, invoices indicated as paid, etc.)

Expiration: The grant expires November 30, 2020. No funds will be distributed after that date.

If you have any questions, please call (570) 946-5201.

**\* Please note, businesses must be able to provide proof of expenditures to justify the grant amount.**

1. Are you the owner of a small business in Sullivan County with less than 100 employees?
2. Is your business/organization primarily related to tourism?
3. Did you receive funding from the CARES Act (PPP, SBA, etc.)?
4. Did you apply for a grant from the CARES Act (PPP, SBA, etc.)?
5. Are you a representative of a 501(c)(3) or 501(c)(19) organization in Sullivan County that suffered from lost revenue or were you forced to spend on additional expenses because of COVID-19?
6. Are you a representative of a municipality in Sullivan County that spent funds on COVID-19 related expenses? (Governmental agencies are not eligible for assistance for lost tax revenue under this program, only for actual expenses incurred or future preventive measures)
7. How long has your business been open and/or in operation in Sullivan County?
8. Are you currently a party to any lawsuit or pending lawsuits in Sullivan County, the Commonwealth of Pennsylvania, and/or any other State/Federal District or Territory of the United States?
9. Has any owner listed defaulted on a federal, state, local, or commercial loan within the last 15 years?
10. Are you currently in bankruptcy?
11. Is your business owned in part or fully by a Sullivan County or municipal elected official?
12. Has the owner(s) ever been convicted of a felony and/or is presently subject to indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction?
13. Is your business currently operating?
14. How many people did your business employ prior to COVID-19? Please indicate the number of both Full-Time (FT) and Part-Time (PT) positions (including the business owner/s).  
Full-Time Positions \_\_\_\_\_ Part-Time Positions \_\_\_\_\_
15. Have you filed/sent in your 2020 Census?

**Sullivan County.COVID-19 Block Grant Application**

**COMPANY INFORMATION**

Company Name \_\_\_\_\_

EIN / DUNS \_\_\_\_\_

Company Contact \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Existing Employment (Full Time Equivalent Based on 40 hr work week.) \_\_\_\_\_

Business Structure      Sole proprietorship\_\_\_\_ S Corporation\_\_\_\_ C Corporation\_\_\_\_ Partnership\_\_\_\_ LLC\_\_\_\_ LLP\_\_\_\_

If Non-Profit are you a      501(c)(3)\_\_\_\_ or a 501(c)(19)\_\_\_\_

**GRANT USE**

Payroll	_____	Insurance	_____
Rent	_____	Legal Fees	_____
Mortgage Payments	_____	Advertising Fees	_____
Utilities	_____	Other	_____
Supplies	_____	Other	_____
Equipment	_____		
		TOTAL	\$ _____ .

**Company/ Organization Profile**

**Complete items as applicable to your business / organization**

1. Date established: \_\_\_\_\_

2. Date of Incorporation: \_\_\_\_\_

3. Product/ Service Description: \_\_\_\_\_

List the names of each owner and the percentage of ownership:

_____	_____	%
_____	_____	%
_____	_____	%
_____	_____	%

**Description of Disruption Due to Coronavirus**

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*Complete items as applicable to your business / organization*

1. Was your business required to close or partially close due to the coronavirus?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

2. Describe how your business or organization was disrupted due to the coronavirus.

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3. What is your estimated revenue loss as a result of the coronavirus?      \$ \_\_\_\_\_

4. Did you need to temporarily lay off or terminate employees?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

*If yes:*

*How many employees are or were on layoff?*      \_\_\_\_\_

*How many employees were terminated?*      \_\_\_\_\_

5. Indicate how you will use this grant.

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### Conflict of Interest Acknowledgement

Do any family relationships (by blood or marriage) exist between business owner(s) and Sullivan County's (and its constituent municipalities') elected officials, administrators, and/or staff that could pose a potential conflict of interest during the grant application and approval process? (If yes, please explain in detail and document all potential conflicts of interest associated with this small business grant program, determination of eligibility, and possible grant approval in the section below.)

### Acknowledged Responsibility to Abide by County/State/Federal Grant Program Requirements

The small business grant applicant agrees to abide by all policies, regulations, ordinances, or statutes as required by the County of Sullivan, the Commonwealth of Pennsylvania, and the U.S. Department of Housing and Urban Development.

**Certification**

I hereby certify that information provided in this application is true as presented.  
I understand that any false statements made knowingly and willfully may subject me to penalties under sections 1001 and 1010 of Title 18 of the United States Code.  
I further understand that all information provided is subject to verification by the County of Sullivan and by the Pennsylvania Department of Community and Economic Development and that if it is determined that any information was materially misstated that I must reimburse the County of Sullivan for the full amount of assistance. I further understand in accordance with the guidelines that, post grant award, I will provide proof of expenditures made with this grant to the County of Sullivan.

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Signature

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Name/Title (Printed)

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Date