

COUNTY OF LYCOMING COVID-19 PANDEMIC DISASTER  
RELIEF **SMALL BUSINESS GRANT APPLICATION**

**Fully completed applications due by 11:59pm on September 18 via email or fax.  
Mailed forms must be postmarked by September 18**

Mailed copies should be sent to:  
Williamsport / Williamsport Lycoming Chamber of Commerce  
102 W 4th Street  
Williamsport, PA 17701  
Email submissions sent to: [sbrf@williamsport.org](mailto:sbrf@williamsport.org)  
Fax submissions sent to: 570-321-1209

**Call with questions at the Chamber 570-326-1971 or Kristen Moyer at SEDA-COG, 570-522-7212 or [kmoyer@seda-cog.org](mailto:kmoyer@seda-cog.org) as SEDA-COG is assisting the County of Lycoming with this program.**

*Primary consideration will be given to businesses who have **NOT** received advances/forgivable loans/grants through the following programs U.S. SBA Paycheck Protection Program (PPP); US SBA Economic Injury Disaster Loan (EIDL) Program or the COVID-19 Relief Pennsylvania Statewide Small Business Assistance Program (CDFI)*

**All grant funds will be administered and distributed consistent with the requirements of the COVID-19 County Relief Block Grant Contract between the Commonwealth of Pennsylvania, acting through the Department of Community and Economic Development, and the County of Lycoming.**

**Please confirm:**

\_\_\_ We have not received funds from US SBA Paycheck Protection Program/PPP, Economic Injury Disaster Loan/EIDL or PA DCED Community Development Finance Institution/CDFI grant funds.

\_\_\_ We have received funding from PPP and/or EIDL and/or CDFI, in aggregate.

If so, how much: \$ \_\_\_\_\_

**Applicant Information:**

Entity Legal Name: \_\_\_\_\_

Business Name or DBA: \_\_\_\_\_

Employer Identification Number (EIN) \_\_\_\_\_ I do not have an EIN number. \_\_\_

Social Security Number (if no EIN): \_\_\_\_\_

Please check all that apply: African-American owned business: \_\_\_ Asian-American owned business: \_\_\_

Hispanic-owned business: \_\_\_ Other minority-owned business: \_\_\_ Veteran-owned business: \_\_\_

Women-owned business: \_\_\_ Disabled-owned business: \_\_\_

Business Activities: \_\_\_ Retail \_\_\_ Accommodation/Hospitality/Restaurant

\_\_\_ Agriculture \_\_\_ Construction \_\_\_ Education \_\_\_ Healthcare \_\_\_ Manufacturing \_\_\_ Other

**Brief Summary of Services/Goods Produced Attach additional documentation/narrative if necessary.**

**Business Location:**

Street Name: \_\_\_\_\_

City: \_\_\_\_\_, PA \_\_\_\_\_ Zip Code: \_\_\_\_\_

Municipality: \_\_\_\_\_

**Mailing Address (if different from Business Location):**

Street Name: \_\_\_\_\_

City: \_\_\_\_\_, PA \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Primary Contact:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Financial Impact Information:**

**Please describe the Impact COVID-19 Pandemic has had on your business Operations. Attach Additional information if necessary.**

What was your worst-case operational status during the Pandemic?  
Required closure \_\_\_\_\_ Reduced capacity \_\_\_\_\_ Other \_\_\_\_\_

What percentage are you currently operational? \_\_\_\_\_ % Closed \_\_\_ 1-25% Open \_\_\_\_\_ 26-50%  
 Open \_\_\_\_\_ 50%+ Open \_\_\_\_\_

**How have you adapted your business model to maintain positive cash flow? Attach additional information if necessary**

**How do you intend to use the grant funds (see page two of instructions for eligible expenditures)?**

**NOTE: INVOICED DOCUMENTATION IS REQUIRED**

Item (costs should be outlined for 3/1/2020-12/30/2020)	Amount (\$) (numeric only)	Description
Personal Protection Equipment (PPE) (gloves, disinfectant)		
Interest and Principal of loan (loan must be incurred during the period 3/1/2020-12/30/2020)		
Utilities (electric, gas, internet, cable)		
Technology equipment		
Equipment/Supplies to meet social distancing requirements		
Spoilage/Lost food		
Other (specify):		

**Please Attach the Appropriate Documentation**

\_\_\_\_ Most recently submitted Federal Tax Return. 2018 or 2019 business tax returns, including Schedule C. If you do not have a business tax return, please submit your personal tax return.

\_\_\_\_ If no 2019 taxes, internally generated 2019 financial statements (B/S & P/L).

\_\_\_\_ Current financial statements (B/S & Inc. Stmt.) for the business.

\_\_\_\_ Internal financial statements (B/S & Inc. Stmt.) from March 1 - July 31, 2020.

\_\_\_\_ Internal financial statements (B/S & Inc. Stmt.) from March 1 - July 31, 2019.

\_\_\_\_ Schedule of all expenses incurred and anticipated, for the period March 1 through December 30, 2020, to accommodate/endure the conditions and mitigation required due to the COVID-19 Pandemic, for which you wish to receive these grant funds: MINUS any such expenses charged toward loan advances from EIDL or loan forgiveness from PPP.

\_\_\_\_ List of the board of directors and officers.

