

**LYCOMING COUNTY COVID-19 PANDEMIC DISASTER RELIEF**

**MUNICIPAL RELIEF GRANT APPLICATION**

**Fully completed applications due by 11:59pm on October 9, 2020 via email or fax. Mailed forms must be postmarked by October 9, 2020.**

Mail submissions to:  
Lycoming County Planning Commission  
48 West Third Street  
Williamsport, PA 17701  
Email submissions to: [Covidrelief@lyco.org](mailto:Covidrelief@lyco.org)

Fax submissions to 570-320-2135

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.
- We have received funding from PPP and/or EIDL.

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

**Applicant Information:**

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

Employer Identification Number (EIN): \_\_\_\_\_

**Organization's Location:**

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

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

**Mailing Address (if different from Organization's Location):**

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

City: \_\_\_\_\_, State: \_\_\_\_\_                      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 municipal operations. Attach Additional information if necessary.

**Operations**

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, etc.)		
Technology equipment		
Equipment/Supplies to meet social distancing requirements		
Payroll (must be COVID-related; see guidelines & instructions)		
Other (specify):		
Total amount requested		

**Please attach the appropriate documentation**

\_\_\_\_ W-9 Form.

\_\_\_\_ List of the elected officials.

\_\_\_\_ 2020 operating budget for the municipality/entity.

\_\_\_\_ Invoices of all expenses incurred and anticipated, for the period March 1 through December 30, 2020, to accommodate/ensure the conditions and mitigation required due to the Covid-19 Pandemic, for which you wish to receive these grant funds.

## Certification by Applicant

The Applicant hereby certifies that:

\_\_\_ 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 Lycoming County, 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 SIGIFICANT 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 agrees to pay the full amount of such duplication back to the Lycoming County.

\_\_\_Applicant certifies the municipality 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.

\_\_\_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 Lycoming County or assigns.**

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

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_, 2020

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