\_\_\_\_ W-9 form

## **Certification by Applicant**

**Please certify by initialing that you have read each certification item:**

\_\_\_\_ All information and statements contained in this Application, and all documents and exhibits submitted with this Application, are to the best of Applicant's knowledge, true, accurate, complete and not misleading, as of the date of this Application. Any further information or documentation submitted by Applicant in connection with this Application shall also be subject to this certification, which shall be deemed to be remade as of the date submitted.

\_\_\_\_ Applicant has and will continue to fully comply with, all federal, state and local laws and regulations (including COVID-19 restrictions [i.e. social distancing, wearing and requiring wearing of masks, large gathering capacity limits, etc.]) applicable to this grant and applicable to Applicant's business, assets and/or operations, and the Applicant is not currently under investigation with respect to any violation of, or other 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. All funds will be utilized for purposes consistent with the Coronavirus Aid, Relief, and Economic Security Act (the "CARES Act").

\_\_\_\_ The Application is based on the Applicant's reasonable estimate of financial need for, and all funds will be utilized by the Applicant solely for, working capital, operational costs or COVID-19 health or safety related expenses necessary to maintain or continue the Applicant's operations in the County of Lycoming, Pennsylvania, including payroll, rent, debt service, supplies, personal protective equipment and other operating expenses, and retrofitting capital costs, and all funds received from this program by Applicant shall be used for such purposes.

\_\_\_\_ Applicant will submit additional information and documentation in support of this application and/or the grant requested or awarded with respect to this Application, in each case, upon request, and will permit the County of Lycoming or its representatives, designees or affiliates and Pennsylvania Department of Community and Economic Development (DCED) to inspect and/or audit the books, records, premises and operations of the Applicant to assure compliance with the requirements of this program. Applicant hereby acknowledges and agrees that all information may be shared by and with the County of Lycoming, Pennsylvania ("County"), SEDA-Council of Governments ("SEDA-COG"), their respective partners, designees, affiliates, employees, agents, volunteers and committees to the extent such disclosure is made in connection with the application and this grant program.

\_\_\_\_ **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 used for awarding these grants and regardless of what the Applicant may have been told or read with respect to this grant program. As a condition and in exchange for the consideration of receiving and reviewing this application, the Applicant hereby releases and will hold harmless the County, SEDA-COG, their respective partners, designees and affiliates in facilitating and administering this grant program and their respective Board of Commissioners, Boards of Directors, officers, employees, representatives, volunteers and committees of and from any and all claims and/or causes of action of any kind or

type arising from or out of (a) their receipt and review of this application and any information or documentation of or concerning the Applicant, (b) any decisions or recommendations with respect to this application, (c) the administration of this program and/or the award or denial of funds and/or the sufficiency thereof, and (d) any other matter or thing related to this program.

\_\_\_\_\_ As a condition of Applicant's submission of the Application and receipt of any Benefits made available under the Program, the Applicant hereby releases the County, SEDA-COG, their respective partners, designees and affiliates in facilitating and administering this benefit program and their respective Board of Commissioners, Boards of Directors, officers, employees, representatives, volunteers and committees of and from any claims and/or causes of action of any kind or type arising from or out of (a) their receipt and review of the Application, (b) the administration of the Program and/or distribution or delivery of the Benefits available under the Program, (c) the benefits received by the Applicant, and (d) any other matter or thing related to the Program.

\_\_\_\_\_ All decisions and recommendations with respect to this application and this grant are final when made and are non-appealable. The Applicant acknowledges that grant award determination will be made based on both objective and subjective analysis of information available and that award determinations need not follow strictly or consistently any scoring method(s) utilized. The Applicant also acknowledges that the identity of funding applicants and recipients, and award amounts may become public information.

\_\_\_\_\_ Applicant certifies that expenses for which you are seeking grant funds were not used as a cost base against which your business/organization received funding from US SBA PPP or EIDL loan programs, or the CDFI grant program. (Refer to the federal Stafford Act-Section 313 for additional guidance.) In the event DCED determines that the applicant previously received prior assistance from the above mention programs for costs that they already reimbursed themselves and they also used the County's assistance to pay for those same costs, it will be determine that a duplication of benefits have occurred . When such duplications of benefits have been determined, the applicants agree to pay the full amount of such duplication back to the County.

\_\_\_\_\_ Applicant certifies the business is not behind on any federal, state, or local taxes of any kind, or, if so, is engaged in a workout/payment plan.

\_\_\_\_\_ Applicant certifies businesses operations will continue for a period of not less than 12-months from the date of the award if a grant is offered.

\_\_\_\_\_ Applicant certifies the business has not been cited by any government authority for violating any COVID-19 safety measures (i.e. social distancing, requiring masks, etc.) in the conduct of business since March 1, 2020.

\_\_\_\_\_ With the possible exception of "personal financial information" as defined under the Pennsylvania Right to Know Law "RTKL"), please be aware that your application and supporting documentation may be subject to requests made pursuant to the Pennsylvania Right to Know Law.

The individual signing below is legally authorized by the Applicant to submit this application, to sign this certification and to legally bind the Applicant.

**CLAWBACK PROVISION: I understand violation of any of these conditions may require repayment of all or a portion of the grant award, as determined by the County of Lycoming or assignees.**

I hereby agree to all the above requirements and agree that this Application is final and cannot be edited.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_